

**MAIL ONE SAMPLE PER FORM**

Mail sample and form to:

WSU Puyallup Plant Clinic  
7612 Pioneer Way East  
Puyallup, WA 98371-4998  
Tel: 253-445-4582 Fax: 253-445-4569



Date sent \_\_\_\_\_

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**C1048**

**LAWN AND TURFGRASS PROBLEM DIAGNOSIS**

Name \_\_\_\_\_ Phone (Daytime) \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ County Educator \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Master Gardener Clinic \_\_\_\_\_  
Email \_\_\_\_\_  
Commercial Applicator and Address \_\_\_\_\_

**LAWN BACKGROUND**

**Age**

- \_\_\_ Established—5 to 10 years old
- \_\_\_ Young—1 to 5 years old
- \_\_\_ New—less than one year old

**Turfgrass type**

- \_\_\_ Perennial ryegrass
- \_\_\_ Kentucky bluegrass
- \_\_\_ Fine fescue
- \_\_\_ Mixture types \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Don't know

**Source**

- \_\_\_ Started from seed
- \_\_\_ Started from sod
- \_\_\_ Don't know

**LAWN CARE**

**Irrigation**

**Irrigation system**

- \_\_\_ Automatic irrigation
- \_\_\_ Hose and sprinkler
- \_\_\_ Other \_\_\_\_\_

**Frequency of watering**

- (each location)
- \_\_\_ every day
  - \_\_\_ every other week
  - \_\_\_ once a week
  - \_\_\_ as needed
  - \_\_\_ other \_\_\_\_\_

**Length (per cycle)**

- \_\_\_ 10 to 15 minutes
- \_\_\_ 30 minutes
- \_\_\_ other \_\_\_\_\_
- \_\_\_ Number of cycles per irrigation
- \_\_\_ Time of day
- \_\_\_ Soil pH

**Mowing**

**Frequency**

- \_\_\_ Mow once a week
- \_\_\_ Mow less than once a week
- \_\_\_ Mow as needed \_\_\_\_\_
- \_\_\_ Returning/mulching clippings

**Height**

- \_\_\_ Mow at greater than 2 1/2 inches
- \_\_\_ Mow at 2 1/2 inches
- \_\_\_ Mow at less than 1 1/2 inches
- \_\_\_ Mow at 1/2 to 3/4 inches
- \_\_\_ Other \_\_\_\_\_

**Soil type**

- \_\_\_ Sandy \_\_\_ Loamy \_\_\_ Clay

**Drainage**

- \_\_\_ Good \_\_\_ Poor

**Fertilization**

**Fertilizer type**

- \_\_\_ 16-16-16 (starter fertilizer)
- \_\_\_ 21-0-0 (ammonium sulfate)
- \_\_\_ 3-1-2
  - \_\_\_ quick release
  - \_\_\_ slow release
- \_\_\_ Don't know
- \_\_\_ Lawn care service
- \_\_\_ Other \_\_\_\_\_

**When applied**

- \_\_\_ Four times a year (months) \_\_\_\_\_
- \_\_\_ Three times a year (months) \_\_\_\_\_
- \_\_\_ Twice a year (months) \_\_\_\_\_
- \_\_\_ Once a year (month) \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

**List**

**Amount**

- \_\_\_ lb./1000 sq.ft. fertilizer
- \_\_\_ Other \_\_\_\_\_

**Herbicides, Fungicides, Insecticides, or other chemicals**

- a. Names \_\_\_\_\_  
\_\_\_\_\_
- b. Date(s) of application \_\_\_\_\_  
\_\_\_\_\_
- c. Rate(s) of application \_\_\_\_\_  
\_\_\_\_\_
- d. Reason(s) for application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thatch Removal-Aerating**

- a. When did you last remove thatch from your lawn?  
 Never     last spring     last fall     this spring     this fall  
 Other \_\_\_\_\_
- b. If you did remove thatch, how did you remove it?  
 Power rake—two passes over lawn  
 Power rake—one pass over lawn  
 Attachment to mower  
 Hand rake  
 Other \_\_\_\_\_
- c. If you dethatch your lawn on a regular basis, how often do you dethatch (how many passes across the lawn)?  
 Once a year \_\_\_ times     Once every other year \_\_\_ times     Other \_\_\_\_\_ times
- d. Has your lawn ever been aerated or aerified?  
 no     yes, this year     yes, last year     yes, other \_\_\_\_\_
- e. Have you used wetting agents on your lawn?  
 yes     no

**PROBLEM DIAGNOSIS**

- a. When did you first notice this problem?  
\_\_\_\_\_
- b. Have you ever had this problem before?  
 yes     no    If yes, when? \_\_\_\_\_
- c. Please describe the problem in your own words and then check all that apply:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affected area description**

- Circular spots
- Irregular spots
- Rings (green in center)
- Streaks or rectangular areas
- Size of spots or affected area 1 to 2 feet in diameter
- Size of spots or affected area 2 to 3 feet in diameter
- Large areas of lawn affected
- Grass is thin
- Grass is yellow
- Grass is brown, dead, and (or) dry
- Rusty powder on grass
- White powdery coating on grass
- Weeds
- Grassy weeds

Other \_\_\_\_\_

**Describe the location of the affected area**

- Full sun
- Full shade
- Just in front lawn
- Just in back lawn
- Primarily next to driveway, walk, or pathway
- All over lawn
- On a flat area

Other \_\_\_\_\_

**Describe how it first appeared and how it is now**

- One spot appeared, then more and more spots
- Suddenly appeared all over
- Gradually appeared all over
- Is spreading quickly

Other \_\_\_\_\_

**Do not write in diagnosis space**

Diagnosed by: \_\_\_\_\_ Date \_\_\_\_\_

DIAGNOSIS:



College of Agriculture and Home Economics

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