University of Idaho Extension

Nez Perce County
1239 Idaho Street
Lewiston, ID 83501
(208) 799-3096

Date: _____

Plant Diagnostic Clinic
TURF PLANT PROBLEM DIAGNOSIS FORM

Name _____ Phone (daytime) _____

Address _____ Cell Phone _____

City _____ Email _____

State _____ Zip _____ County _____

Commercial applicator ☐ yes ☐ no Company (PCO's only) _____

Please fill out this form as completely as possible. It will provide us with the information we need to diagnose your lawn/turf problem and recommend the action you need to take.

1. Where does the problem exist:
   - ☐ All over lawn ☐ Patchy or in spots
   - ☐ In sunny areas ☐ In shady areas
   - ☐ Under trees ☐ Near sidewalk or structure
   - ☐ On a slope ☐ On high spot ☐ On low spot
   - ☐ Heavy use area
   - ☐ Where air movement is little or none
2. When did you first notice the problem:
   How long ago? _____
   What season? _____
   What is the weather like when the problem is the worst
   - ☐ Cool ☐ Moist
   - ☐ Warm ☐ Dry

   Does the problem get better then bad again? ☐ Yes ☐ No
3. If problem is overall:
   - ☐ Is it yellow ☐ Tips of blade look burned
   - ☐ Scalped look ☐ Mower blade dull
4. If problem is patchy:
   What size is the average patch? _____
   What color is the patch? _____
   - ☐ Solid shape ☐ Frog-eye shape
   - ☐ Other shape _____
   - ☐ Are there mushrooms present?

5. If patchy:

Do you have pets, especially dogs? ☐ Yes ☐ No

Did something spill on the lawn? ☐ Yes ☐ No
(i.e., automobile oil, paint thinner, other chemical)

Is there a funny smell? ☐ Yes ☐ No

Wash something or rinse out something (i.e., paint buckets)? ☐ Yes ☐ No

Was a crabgrass pre-emergent used on a new lawn or newly reseeded area? ☐ Yes ☐ No

Parked car on the lawn left running? ☐ Yes ☐ No

Is there a leach field nearby? ☐ Yes ☐ No

Were any sprays used on your lawn? ☐ Yes ☐ No

If yes, when? _____

Herbicides: _____

Insecticides: _____

Did the sprayer get rinsed after previous/last use? ☐ Yes ☐ No

Was a wetting agent used? ☐ Yes ☐ No

Have your neighbors sprayed? ☐ Yes ☐ No

6. Your lawn:

How old is your lawn? _____

What kind(s) of grass? _____

If sod, where did you get it? _____

7. Your soil:

What kind of soil do you have?

☐ Sandy ☐ Clay ☐ Loam

Was topsoil brought in? from where? _____

8. Watering:

How is lawn watered?

System:	Watering frequency:
☐ hand watered	_____ times a week for
☐ hand set sprinkler	_____ minutes each time
☐ auto sprinkler system	☐ as needed with checking soil
	☐ as needed without checking soil/relative to weather

What time of day do you water? _____

What kind of spray? ☐ Coarse ☐ Fine

Does the water soak in ☐ Slow ☐ Fast

Is your coverage good? ☐ Yes ☐ No

Could you have missed a watering? ☐ Yes ☐ No

9. Fertilizing:

Do you fertilize yourself or have a service do it? _____

How often do you fertilize? _____

When did you last fertilize _____

What kind of fertilizer? ☐ Liquid ☐ Pellets

What kind of dispenser? ☐ Drop ☐ Whirlybird

How much did you feed? _____

Was the lawn wet when you fertilized? ☐ Yes ☐ No

Did you water-in after fertilizing? ☐ Yes ☐ No

10. Other lawn care, do you:

☐ Power rake ☐ Aerate ☐ Rake leaves in fall

How often do you mow? _____

To what length? _____

Do you catch the clippings? ☐ Yes ☐ No

11. Insects:

Is you lawn? ☐ Lumpy ☐ Spongy

Are the grass blades:

☐ Loose ☐ Firmly attached

☐ Come up easily ☐ Are roots attached

Can the turf be rolled back? ☐ Yes ☐ No

If so, are there grubs present? ☐ Yes ☐ No

If grubs ☐ Legged ☐ Legless

Is there evidence of chewing on blades or roots?

Is there pin head sized excrement? ☐ Yes ☐ No

Are there silken tunnels? ☐ Yes ☐ No

Are there flying moths or insects over the lawn especially when you walk across it?

☐ Yes ☐ No

Is there a flock of birds attracted to your lawn? ☐ Yes ☐ No

Does an open-end can, soil drench, or white paper test produce bugs? ☐ Yes ☐ No

Have you had past problems with insects? ☐ Yes ☐ No

Have you treated for insects? ☐ Yes ☐ No

If so, when _____

With what _____

Do not write in diagnosis space.

Diagnosed by: _____

Diagnosis:

Trade names have been used to simplify information; no endorsement is intended.

The University of Idaho provides equal opportunity in education and employment on the basis of race, color, religion, national origin, gender, age, disability, or status as a Vietnam-era veteran, as required by state and federal laws.