

1. Name of Plant \_\_\_\_\_ Cultivar (if applicable) \_\_\_\_\_

2. Nearby Plants affected? \_\_\_\_\_

If yes, what plants are they? \_\_\_\_\_

3. Pesticides used? \_\_\_\_\_

If yes, which ones \_\_\_\_\_ when applied \_\_\_\_\_

4. Fertilizer used? \_\_\_\_\_

If yes, type: \_\_\_\_\_ when applied \_\_\_\_\_

5. Physical changes to plant of area near it (light, watering, temperature, construction, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. When did symptoms begin? \_\_\_\_\_

7. Any previous problems with this plant? \_\_\_\_\_

8. Soil type: (Clay, loam, sandy): \_\_\_\_\_

9. Watering: Frequency: \_\_\_\_\_  
amount applied: \_\_\_\_\_

Duration: \_\_\_\_\_  
irrigation (overhead, drip): \_\_\_\_\_

10. Symptom distribution: Whole plant \_\_\_  
Single branch \_\_\_  
Leaves \_\_\_  
Stem \_\_\_  
Root \_\_\_  
Fruit \_\_\_  
Other \_\_\_

Pattern: Inside out, bottom up \_\_\_  
Outside in, top down \_\_\_  
Randomly scattered \_\_\_  
Uniform \_\_\_\_\_

11. Growth: Underdeveloped \_\_\_\_\_ Normal \_\_\_\_\_ Other \_\_\_\_\_

12. Types of symptoms:

- |                     |                              |
|---------------------|------------------------------|
| Wilting ___         | Canker___                    |
| Distortion ___      | Gumming/pitch ___            |
| Chewed ___          | Yellowing of leaves ___      |
| Mottling ___        | Stippling ___                |
| Leaf spot ___       | Ring spot ___                |
| Mosaic ___          | Fruit spot___                |
| Gall or swelling___ | Marginal burn/leaf scorch___ |
| Root rot ___        | Vascular streaking ___       |

13. Types of signs:

- |                     |                |
|---------------------|----------------|
| Rust ___            | Mildew___      |
| Mycellium ___       | Ooze ___       |
| Fruiting bodies ___ | Spores ___     |
| Insects/mites___    | Frass ___      |
| Honeydew ___        | Egg masses ___ |
| Emergence hole ___  | Sawdust ___    |
| Pitch tube___       | Webbing ___    |

14. Other comments:

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15. Diagram:

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