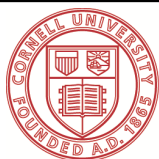


HOME GROUNDS FACT SHEET



Cornell University
Cooperative Extension
Nassau County

Nassau County
Horticulture Program
East Meadow Farm
832 Merrick Avenue
East Meadow, NY 11554
Phone: 516-565-5265

Questionnaire for Diagnosis of Problems

Non-members must pay \$7 for diagnosis

Name _____ Date _____
 Street Address _____ Daytime Phone () _____
 City _____ State _____ Zip _____ Email Address _____
 Accepted By _____ Member? Yes No

OUTDOOR PLANTS - fill out pages 1 & 2

INDOOR PLANTS - fill out page 3

INDOOR INSECTS - fill out page 2

TURFGRASS (LAWNS) - fill out page 4

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Name of plant _____
 Age of plant _____
 When was it planted? _____
 Describe symptoms _____

 When did the problem first appear?

What type of irrigation equipment?
 drip or soaker hose sprinkler

How often do you water?
 monthly bi-weekly weekly twice a week
 every other day daily _____

How much and for how long per application?

How is the soil drainage?
 excellent good fair poor don't know

Type of soil
 clay loam sand potting mix don't know

Have you had the soil tested?
 no yes The PH is _____

Did you fertilize this plant this season?
 no yes
When? _____

What kind of fertilizer? _____

In what amount? _____

Is it getting
 worse better same

Where did it first appear?
 top bottom inside branch tips

On the part facing
 east west north south

Do you water this plant?
 no yes

If yes,
 automatic system manual

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Was any type of weed killer used in the area?

no yes don't know

If yes, what kind? _____

When was it applied? _____

Were any other chemicals/pesticides applied near the area?

no yes don't know

Which ones? _____

When? _____

Plant's exposure

south west east north

full sun part shade shade

If shade, from what? _____

Has there been any construction in the area?

no yes don't know

If yes, when? _____

Is the plant near a driveway or street?

no yes

Is salt used in the winter?

no yes

Describe the plant's location

Was the plant transplanted?

no yes don't know

If yes, when? _____

If yes, was it

balled and burlapped in a container bare root

Additional information

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Where was the insect found?

How many were evident? _____

When did you first see them?

Do you have a pet?

no cat dog bird other

Do you have a fireplace?

no yes

Do you store firewood indoors?

no yes

Additional information

Name of plant _____

Container material and size:

- clay plastic ceramic other _____
- 4" 6" 8" 10"
- 14" 20" half barrel built in planter

How long have you had the plant?

When did the problem first appear?

Describe the problem?

The problem started on

- older leaves new leaves all over

Is it getting

- worse better staying the same

How often do you water?

- daily twice weekly weekly bi-weekly
- monthly _____

How much water do you give the plant at one time?

- 1/2 cup cup pint quart
- gallon other (please explain) _____

Do you empty the water out of the saucer?

- no yes sometimes

When did you last repot the plant?

What is near the plant?

- radiator air conditioner vent draft

Where is the plant located?

Give details (*i.e. proximity to a window*)

Do you put the plant outside in the summer?

- no yes

If yes, do you put it in

- full sun part shade shade

Have you sprayed anything on the plant recently?

- no yes

If yes, with what? _____

Do you fertilize the plant?

- no yes

If yes, with what?

**What are the 3 large numbers on the front of the label?
(percentage nitrogen, phosphorus and potassium)**

How often do you fertilize?

- with each watering weekly bi-weekly
- monthly quarterly

Additional information

Describe the problem

I care for my lawn

myself have a landscaper

The lawn was seeded sodded

Approximately when? _____

SOIL

When did you last have the soil tested?

The soil pH is _____

Was lime applied no yes

If yes, when? _____

The soil texture is

clay-like sandy loamy don't know

The soil drainage is

excellent good fair poor

don't know

Was heavy equipment ever parked or driven over the lawn?

no yes

WATER

The lawn is watered by

nature only automatic sprinkler manual sprinkler

How much water is applied per application?

Frequency of watering?

daily every other day twice weekly

weekly biweekly other _____

The sprinkler runs for

15 min. 1/2 hour 3/4 hour hour

other _____

MOWING

How often is the grass mowed?

daily twice weekly weekly biweekly

The mowing height is

don't know 3" 2 1/2" 2" less than 2"

The clippings are

mulched into the lawn

bagged and discarded

bagged and composted

used as a mulch in the garden

The mower blade was last sharpened on or about

Has the lawn been thatched?

no yes

If yes, when

The lawn was last core aerated on or about

SUN

How much sun does the lawn receive?

full sun (10+ hours/day)

part shade (6-10 hours/day)

shade (4-6 hours/day)

deep shade (less than 4 hours of sun/day)

filtered or dappled light all day

What causes shade?

building tree—what kind? _____

other _____