

LAWN AND TURFGRASS DIAGNOSTICS



LAWN AND TURFGRASS PROBLEM DIAGNOSIS

Date Received:	Date Serviced:	Name of MG:		
Client Name:		Daytime Phone:	Sample Provided:	Client Contacted MG:
Mailing Address:		City:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Came to office <input type="checkbox"/> Called <input type="checkbox"/> Emailed
E-Mail Address:			Type of Sample:	Sample in:
			<input type="checkbox"/> Physical <input type="checkbox"/> Digital	<input type="checkbox"/> Fridge <input type="checkbox"/> Freezer
Are you working with a landscape professional or commercial firm for indoor or outdoor spray service, landscape, nursery or soil analyst? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "yes", please refer problem to WSU 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
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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"/> Other: _____ No. of cycles per irrigation: ____ Time of day: _____
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Mowing frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly/ monthly <input type="checkbox"/> As needed	Height of cut: <input type="checkbox"/> >2 1/2 inches <input type="checkbox"/> 2 1/2 inch <input type="checkbox"/> <1 1/2 inches <input type="checkbox"/> 3/4 inches <input type="checkbox"/> Other: _____	Clippings: <input type="checkbox"/> Bagged <input type="checkbox"/> Composted <input type="checkbox"/> Mulch mowing	Soil type: <input type="checkbox"/> Sandy <input type="checkbox"/> Loamy <input type="checkbox"/> Clay Soil pH: _____
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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/ areas: <input type="checkbox"/> ___lb. per ___ sq ft <input type="checkbox"/> Other: _____ Did you follow label direction? Yes No Is your equipment calibrated? Yes No
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Herbicides, fungicides, insecticides, and other chemical applied: (List product name, date, rate and reason for application):

When was the last thatch removal?

Never
 Last spring
 Last fall
 This spring
 This fall

What method of thatch removal was used?

Power rake
 Mower attachment
 Hand rake
 Other: _____

How often is de-thatching done?

Once a year
 Every other year
 Other: _____

Has turf ever been aerated?

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



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Has client used wetting agents on turf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Client's description of problem: 	
When did client first notice the problem? 	
Describe how it first appeared and how it is now. <input type="checkbox"/> Started as one spot and then spread <input type="checkbox"/> Gradually appeared all over <input type="checkbox"/> Suddenly appeared all over <input type="checkbox"/> Spreading quickly <input type="checkbox"/> Other: _____	
Have you ever had this problem before? When? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when: _____	
The affected area symptoms are: (Mark all that apply) <input type="checkbox"/> Circular spots <input type="checkbox"/> Thinning <input type="checkbox"/> White powdery coating <input type="checkbox"/> Grassy weeds <input type="checkbox"/> Irregular spots <input type="checkbox"/> Turning yellow <input type="checkbox"/> Streaks or rectangular areas <input type="checkbox"/> Weeds <input type="checkbox"/> Rings (green in center) <input type="checkbox"/> Brown/dry/dead <input type="checkbox"/> Spots/area 2-3 ft diameter <input type="checkbox"/> Rusty powder coating <input type="checkbox"/> Large areas affected <input type="checkbox"/> Spots/area 1-2 ft diameter	
Where is the problem area? <input type="checkbox"/> Full sun <input type="checkbox"/> Traffic area <input type="checkbox"/> Near structure/tree <input type="checkbox"/> Other: _____ <input type="checkbox"/> Full shade <input type="checkbox"/> On a flat area <input type="checkbox"/> All over <input type="checkbox"/> On slope <input type="checkbox"/> Facing N W E W <input type="checkbox"/> Next to driveway, sidewalk, path <p style="text-align: center;">(please circle)</p>	
Resources: <input type="checkbox"/> Hortsense <input type="checkbox"/> Pestsense <input type="checkbox"/> PICOL <input type="checkbox"/> PNW Insect Weed Plant Disease <input type="checkbox"/> www. _____ .edu/org <input type="checkbox"/> Other: _____	
Diagnosis/Recommendation: 	
Diagnosed by: _____ _____	
Results delivered via: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In Person	
Handout provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	

Adapted from C1048 WSU Lawn & Turfgrass Problem Diagnosis for WSU Chelan County Master Gardener Program Diagnosis clinic. Rev 5/2019 BG

