

Plant Problem Diagnostic Sheet

Name of plant _____

Cultivar/variety _____

Comments/suspected diagnosis:

Date first noticed: _____

Problem development: sudden gradual

Problem is: getting worse staying the same

Planting date/age: _____

Plant height/size: _____

Previous crop (2 years): _____

Number *or* percentage of plants affected: _____

Total# of plants: or acres: _____

Degree of problem: light moderate severe

Plant parts affected

- | | | |
|---|---|---|
| <input type="checkbox"/> leaves/needles | <input type="checkbox"/> fruit/pods/seeds | <input type="checkbox"/> bulbs/rhizomes |
| <input type="checkbox"/> twigs/branches | <input type="checkbox"/> crown | <input type="checkbox"/> other: |
| <input type="checkbox"/> stems/stalk | <input type="checkbox"/> trunk | |
| <input type="checkbox"/> flowers | <input type="checkbox"/> roots | |

Symptoms

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> browning/scorch | <input type="checkbox"/> galls | <input type="checkbox"/> rot |
| <input type="checkbox"/> canker | <input type="checkbox"/> insect damage | <input type="checkbox"/> stunted |
| <input type="checkbox"/> defoliation | <input type="checkbox"/> leaf spot | <input type="checkbox"/> wilt |
| <input type="checkbox"/> dieback | <input type="checkbox"/> mottle/mosaic | <input type="checkbox"/> yellowing |
| <input type="checkbox"/> distortion | <input type="checkbox"/> poor growth | <input type="checkbox"/> other: |

Symptom location on plant

- | | |
|--|--|
| <input type="checkbox"/> upper part of plant | <input type="checkbox"/> scattered on plant |
| <input type="checkbox"/> lower part of plant | <input type="checkbox"/> entire plant/widespread |
| <input type="checkbox"/> one side of plant | |

Plant Problem Diagnostic Sheet

Problem distribution on site

- single plant
- scattered plants
- groups of plants
- every plant

Sun exposure in problem area

- shade
- shade cloth
- intermittent shade
- morning sun
- afternoon sun
- full sun

Weather conditions preceding development

- clear
- cloudy
- rainy
- drought
- adequate moisture
- excess moisture

Date/amount of last rain: _____

Temperature range: _____

Irrigation type

- none
- drip system
- overhead sprinkler
- hand/manual

Irrigation frequency: _____

How long each time: _____

Time of day:

- Pre-dawn
- Morning
- Afternoon
- Evening

Soil type

- sandy
- loam
- clay/clay loam
- artificial mix

Drainage

- good
- moderate
- poor

Fertilizer/pesticides applied to or near the plants

Names and dates: _____