

WSU San Juan County Master Gardener Program Plant Problem Diagnosis Form

Help us diagnose your plant problem by doing the following:

- **Fill out this form.** Be as specific as you can. The more you tell us about the plant and its environment, the better we can provide advice and an accurate diagnosis.
- **Include a plant sample.** Provide enough material for us to view the plant problem. Keep the sample in the refrigerator in a Ziploc bag until you submit it.
- **Include photos.** Take a close-up of the affected area and of the entire plant.

Name	Email
Address	Phone
Date sample was collected	
Master Gardener contact	Date received by MG Program

PLANT INFORMATION (<i>check all boxes that apply</i>)			
Describe the basic plant problem			
When did you notice it?			
Plant name and variety			
Plant age/date planted			
Plant type	<input type="checkbox"/> Broadleaf tree	<input type="checkbox"/> Conifer	<input type="checkbox"/> Shrub
	<input type="checkbox"/> Ground cover	<input type="checkbox"/> Vegetable	<input type="checkbox"/> Vine
	<input type="checkbox"/> Tree fruit	<input type="checkbox"/> Small fruit	
Problem progression	<input type="checkbox"/> Gradual	<input type="checkbox"/> Rapid	<input type="checkbox"/> Other:
Symptoms	<input type="checkbox"/> Spotted	<input type="checkbox"/> Wilted	<input type="checkbox"/> Distorted
	<input type="checkbox"/> Weepy/sticky	<input type="checkbox"/> Rolled	<input type="checkbox"/> Holey
	<input type="checkbox"/> Stunted	<input type="checkbox"/> Chewed	<input type="checkbox"/> Rotted
	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Red
Problem pattern	<input type="checkbox"/> Top down	<input type="checkbox"/> Bottom up	<input type="checkbox"/> All over
	<input type="checkbox"/> One side	<input type="checkbox"/> Other:	
Affected plants	<input type="checkbox"/> Single plant	<input type="checkbox"/> Group of same	<input type="checkbox"/> Group of different
	<input type="checkbox"/> Scattered	<input type="checkbox"/> Other:	
Affected areas	<input type="checkbox"/> Whole plant	<input type="checkbox"/> Branches	<input type="checkbox"/> Leaves or needles
	<input type="checkbox"/> Trunk	<input type="checkbox"/> Roots	<input type="checkbox"/> Flowers
	<input type="checkbox"/> Fruit	<input type="checkbox"/> Other:	

PLANT ENVIRONMENT (check all boxes that apply)

Light	<input type="checkbox"/> Full sun	<input type="checkbox"/> Part shade	<input type="checkbox"/> Shade
Location	<input type="checkbox"/> Lawn	<input type="checkbox"/> Bed or mound	<input type="checkbox"/> Greenhouse
	<input type="checkbox"/> Near a wall	<input type="checkbox"/> Near concrete	<input type="checkbox"/> Near water/wet area
	<input type="checkbox"/> Other:		
Exposure	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East
	<input type="checkbox"/> West	<input type="checkbox"/> Windy	<input type="checkbox"/> Sloped
	<input type="checkbox"/> Salt-sprayed	<input type="checkbox"/> Beach	
Planting method	<input type="checkbox"/> Bare root	<input type="checkbox"/> Plastic pot	<input type="checkbox"/> Peat pot
	<input type="checkbox"/> Ball & burlap	<input type="checkbox"/> Other:	
Watering method	<input type="checkbox"/> By hand	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Drip
	<input type="checkbox"/> At the base	<input type="checkbox"/> Overhead	
Watering frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Never
	<input type="checkbox"/> Other:		
Soil drainage	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	
Soil type	<input type="checkbox"/> Sand	<input type="checkbox"/> Loam	<input type="checkbox"/> Clay
	<input type="checkbox"/> Amended with compost or potting/top soil		
Chemical exposure	<input type="checkbox"/> Fertilizer	<input type="checkbox"/> Insecticide	<input type="checkbox"/> Fungicide
	<input type="checkbox"/> Weed-n-feed	<input type="checkbox"/> Weed killer	
	Brand or chemical name:		
Additional exposure or activity	<input type="checkbox"/> Extreme dry/wet soil	<input type="checkbox"/> Injury from mowers/weed eaters	
	<input type="checkbox"/> Nearby construction	<input type="checkbox"/> Animal activity (type):	
	<input type="checkbox"/> Other:		

ADDITIONAL INFO

Is there anything else you'd like to tell us about the plant problem?

FOR USE BY MASTER GARDENERS

Plant problem diagnosis	
Recommendations	
Master Gardener	
Date	
Type of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Written materials were sent