

CSU/Jefferson County Extension Plant Diagnostic Clinic Questionnaire

1. Name of Plant _____
2. Where in the landscape is the plant growing? _____
3. When did you first notice the problem? _____
4. Any fertilizer used? Y_____N_____ When? _____
5. Any weed killers used in the vicinity of the plant? Y_____ N_____
Name of product: _____
When applied: _____
6. Any insect or disease killers used in the vicinity of the plant? Y_____ N_____
Name of product: _____
When applied: _____
7. Have you changed anything in the vicinity of the plant (ie. Water applications) If yes, what: _____
8. Has there been any digging, trenching or other soil movement in the area of the plant? Y_____N_____ Explain: _____
9. Are nearby plants affected? Y_____ N_____
10. The symptoms on the plant include: (Please check all that apply)

Wilting_____	Distortion_____	Oozing_____
Chewing_____	Leaf spots_____	Yellow leaves_____
Unusual growths_____	Leaf burn_____	Fruit spots_____
11. What part or parts of the plant is (are) affected:

Entire plant_____	Single branch_____	Leaves _____
Stems _____	Trunk_____	Fruit_____
12. The pattern of damage is:
Inside out_____ Bottom up_____ Outside in_____ Top down_____

PLEASE TURN PAPER OVER TO COMPLETE

*** Please draw a diagram of location, exposure (N,S,E,W) and number of plants affected; include and label structures such as fence, driveway, buildings, etc.**

N

W

E

S

*** Complete only when no photographs provided**