

LAWN AND TURFGRASS PROBLEM DIAGNOSIS

Number:	Date Received:	Date Serviced:	Name of MG:
---------	----------------	----------------	-------------



Stevens County
Master Gardener
Program
WASHINGTON STATE UNIVERSITY
EXTENSION

Client Name:	Daytime Phone:	County:	Client Contacted MG via: <input type="checkbox"/> Personal visit to office <input type="checkbox"/> Phone Call <input type="checkbox"/> E-mail
Mailing Address:	City:	State/Zip:	
E-Mail Address:	Sample Provided <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Sample: <input type="checkbox"/> Physical <input type="checkbox"/> Digital

Are you working with a landscape professional or commercial firm for indoor or outdoor spray service, landscape, nursery or soil analyst? Yes No **If you answered yes to any of these refer problem to Urban Horticulturist or Extension Specialist.**

Age of Turf <input type="checkbox"/> Established (>5 years) <input type="checkbox"/> Young (1-5 years) <input type="checkbox"/> New (<1 year) <input type="checkbox"/> Just planted/sodded	Variety of turfgrass: <input type="checkbox"/> Perennial Ryegrass <input type="checkbox"/> Kentucky Bluegrass <input type="checkbox"/> Fine Fescue <input type="checkbox"/> Mixture: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know	Source: <input type="checkbox"/> Seed <input type="checkbox"/> Sod <input type="checkbox"/> Don't know
Irrigation system: <input type="checkbox"/> Automatic/Manual permanent set <input type="checkbox"/> Hose and sprinkler <input type="checkbox"/> Other: _____	Frequency of watering: <input type="checkbox"/> Daily <input type="checkbox"/> As needed <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bi-weekly	Watering cycle: <input type="checkbox"/> 10-15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> Other: _____ No. of cycles per irrigation: _____ Time of day: _____
Mowing frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly/Monthly <input type="checkbox"/> As needed <input type="checkbox"/> Mulch Mowing	Height of cut: <input type="checkbox"/> >2½ inches <input type="checkbox"/> ¾ inches <input type="checkbox"/> 2½ inches <input type="checkbox"/> Oth- <input type="checkbox"/> <1½ inches Clippings <input type="checkbox"/> bagged <input type="checkbox"/> composted	Soil type: <input type="checkbox"/> Sandy <input type="checkbox"/> Loamy <input type="checkbox"/> Clay Soil pH: _____
Fertilizer type: <input type="checkbox"/> Quick release <input type="checkbox"/> Slow release <input type="checkbox"/> Liquid <input type="checkbox"/> Granular <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know N-P-K Ratio: _____	Frequency of fertilization: <input type="checkbox"/> 4 x annually <input type="checkbox"/> 3 x annually <input type="checkbox"/> 2 x annually <input type="checkbox"/> 1 x annually <input type="checkbox"/> Other: _____	Amount of fertilizer applied Gross bag weight/area: <input type="checkbox"/> _____ lb. per _____ sq ft <input type="checkbox"/> Other: _____ Did you follow label directions? Yes No Is your equipment calibrated? Yes No

Herbicides, fungicides, insecticides, and other chemical applies: (List product name, date, rate and reason for application.):

When was the last thatch removal? <input type="checkbox"/> Never <input type="checkbox"/> Last spring <input type="checkbox"/> Last fall <input type="checkbox"/> This spring <input type="checkbox"/> This fall
What method of thatch removal was used? <input type="checkbox"/> Power rake <input type="checkbox"/> Mower attachment <input type="checkbox"/> Hand rake <input type="checkbox"/> Other: _____
How often is de-thatching done? How many passes? <input type="checkbox"/> Once a year <input type="checkbox"/> Every other year <input type="checkbox"/> Other: _____ (passes _____)

Has turf ever been aerated?

☐ No ☐ Yes, this year ☐ Yes, last year ☐ Yes, other _____

Has client used wetting agents on turf?

☐ Yes ☐ No

Clients description of problem:

When did client first notice the problem?

Describe how it first appeared and how it is now.

☐ Started as one spot and then spread ☐ Gradually appeared all over ☐ Suddenly appeared all over
☐ Spreading quickly ☐ Other: _____

Have you ever had this problem before? When?

☐ Yes ☐ No ☐ If yes, when: _____

The affected area symptoms are: (Mark all that apply.)

☐ Circular spots ☐ Thinning ☐ White powdery coating ☐ Spots/area 1-2 ft. diameter
☐ Irregular spots ☐ Turning yellow ☐ Streaks or rectangular areas ☐ Spots/area 2-3 ft diameter
☐ Rings (green in center) ☐ Brown/dry/dead ☐ Rusty powder coating ☐ Large areas affected
☐ Weeds ☐ Grassy weeds

Where is the problem area?

☐ Full Sun ☐ Traffic area ☐ Near Structure/tree ☐ All over ☐ Next to driveway, sidewalk, path
☐ Full shade ☐ Facing N S E W ☐ On slope ☐ On a flat area ☐ Other: _____
(Please Circle)

Master Gardener Diagnosis

Resources:

(Please circle one)
☐ Hortsense ☐ Pestsense ☐ PICOL ☐ PNW Insect ☐ Weed ☐ Plant Disease
☐ www._____.org/edu ☐ Other: _____

Diagnosis/Recommendation:

Diagnosed by:

Results delivered via: (circle one)

Phone E-mail In person

Handout provided? Yes or No Describe: _____ Code: _____

