



Colorado State University
Extension

Final Diagnosis:

Tree / Shrub - Diagnostic Questionnaire

CLIENT: _____ DATE: _____
 Case # _____ Questionnaire completed by: _____
 Phone: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____

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

PLANT HISTORY:

Plant name: _____ Variety: _____
 Size of plant: Height: _____ Width: _____ Current age of plant: _____
 Approximate date of transplanting: _____
 Was it balled and burlapped? _____ Potted container? _____ Bare Root? _____
 Was the burlap or container removed at planting time? _____
 Was fertilizer used in the hole? _____ How much? _____
 What NPK formulation was used? (5-10-5, etc.) _____

SYMPTOMS & SIGNS OF DISEASE:

What parts of the tree or shrub are affected? (Trunk, limbs, twig tips, foliage, roots, etc.)

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 or direct evidence of the casual factors) _____

When were the signs first noticed? _____

CURRENT PLANT MAINTENANCE:

Is the plant watered? _____ How? (Sprinkler, hose, watering can, etc.) _____

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

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 and wide? _____

What type of mulch? (Plastic, sawdust, leaves, etc.) _____

How close to the trunk is the mulch applied? _____

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? _____

PLANT SITE DESCRIPTION:

Is the site sunny, shady or windy? _____
How many hours of direct sunlight does the tree or shrub receive? _____
Are similar plants nearby? _____ How close? _____
Do they display similar *symptoms* and *signs*? _____
Is a road, driveway or sidewalk nearby? _____ How close? _____
Composition of this walkway: _____
Are de-icing salts used? _____
Is the plant near a foundation, pool or other structure? _____
Structure type: _____ How close? _____
Were any ditches or excavations made near the plant? _____ How close? _____
How deep? _____ When? _____
Was the ground lowered or raised recently? _____
When? _____ How deep? (In inches or ft.) _____

TO SEND A PLANT SAMPLE:

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

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

OR – Bring your plant sample to our offices at: 1120 Summit Street in Norwood

For more information or if you have questions, please call our office at: (970) 327-4393.

A great information resource is our web site at: <http://sanmiguel.colostate.edu>

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

