

Latah County
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**Plant Diagnostic Clinic
TURF 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 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/was 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:

_____ Yellowing _____ 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? _____ If yes, 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? _____

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 your 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? Yes No

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:

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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