

## **Diagnostic Sheet for Houseplants**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



*Instructions: Please fill out **both** sides as completely as possible. This is to aid in diagnosing the problem your houseplant is experiencing.*



*Plant name (botanical and/or common) \_\_\_\_\_*

*Brief description of problem \_\_\_\_\_*

*When was the problem first observed? \_\_\_\_\_*

*What, if anything, was done to control the problem? \_\_\_\_\_*

*What product was used (name and rate)? \_\_\_\_\_*

*Is the plant a recent purchase or gift? \_\_\_\_\_*

*From a florist? \_\_\_\_\_ Nursery? \_\_\_\_\_ Supermarket? \_\_\_\_\_*

*Other? \_\_\_\_\_*

*How long has the plant been in its present location? \_\_\_\_\_*

*How big is the plant? \_\_\_\_\_ feet or inches*

*How often is the plant watered? \_\_\_\_\_*

*How much water is applied? \_\_\_\_\_*

*How is the plant watered? Bottom? \_\_\_\_\_ Top? \_\_\_\_\_*

*Does the plant sit in water for an extended period of time? \_\_\_\_\_*

*How long? \_\_\_\_\_*

*How often do you fertilizer the plant? \_\_\_\_\_*

*How much fertilizer is applied per application? \_\_\_\_\_*

*What kind of fertilizer is used? \_\_\_\_\_*

*Was the plant repotted recently? \_\_\_\_\_*

*Size of the original container? Diameter \_\_\_\_\_ Depth \_\_\_\_\_*

*Size of the present container? Diameter \_\_\_\_\_ Depth \_\_\_\_\_*

*What is the container made of? Plastic \_\_\_\_\_ Clay \_\_\_\_\_ Unglazed \_\_\_\_\_*

*Glazed \_\_\_\_\_ Other \_\_\_\_\_*

*Does the container have drainage holes? Bottom \_\_\_\_\_ Side \_\_\_\_\_*

*What is the soil texture? Clayey \_\_\_\_\_ sandy \_\_\_\_\_ other? \_\_\_\_\_*

*Is the plant growing in natural light? \_\_\_\_\_*

What is the exposure? North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

How close is the window? \_\_\_\_\_ feet. Directly in front \_\_\_\_\_ to the side \_\_\_\_\_

Are trees or shrubs blocking direct entry of light? \_\_\_\_\_

Does the window have curtains that filter the light? \_\_\_\_\_

Is the plant growing in artificial light? \_\_\_\_\_

How many hours per day? \_\_\_\_\_ wattage per bulb \_\_\_\_\_ # of bulbs \_\_\_\_\_

What kind of bulbs? Fluorescent \_\_\_\_\_ Incandescent \_\_\_\_\_

How high is the light source above the plant? \_\_\_\_\_

Was the plant outside recently? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

What kind of exposure? Shade \_\_\_\_\_ Semi-shade \_\_\_\_\_ Full sun \_\_\_\_\_



In addition to the above information submit a sample of the affected plant. Include in the sample diseased and healthy plant parts. Enclose the sample in a plastic bag and ship in a **STURDY** box. Mail at the beginning of the week to shorten the time in transit. Fresh material is required for an accurate diagnosis. Mail to your **local extension office or the Home & Garden Education Center, 1380 Storrs Road, U-115, Storrs, CT, 06269-4115.**



Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Diagnosis \_\_\_\_\_

By whom \_\_\_\_\_

Recommendations \_\_\_\_\_

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Prepared by: Edmond L. Marrotte  
Consumer Horticulturist  
Home & Garden Education Center

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