

WASHINGTON STATE UNIVERSITY



GARFIELD COUNTY EXTENSION

Master Gardener Question Form

Recorded in Book

Date: _____ Phone-In or Email-In: Office Clinic: Information Clinic: Walk In:

Client Name: _____

Mailing Address: _____

Physical Address (if needed) _____

Phone: _____ Cell Phone: _____ Email: _____

Ethnic: Non-Hispanic Hispanic Race: White Black Alaskan/Am.Indian Asian Hawaiian/Pac.Isl. Other

Please add me to your mailing list to receive notice of upcoming horticulture events? Yes No

Client's Question / Problem _____

Information Gathering: gathered by: _____

1. Plant ID: (common and botanical name if possible) _____

2. General Plant Information:

ASK the Client these Questions: (or client can fill out while they are waiting)

a. How did the problem/condition develop? *Slow* *Over time* *All at once*

(Circle more than one if it applies & be sure to add comments)

b. What is the age and size of plant?

1. Season: *Spring* *Summer* *Fall* *Winter*

2. Height: *Small (fist size)* *Medium (basketball sized)* *Large (taller than 2')*

3. Leaf Size: *Small* *Medium* *Large*

c. When was it planted?

1. *Volunteer*

2. Planted: *Spring* *Summer* *Fall* *Winter*

d. What is the plant's location? What exposure does it receive?

1. Location: *Yard* *Garden* *Shrub Area* *Empty Field* *Crop Area*
2. Exposure: *Full Sun* *Part Sun* *Shade*

e. What has the weather been?

1. *Dry* *Wet*
2. *Cold* *Cool* *Warm* *Hot*

f. What type of soil surrounds the plant? What is the drainage?

1. Unamended: *Topsoil* *Poor Soil*
2. Amended: *Compost* *Peat* *Vermiculite*

g. What cultural practices have been used? What care?

1. Water: *Daily* *2-3 x's week* *Weekly* *Irregularly* *Never*
2. Fertilized: *2-3 x's season* *Never*
3. Mowed *Tilled*

h. What do the surrounding plants look like? What species are nearby?

1. *Grass* *Vegetables* *Flowers* *Shrubs* *Trees* *Field*
2. Healthy Looking: *Yes* *No*

i. What is the distribution of the plant?

1. *Isolated plants* *Grows in clumps* *Wide spread*

2. *Dry areas*

Damp areas

Wet areas

3. **What signs and symptoms are visible:** (examine the entire plant – look for patterns)

Biotic (caused by living agents such as insects, fungi, bacteria, etc.)

Some hints – symptoms appear gradually, irregular or random distribution, only one or a few species affected.

Abiotic (caused by non-living agents such as weather extremes, poor soil, drought, chemical use,

etc.) Some hints – symptoms appear quickly, regular and patterned, is not infectious or spreading, remember multiple species may be involved.

4. **Other information gathered during the diagnostic process:** (see Plant Diagnosis – Clinic Guide for more info on determining symptom

Diagnosed by: _____

Date: _____

Follow up call to client: _____

Diagnosis:

Recommendation:

Relevant Resource (used to diagnose):

Information sent home or sent to client (email, mail, fax, in person):