

Mail sample and form to:  
WSU Puyallup REC  
Plant & Insect Diagnostic Lab.  
2606 W Pioneer  
Puyallup, WA 98371-4998

or

WSU Spokane County Diagnosis Service  
222 N. Havana  
Spokane, WA 99202-4799



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

Date received \_\_\_\_\_

PC# \_\_\_\_\_

Fee \_\_\_\_\_

C1006

**PLANT PROBLEM DIAGNOSIS**  
**ORNAMENTAL LANDSCAPES and HOME GARDENS**  
**(one sample per form)**

Name \_\_\_\_\_ Phone (daytime) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ County Educator \_\_\_\_\_  
State \_\_\_\_\_ Zip code \_\_\_\_\_ Commercial Applicator \_\_\_\_\_  
Email \_\_\_\_\_  
Commercial nursery \_\_\_\_\_ Commercial property \_\_\_\_\_ Home garden or landscape \_\_\_\_\_

Please fill out this form as completely as possible. It will provide us with the information we need to diagnose your plant problem and recommend the action you need to take. If you do not fill out this form we may not be able to provide you with a prompt, adequate answer to your plant problem.

1. Type of plant:

\_\_\_\_\_ broadleaf tree    \_\_\_\_\_ tree fruit    \_\_\_\_\_ shrub/vine    \_\_\_\_\_ conifer  
\_\_\_\_\_ flower/houseplant    \_\_\_\_\_ small fruit    \_\_\_\_\_ ground cover    \_\_\_\_\_ vegetable

2. Name of plant \_\_\_\_\_ Variety (if known) \_\_\_\_\_

3. Age of plant \_\_\_\_\_ When was plant planted in this location? \_\_\_\_\_

4. Size of plant—approximate size (height and/or width) \_\_\_\_\_

5. Please describe the problem in **your own words and then check** all that apply: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patterns:

On affected plant:

\_\_\_\_\_ started at bottom and moves up    \_\_\_\_\_ started at top and moves down  
\_\_\_\_\_ entire plant is affected    \_\_\_\_\_ damaged only on tips of branches  
\_\_\_\_\_ damage only on one side    \_\_\_\_\_ damaged only on inside branches  
(N \_ S \_ E \_ W \_)

In landscape/planting:

\_\_\_\_\_ scattered plants affected    \_\_\_\_\_ several plants in a row affected  
\_\_\_\_\_ only one plant affected    \_\_\_\_\_ all similar plants affected

6. Illustrate or describe pattern of damage.

7. When did you first notice the problem (approximate date)? \_\_\_\_\_

\_\_\_\_\_ happened very quickly

\_\_\_\_\_ is getting worse

\_\_\_\_\_ happened gradually

\_\_\_\_\_ is not getting worse

8. Has this plant ever had this problem before? \_\_\_\_ **Yes** \_\_\_\_ **No** If yes, when? \_\_\_\_\_

9. Are other plants in your landscape/garden similarly affected? \_\_\_\_ **Yes** \_\_\_\_ **No** If yes, which ones and where are they located? \_\_\_\_\_

10. Plant parts affected and how affected (check all that apply):

Flowers  
\_\_\_\_ spots  
\_\_\_\_ wilted  
\_\_\_\_ distorted  
\_\_\_\_ insect injury  
\_\_\_\_ other \_\_\_\_\_

Fruit  
\_\_\_\_ blotches  
\_\_\_\_ dry  
\_\_\_\_ distorted  
\_\_\_\_ rotten/mushy  
\_\_\_\_ other \_\_\_\_\_

Leaves/needles  
\_\_\_\_ spots \_\_\_\_ wilted  
\_\_\_\_ fall off \_\_\_\_ rolled  
\_\_\_\_ distorted  
\_\_\_\_ yellowish  
\_\_\_\_ brown  
\_\_\_\_ other \_\_\_\_\_

Roots  
\_\_\_\_ brown (internally)  
\_\_\_\_ rotted  
\_\_\_\_ chewed  
\_\_\_\_ few roots  
\_\_\_\_ other \_\_\_\_\_

Twigs  
\_\_\_\_ dead  
\_\_\_\_ decayed area  
\_\_\_\_ sticky/weepy  
\_\_\_\_ other \_\_\_\_\_

Stems  
\_\_\_\_ dead  
\_\_\_\_ decayed area  
\_\_\_\_ sticky/weepy  
\_\_\_\_ other \_\_\_\_\_

Large branches  
\_\_\_\_ dead  
\_\_\_\_ decayed area  
\_\_\_\_ sticky/weepy  
\_\_\_\_ other \_\_\_\_\_

Trunk  
\_\_\_\_ dead/losing bark  
\_\_\_\_ decayed area  
\_\_\_\_ sticky/weepy  
\_\_\_\_ other \_\_\_\_\_

Whole plant  
\_\_\_\_ wilted  
\_\_\_\_ distorted  
\_\_\_\_ stunted  
\_\_\_\_ other \_\_\_\_\_

11. Have you checked the base of plants and/or roots to look for signs of a problem or injury to the plant? \_\_\_\_ **Yes** \_\_\_\_ **No** What did you find? \_\_\_\_\_

