

## SCMG HOTLINE CALL DIAGNOSTIC PROCESS

### A. Initial Greeting:

#### 1. This is the Sandoval County Master Gardener Hotline. My Name is

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Location \_\_\_\_\_

#### 2. Are you new to the County, within the past 5 years?

#### 3. How can I be of help? Caller's Description of the problem

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### B. Plant Info: Tree\_\_ Shrub\_\_ Vine\_\_ Vegetable\_\_ Flower\_\_ Grass\_\_ Fruit\_\_ Cacti\_\_ Weed\_\_

Variety: (genus and species and/or common name) \_\_\_\_\_

Age of Plant \_\_\_\_\_ Planting date \_\_\_\_\_

### C. Symptoms (mark all that apply):

Plant parts affected: roots/crowns\_\_ Stems/branches\_\_ Leaves\_\_ Fruit\_\_ Whole Plant\_\_

Symptoms: Spots\_\_ Tip burn\_\_ Distortion\_\_ Mosaic/Mottle\_\_ Chlorosis\_\_ Necrosis\_\_ Rot\_\_ Mildew\_\_ Blisters\_\_ Defoliation\_\_ Wilt\_\_ Dieback\_\_ Blight\_\_ Stunting\_\_ Canker\_\_ Galls\_\_

Visible pests\_\_ Signs of insects\_\_

When did symptoms first appear \_\_\_\_\_

Are symptoms: Spreading \_\_\_\_\_ Localized \_\_\_\_\_

Symptom development: Sudden \_\_\_\_\_ Gradual \_\_\_\_\_

Distribution of diseased plants: Scattered \_\_\_\_\_ Clustered \_\_\_\_\_ In a row or pattern \_\_\_\_\_

Are other plants affected: Same species\_\_ Different species\_\_ Number/% affected\_\_

### D. Plant History:

1. Growing conditions (mark all that apply): Indoors\_\_ Hoophouse/Greenhouse\_\_ Home Garden\_\_ Lawn\_\_ Landscape\_\_ Organic Garden\_\_ Other \_\_\_\_\_

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2. Soil Type: Sand\_\_\_ Silt\_\_\_ Clay\_\_\_ Well Drained\_\_\_ Poorly Drained\_\_\_ Heavy\_\_\_  
Light\_\_\_

3. Exposure: Full Sun\_\_\_ Shade\_\_\_ Partial Sun\_\_\_ Morning Sun\_\_\_ Afternoon Sun\_\_\_

4. Proximity to Structure: Sidewalk\_\_\_ Walls\_\_\_ Buildings\_\_\_ Roads\_\_\_ Driveways\_\_\_

5. Fertilization History:

When\_\_\_ How Much\_\_\_ What type\_\_\_ Don't know\_\_\_

6. Watering History: Furrow\_\_\_ Flood\_\_\_ Drip\_\_\_ Sprinkler\_\_\_ Hand\_\_\_

Frequency\_\_\_ Volume\_\_\_

7. Chemical Use: Chemical name\_\_\_ Method of application\_\_\_  
Frequency\_\_\_ Amount applied\_\_\_

8. Vegetable Growing /Planting History: Do You Rotate Your vegetables? Yes\_\_\_ No\_\_\_

Past Problems\_\_\_

### E. Summarize Caller's description of the problem:

**1. Let me just summarize with you to make sure I have all the information needed.**

(Repeat back to the caller the information you have gathered)

**2. I need to research the problem and get back to you. Will that be alright? Either myself or someone will get back to you as soon as possible.** Caution: For email responses do not use your personal account. Use [scmghotline@gmail.com](mailto:scmghotline@gmail.com). Password: Hotline2018

### F. Conduct Research if Needed; Preferred Websites refer to resources in Hotline binder.

**G. If Resolved, Call Back with Answer to Question:** Response provided – use back if needed:

### H. Status of the Call:

Completed\_\_\_

Unable to Resolve, Referred Call to Next Shift\_\_\_

Need to Consult with Extension Agent for Potential Home Visit\_\_\_

Date\_\_\_ Name (Print)\_\_\_

Civil Rights - Please designate if caller is: Male\_\_\_ Female\_\_\_

Ethnicity: White\_\_\_ Hispanic\_\_\_ Native American\_\_\_ Asian\_\_\_ Black\_\_\_ Pacific Islander\_\_\_

