CHECKLIST FOR MG PLANT DIAGNOSIS
date_____

Problem Statement:

Plant Information
A. Species and cultivar

B. Source of plants

C. Plant age or date planted

D. Location of affected plants
    1. Shade or sun
    2. Outdoor or indoor
    3. Exposure (N,S, E, or W)
    4. Near building
    5. Container, or planted in the ground
    6. Wind exposure
    7. Proximity to utilities (lines, trenches, leaks)
    8. Root disturbance (excavation)
    9. Proximity to hardscape, bodies of water,
       Other landscaped areas (i.e., near or in turf
       area next to driveway)

Problem description
A. Description of symptoms
    1. Plant parts affected
    2. Chlorosis
    3. Wilts
    4. Leaf spots
    5. Leaf distortion
    6. Rots (soft, firm, stem or root)
    7. Other (specify)

B. Degree of symptom expression
    1. Whole plant
    2. in isolated section of plant
    3. A few leaves or shoots
    4. A few roots

C. Are symptoms on the entire planting or isolated
   on a few plants?

D. How many plants with symptoms
    1. 1-2 plants
    2. What percentage of plants (i.e., 10%, 25% etc.)

E. Length of time symptoms observed (days, weeks, months)

Soil Information
    A. Texture
        1.Light (sandy)
        2.Medium (loam)
        3.Heavy (clay)
        4.Other (specify)
    B. Drainage
    C. Grade changes or other disturbances
    D. Has soil been amended?
    E. Compaction evident?
    F. Water infiltration or percolation

Fertilization
    A. Rates
    B. Application method
    C. Frequency or timing of applications
    D. Application date and frequency

Watering
    A. Method(s)
    B. Frequency

Recent weather conditions
    A. Day and night temperature patterns
    B. High winds
    C. Rain or hail

Plant or soil testing
    A. Prior diagnosis provided
        1. Who provided it?
        2. Results

    B. Sample collection procedure

NAME_____

Email_____

Ph#_____