

Information for Diagnosing Tree Problems in Idaho

Tree & Site Information

Date: _____

County: Latah County Extension Educator: Iris Mayes Phone: 883-2267 Homeowner Phone: _____

Name of Homeowner: _____ Address: _____

Plant name/variety: _____ Plant size: Height _____ Age _____

Plant location: street windbreak/screen Type of water: city well
 yard woodland/forest
 park other Watering Schedule: _____

Type of Soil: heavy sand Type of irrigation: surface row
 light loam trickle sprinkler
 clay soil pH _____ none

Soil Drainage: excellent average Amount/irrigation: _____
 poor depth to hardpan: _____

Chemicals applied, trade name, date and amount:

Fertilizers _____ Insecticides _____

Fungicides _____ Herbicides _____

How much of the plant is affected? _____% Date symptoms first observed: _____

Side of plant affected: **N S E W**

Do other plants in the area seem to be affected with similar symptoms? If yes, what kind? _____

Have there been problems at this site before? If yes, what? _____

Have you noticed any unusual weather in the past year? _____

Was the problem site altered in any way (Paving, construction, excavation, soil added, etc.) in the past 5 years?

How? _____

Description of symptom development and other relevant information. Be complete as possible, using back if necessary.

Specific Symptoms (Check all that apply)

Areas Affected	Plant Symptoms	Degree of Injury			Distribution of Problem
<input type="checkbox"/> wood	<input type="checkbox"/> yellowing	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> upland
<input type="checkbox"/> bark	<input type="checkbox"/> wilting	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> slopes
<input type="checkbox"/> pith	<input type="checkbox"/> leaf spot	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> low area
<input type="checkbox"/> stem	<input type="checkbox"/> shot hole	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> no association with terrain
<input type="checkbox"/> root	<input type="checkbox"/> chewing	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> near driveway
<input type="checkbox"/> branch	<input type="checkbox"/> boring	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> near structure
<input type="checkbox"/> bud	<input type="checkbox"/> marginal burn	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> in right of way
<input type="checkbox"/> flower	<input type="checkbox"/> leaf mottling	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> single plant
<input type="checkbox"/> cone	<input type="checkbox"/> leaf fall	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> scattered plants
<input type="checkbox"/> leaf	<input type="checkbox"/> stunting	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> groups of plants
<input type="checkbox"/> petiole	<input type="checkbox"/> canker	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> entire planting
<input type="checkbox"/> twig	<input type="checkbox"/> root rot	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> near septic
<input type="checkbox"/> terminal	<input type="checkbox"/> abnormal growth	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> near gas line
<input type="checkbox"/> new growth	<input type="checkbox"/> fruit spot	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	<input type="checkbox"/> other _____
<input type="checkbox"/> old growth	<input type="checkbox"/> fruit rot	<input type="checkbox"/> severe	<input type="checkbox"/> moderate	<input type="checkbox"/> light	