

PLANT DIAGNOSTIC QUESTIONNAIRE

(Received from Web Client)

Please complete and fax or email to Ellis County Master Gardeners at the link above. Phone inquiries are accepted weekdays 9:00 to 11:00am and 2:00 to 4:00pm.

Client Name: _____

Mailing Address: _____

Home Phone: _____ Bus. Phone: _____

Best time to return phone call: _____ Email: _____

1. What species or variety of plant is it?
2. What are the symptoms? (Check all that apply.)

Leaves

___ Falling
___ Cupped
___ Dark Spots
___ Distorted
___ Old/New
___ Color

Trunk/branches

___ Bark Split
___ Falling Bark
___ Sap Ooze
___ Sawdust at base

Stems

___ Split
___ Girdled
___ Swollen
___ Bumps
___ Hollow

Roots

___ White
___ Brown
___ Knots
___ Bound

Describe any additional symptoms: _____

3. Do symptoms affect new growth, old growth, or both? _____
4. When did you first notice this problem? _____ Have you had this problem before? _____
How old is this plant? _____ How long has it been in place? _____
5. Have you fertilized recently? _____ If so, when? _____
What product did you use? _____ Was it a "weed & feed"? _____
6. Has anyone in your area used a herbicide spray? _____ Have you used a herbicide in your
sprayer? _____ Are bees active in the area? _____
7. Have you watered the plant in question lately? _____ How often? _____
How much? _____ Does the area drain well? _____
8. Where is plant located? ___ North, ___ South, ___ East, or ___ West side of building.
Any wet or low areas? _____ Hours of direct sunlight? _____ Near any sidewalks, driveways, sprinkler
systems, septic lines, natural gas lines, swimming pool, etc? Please describe: _____
9. Have there been any changes in the yard/landscape/garden in the general vicinity of the plant in
question in the past 5 years, i.e., new driveway, sidewalk, swimming pool, underground utilities, etc?
