

SEMG HELPLINE DIAGNOSTIC ASSISTANCE

A. **Plant Info:** Tree__ Shrub__ Vine__ Vegetable__ Flower__ Grass__ Fruit__
Cacti__ Weed__

Variety: (genus and species and/or common name) _____

Age of Plant

Planting date

B. Symptoms (mark all that apply):

Blight__ Blisters__ Canker__ Chlorosis__ Defoliation__ Dieback__ Distortion__

Galls__ Spots__ Tip burn__ Mosaic/Mottle__ Necrosis__ Rot__ Mildew__

Wilt__ Signs of insects__ Stunting__ Visible pests__

Plant parts affected:

Roots/crowns__ Stems/branches __ Leaves__ Fruit__ Whole Plant__

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: Different species __ Same 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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D. Plant History:

1. Growing conditions (mark all that apply):

Indoors__ Hoophouse/Greenhouse__ Home Garden __ Lawn __ Landscape __ Organic Garden __ Other_____

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_____

Civil Rights - Please designate if caller is: Male__ Female__

Ethnicity: White__ Hispanic__ Native American__ Asian__ Black__ Pacific Islander__