



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: \_\_\_\_\_