

Diagnostic Sheet for Herbaceous Ornamentals

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 herbaceous ornamental is experiencing..*



Plant Name: _____ Variety/Cultivar: _____
Brief description of problem (off color of foliage, chewed foliage, etc.)? _____

Size of plant? Height? _____ Width? _____ Age of plant, if known? _____

When was the problem noticed? _____

What part of the plant is affected? _____

Has the problem occurred before? _____ When? _____

Are similar plants nearby? _____ How near? _____

Are they affected? _____ Is the plant a recent transplant? _____

When? _____

Was fertilizer was used? _____ When _____ How much?(lbs/100 sq ft) _____

What kind (5-10-5, etc.?) _____

Is the plant near a foundation, pool or other structure? _____

What kind of structure? _____ Is the plant watered? _____

How (sprinkler, hose, watering can, etc.)? _____

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

Is the site sunny? _____ shady? _____ Hours of direct sun? _____

Is the site windy? _____

Is the plant located near a down spout or in a depression where water gathers? _____

Were herbicides or weed and feed fertilizers used near or around the plant? _____

What kind? _____ How much? _____ When? _____

Were wood ashes used around the plant(s)? _____ How much? _____

Was any insecticide and/or fungicide used? _____ When? _____ Kind? _____

How was it applied (spray, dust to soil, etc.)? _____

How often? _____

Is a road or driveway nearby? _____ How close (ft.)? _____

Deicing salts used? _____

Are any mulches used around the plant? _____ How thick? _____

What kind (plastic, sawdust, leaves, etc.)? _____ How close? _____



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



Date Received _____/_____/_____

Diagnosis _____

By whom _____

Recommendations _____

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