



Colorado State University
Extension

Final Diagnosis:

By:

Date:

General Diagnostic Questionnaire
Plant Disease, Plant Identification, or Insect Problem

CLIENT: _____ DATE: _____

Case #: _____ Questionnaire completed by: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Instructions: Please fill out this form as completely as possible, as detailed information will help CSU Extension with an accurate diagnosis.

PLANT DISEASE OR INSECT HISTORY:

Plant name or description: _____

Insect name or description: _____

Describe the problem: _____

When was the problem first noticed? _____

SYMPTOMS & SIGNS OF DISEASE:

What parts of the plant are affected? _____

LIST SYMPTOMS of disease: (Changes in plant's growth or appearance in response to causal factors) _____

When were the symptoms first noticed? _____

Has the problem occurred in the past? _____ When? _____

LIST SIGNS of disease: (Presence of actual disease organisms, insects, etc., or direct evidence of casual factors) _____

When were the signs first noticed? _____

CURRENT PLANT MAINTENANCE:

Is the area irrigated? _____ How? (Sprinkler, hose, ditch, etc.) _____

How often? (Once a week, etc.) _____

How much water is given? _____

Is the plant located near a downspout or in a depression where water collects? _____ Is the plant fertilized? _____
Name of fertilizer: _____ How often fertilized? _____
Is mulch used around the plant? _____ How thick is mulch? _____
What type of mulch? (Plastic, sawdust, leaves, etc.) _____
Are wood ashes used around the plant? _____ How much? _____
Are herbicides or weed and feed fertilizers used around the plant? _____
Name: _____ How much? _____ When? _____
Are insecticides and/or fungicides used? _____
Name: _____ How is it applied? (Sprayed, dusted etc.) _____
_____ How often? _____

DESCRIBE ENVIRONMENT OF HOST PLANT OR INSECT:

Location: _____ Elevation: _____
Sun exposure: _____ Wind Exposure? _____
Soil type: _____
Are similar plants nearby? _____ How close? _____
Do they display similar *symptoms and signs*? _____

What if anything has been done to correct the problem? _____

TO SEND A PLANT OR INSECT SAMPLE:

In addition to the above information, please submit a sample of the affected plant, or of the insect. Place the sample in a plastic bag and mail it in a NON-CRUSHABLE box to your local extension office address below:

ATTN: Yvette Henson, County Extension Director
Colorado State University Extension
PO Box 130
Norwood, CO 81423-0130

OR – Bring you plant or insect sample to our office in Norwood, Colorado at:
1120 Summit Street in Norwood

*For more information, please call the San Miguel / West Montrose County Extension:
Yvette Henson – County Extension Director / Colorado State University
(970) 327-4393, or visit our website at: <http://sanmiguel.colostate.edu/>*

Case in process on this date: _____ CG assigned: _____
Case completed on this date: _____ CG completed: _____
Client Letter sent via Email or Postal Mail? _____ (Please attach copy)
CSU Fact Sheets and information sent: _____

Current Recommendations: _____