

Diagnostic Sheet for the Home Vegetable Garden

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 vegetable plant is experiencing.



Plant name _____ Variety _____
Brief description of problem _____
When was the problem noticed? _____ What part of the plant is affected? _____
Is just one type or variety of plant affected (ie: only Big Boy tomato)? _____
Has the problem occurred before? _____ When? _____
Was anything done to control the problem? _____ if yes, what? _____
Name of any insecticide and/or fungicide used _____ Type of insecticide and/or fungicide (15% WP, 5% dust, 50% E, etc) _____
number of times used? _____ Days between applications _____
Was the plant grown from seed? _____ Planting date _____
Transplants raised? _____ Purchased? _____ Is the plant growing in a container? _____ Garden? _____
If container, size of container. Diameter _____ Depth _____
Location of drainage holes (side, bottom, etc) _____
Type of soil? _____ Is the container watered? _____ Was any fertilizer or manure applied to the garden or container this season? _____
If yes, what kind (chicken manure, 5-10-10, etc)? _____
What was the rate of application (bu/100 sq ft or lbs/100 sq ft, etc)? _____
When was it applied (spring, fall, prior to tilling, etc)? _____
Was any lime applied? _____ Rate of application lbs/1000 sq ft _____
When? _____ Type: hydrated? agricultural? Other _____
Is mulch used? _____ When was it applied? _____
If an organic mulch, how thick is it? _____ If grass clippings, was the lawn treated with an herbicide or weed and feed fertilizer? _____
When? _____
If yes, name and rate of application? _____
Was the soil tested recently? _____
Test results, if known? 🍷 pH _____ Ca _____ Mg _____ P _____ K _____

Is the garden side in full sun? Shade? Hours of sun per day _____
 Does the soil stay wet for a long period of time after a rain? _____
 How long? _____ Is the garden irrigated? _____
 How frequently? _____ Method used (watering can, hand held hose, sprinkler, etc)? _____
 _____ Was the site always a vegetable garden? _____
 If not, what was it before (lawn, empty lot, cornfield, etc)? _____
 Were any weed killers used in the garden or in the immediate area? _____
 What kind? _____ Rate of application _____
 Was the garden sprayer ever used to apply weed killers? _____
 What kind? _____ When? _____
 How big is the garden? _____
 Were wood ashes put in the garden? _____
 How much? _____



In addition to the above information submit a sample of the affected plant or fruit. Place 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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