

Latah County  
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P.O. Box 8068  
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208-883-2267

**Plant Diagnostic Clinic**  
**PLANT PROBLEM DIAGNOSIS FORM**  
**Home and Ornamental Landscape**

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 plant problem and recommend the action you need to take.  
Without this information we will not be able to provide you with a prompt or adequate, accurate diagnosis and management recommendation for your plant problem.

1. Location of plant sample:  
\_\_\_\_\_ Home garden or landscape \_\_\_\_\_ Commercial property  
\_\_\_\_\_ Nursery \_\_\_\_\_ Public park or other public property
2. Type of plant:  
\_\_\_\_\_ broadleaf tree \_\_\_\_\_ tree fruit \_\_\_\_\_ shrub/vine \_\_\_\_\_ conifer  
\_\_\_\_\_ flower \_\_\_\_\_ small fruit \_\_\_\_\_ ground cover \_\_\_\_\_ vegetable
3. Name of plant \_\_\_\_\_ Variety (if known) \_\_\_\_\_
4. Age of plant \_\_\_\_\_ When was plant planted in this location \_\_\_\_\_
5. Size of plant—approximate size (height and/or width) \_\_\_\_\_
6. Please describe the problem in comparison to a normal specimen in your own words, 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 plant affected \_\_\_\_\_ several plants in a row affected  
\_\_\_\_\_ only one plant affected \_\_\_\_\_ all similar plants affected

7. Illustrate or describe pattern of damage.

8. When did you first notice the problem? \_\_\_\_\_  
\_\_\_\_\_ happened very quickly                      \_\_\_\_\_ happened gradually  
\_\_\_\_\_ is getting worse                                      \_\_\_\_\_ is not getting worse

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

10. Are other plants of the same variety in your landscape/garden similarly affected? \_\_\_\_ Yes  
\_\_\_\_ No If yes, which ones and where are they located?

11. Do other plants of different varieties in your landscape/garden show the same symptoms?  
\_\_\_\_ Yes \_\_\_\_ No     If yes, which ones and where are they located? \_\_\_\_\_

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

<input type="checkbox"/> <b>Flowers</b> _____ spots _____ wilted _____ distorted _____ insect injury _____ other _____	<input type="checkbox"/> <b>Fruit</b> _____ blotches _____ dry _____ distorted _____ rotten/mushy _____ other _____	<input type="checkbox"/> <b>Leaves/needles</b> _____ spots     _____ wilted _____ fall off     _____ rolled _____ distorted _____ yellowish _____ brown _____ other _____
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<input type="checkbox"/> <b>Roots</b> _____ brown (internally) _____ rotted _____ chewed _____ few roots _____ other _____	<input type="checkbox"/> <b>Twigs</b> _____ dead _____ decayed area _____ sticky/weepy _____ other _____	<input type="checkbox"/> <b>Stems</b> _____ dead _____ decayed area _____ sticky/weepy _____ other _____
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<input type="checkbox"/> <b>Large branches</b> _____ dead _____ decayed area _____ sticky/weepy _____ other _____	<input type="checkbox"/> <b>Trunk</b> _____ dead/losing bark _____ decayed area _____ sticky/weepy _____ other _____	<input type="checkbox"/> <b>Whole plant</b> _____ wilted _____ distorted _____ stunted _____ other _____
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13. Have you checked the base of plants and/or roots to look for signs of a problem or injury to the plant?  
\_\_\_\_ Yes \_\_\_\_ No     If yes, what did you find? \_\_\_\_\_

14. How was the plant planted? (check all that apply)

_____ balled & burlapped	_____ peat/manure/compost	_____ fertilizer applied at planting
_____ plastic pot	_____ added to backfill	_____ or right after planting
_____ bare root	_____ peat/paper pot	_____ planted by landscaper
_____ pot/burlap removed	_____ other _____	_____ planted by previous owner
_____ from root ball	_____ don't know for sure	

15. Mulched with:  
\_\_\_\_\_ nothing                      \_\_\_\_\_ grass clippings                      \_\_\_\_\_ bark mulch (type \_\_\_\_\_)  
\_\_\_\_\_ other \_\_\_\_\_

16. 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

Watering frequency:

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

17. Where is the plant situated?

\_\_\_\_\_ in garden  
\_\_\_\_\_ in lawn  
\_\_\_\_\_ in landscape bed  
\_\_\_\_\_ in landscape berm/mound  
\_\_\_\_\_ on lot line  
\_\_\_\_\_ on a slope  
\_\_\_\_\_ in nursery next to fence/deck/patio  
\_\_\_\_\_ in greenhouse

\_\_\_\_\_ next to driveway  
\_\_\_\_\_ next to pool  
\_\_\_\_\_ next to garage/carport  
\_\_\_\_\_ next to road  
\_\_\_\_\_ next to house  
\_\_\_\_\_ next to sidewalk

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

18. Soil situation:

\_\_\_\_\_ sandy soil  
\_\_\_\_\_ loamy soil  
\_\_\_\_\_ clay soil  
\_\_\_\_\_ poor drainage

\_\_\_\_\_ lots of rocks  
\_\_\_\_\_ introduced top soil  
\_\_\_\_\_ good drainage

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

19. Chemicals applied to plant or applied to nearby plants:

_____ insecticide	type _____	date applied _____	where applied _____
	type _____	date applied _____	where applied _____
_____ fungicide	type _____	date applied _____	where applied _____
	type _____	date applied _____	where applied _____
_____ fertilizer	type _____	date applied _____	where applied _____
	type _____	date applied _____	where applied _____

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

\_\_\_\_\_ Roundup, Kleen-up, Knock Out – when & where \_\_\_\_\_  
\_\_\_\_\_ Triox, Noxall, Spike, other soil residual pesticides – when & where \_\_\_\_\_  
\_\_\_\_\_ Casoron – when & where \_\_\_\_\_  
\_\_\_\_\_ Other soil sterilant herbicides \_\_\_\_\_

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

22. Have any of these happened to your affected plant or within your yard or garden in the past 3 to 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 mover 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

23. What do you think the problem is? \_\_\_\_\_

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

Do not write in diagnosis space.

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

Adapted from Washington State University Cooperative Extension System plant problem diagnostic form  
"Plant Problem Diagnosis Home and Ornamental Landscape".

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

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