### Lawn and Turfgrass Problem Diagnosis

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Daytime Phone:</th>
<th>County:</th>
<th>Client Contacted MG via:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>City:</td>
<td>State/Zip:</td>
<td>Personal visit to office</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td></td>
<td></td>
<td>Phone Call</td>
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<tr>
<td></td>
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<td>E-mail</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you working with a landscape professional or commercial firm for indoor or outdoor spray service, landscape, nursery or soil analyst?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you answered yes to any of these refer problem to Urban Horticulturist or Extension Specialist.</td>
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**Age of Turf**
- Established (>5 years)
- Young (1-5 years)
- New (<1 year)
- Just planted/sodded

**Variety of turfgrass:**
- Perennial Ryegrass
- Kentucky Bluegrass
- Fine Fescue
- Mixture: ________________________________
- Other: ________________________________
- Don't know

**Irrigation system:**
- Automatic/Manual permanent set
- Hose and sprinkler
- Other: ________________________________

**Frequency of watering:**
- Daily
- Weekly
- Bi-weekly
- As needed

**Watering cycle:**
- 10-15 minutes
- 30 minutes
- Other: ________________________________

**Height of cut:**
- >2½ inches
- 2½ inches
- <1½ inches
- Clippings: bagged
- composted

**Soil type:**
- Sandy
- Loamy
- Clay
- Soil pH: ________________________________

**Fertilizer type:**
- Quick release
- Slow release
- Liquid
- Granular
- Other: ________________________________
- Don't know

**Frequency of fertilization:**
- 4 x annually
- 3 x annually
- 2 x annually
- 1 x annually
- Other: ________________________________

**Amount of fertilizer applied:**
- Gross bag weight/area:
  - ___lb. per _____ sq ft
  - Other: ________________________________

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

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: _______________________

Resources:
- [ ] 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
- [ ] Yes
- [ ] No
Describe: _______________________

Code: _______________________

Adapted from C1048 WSU Lawn & Turfgrass Problem Diagnosis for WSU Chelan County Master Gardener Program Diagnosis clinic. Rev. 1/2017 JM