

LAWN AND TURFGRASS PROBLEM DIAGNOSIS



Number:	Date Received:	Date Serviced:	Name of MG:
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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
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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"/> 30 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 <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: _____
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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/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
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Herbicides, fungicides, insecticides, and other chemical applies: (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? How many passes?
 Once a year Every other year Other: _____ (passes _____)

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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)

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

Diagnosis/Recommendation:

Diagnosed by:

Results delivered via: (circle one)
 Phone E-mail In person

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