12. How was the plant planted? Check all that apply.

\_\_\_\_ balled & burlapped  
\_\_\_\_ plastic pot  
\_\_\_\_ bare root  
\_\_\_\_ pot/burlap removed from root ball

\_\_\_\_ peat/manure/compost added to backfill  
\_\_\_\_ peat/paper pot  
\_\_\_\_ other \_\_\_\_\_

\_\_\_\_ fertilizer applied at planting or right after planting  
\_\_\_\_ planted by landscaper  
\_\_\_\_ planted by previous owner

13. Mulched with:

\_\_\_\_ nothing  
\_\_\_\_ other \_\_\_\_\_

\_\_\_\_ grass clippings

\_\_\_\_ bark mulch (type \_\_\_\_\_ )

14. How is plant watered?

System:

- hand watered
- sprinkler
- set sprinkler system
- drip/soaker hose/porous wall hose

Where is water applied:

- overhead watering
- individual emitter per plant
- water with lawn
- watered directly at base of plant
- watered at dripline

Watering frequency:

- times a week for
- minutes each time
- as needed with checking soil
- as needed without checking soil but relative to weather conditions

15. Where is the plant situated?

- in garden
- in lawn
- in landscape bed
- in landscape berm/mound
- on lot line
- on a slope
- in nursery/  greenhouse

- next to driveway
- next to pool
- next to garage/carport
- next to road
- next to house
- next to sidewalk
- next to fence/deck/patio

- under eaves
- plant is shaded
- full sun
- exposure N \_\_ S \_\_ E \_\_ W \_\_
- windy location
- other

16. Soil situation:

- sandy soil
- loamy soil
- clay soil

- lots of rocks
- introduced top soil
- good drainage
- poor drainage

- white crust on soil
- shallow soil 6" or less depth
- soil the builder left

17. Chemicals applied to this plant(s) or to nearby plants in the last 12 to 18 months:

- |                                      |            |                    |                     |
|--------------------------------------|------------|--------------------|---------------------|
| <input type="checkbox"/> insecticide | type _____ | date applied _____ | where applied _____ |
|                                      | type _____ | date applied _____ | where applied _____ |
| <input type="checkbox"/> fungicide   | type _____ | date applied _____ | where applied _____ |
|                                      | type _____ | date applied _____ | where applied _____ |
| <input type="checkbox"/> fertilizer  | type _____ | date applied _____ | where applied _____ |
|                                      | type _____ | date applied _____ | where applied _____ |

18. Have any of these weed-killers been used in your landscape/garden within the last two years?

- Weed n' Feed type lawn products—when & where \_\_\_\_\_
- Roundup, Kleen-up, Knock Out—when & where \_\_\_\_\_
- Triox, Noxall, Spike, other soil residual—when & where \_\_\_\_\_
- Casoron—when & where \_\_\_\_\_
- Others—names, when, & where \_\_\_\_\_

19. Do you use a separate sprayer when applying weed-killers and insecticides/fungicides?

Yes  No

20. Have any of these happened to your affected plant or within your yard or garden in the past 3-5 years?

- construction or heavy equipment over soil
- change of soil grade—landscaping, pool installation
- soil/root injury—septic work, trenching, root removal or cutting, pool installation, construction
- addition to soil of a volume of organic matter or other soil additives
- trunk, bark injury—injury to plant from lawn mower or weed eater, staking wire, rope, twine
- extreme drought—no irrigation for several months in spring, summer, or fall months
- driveway or road paving nearby

21. What do you think the problem is? Have you tried a control? If you used a control please provide details (product name, rate, date of application). \_\_\_\_\_

\_\_\_\_\_

**Do not write in diagnosis space.**

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

Diagnosis: \_\_\_\_\_

**SOURCE**

Commercial \_\_\_\_\_  
Home garden/landscape \_\_\_\_\_  
Spray appl/landscape maint. \_\_\_\_\_  
PCO \_\_\_\_\_  
Landscape/arborist/consultant \_\_\_\_\_  
Government \_\_\_\_\_  
WSDA \_\_\_\_\_  
Researcher \_\_\_\_\_  
County Extension agent \_\_\_\_\_  
WSU employee \_\_\_\_\_

**SAMPLE QUALITY OF PLANTS**

Excellent sample & info \_\_\_\_\_  
Adequate sample & info \_\_\_\_\_  
Poor sample \_\_\_\_\_  
Poor information \_\_\_\_\_  
Improper plant part \_\_\_\_\_  
Damaged/rotted in transit \_\_\_\_\_  
Sample and/or information  
inadequate for diagnosis \_\_\_\_\_  
Resample \_\_\_\_\_

**PLANT HOST CATEGORY**

SV Shrubs & vines  
BT Broadleaf trees  
CO Conifers  
FL Flowers & bulbs  
HP Houseplants  
SF Small fruits & berries  
TF Tree fruits  
TU Turfgrass  
VE Vegetables & herbs  
GC Groundcovers

**PLANT DISEASE or PROBLEM  
CATEGORY**

FUN Fungal  
BAC Bacterial  
VIR Viral  
NEM Nematode  
ABIO Abiotic  
NPF No pathogen found  
FOL Follow-up  
NIF No insect found



College of Agricultural, Human, and Natural Resource Sciences, Pullman, Washington

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