

UVM Extension Master Gardener Helpline Insect and Disease Diagnosis Worksheet

1. Common name of host plant: Kousa Dogwood
2. How long have you had the affected plant? Both trees were planted as large bushes on 7/1/2020.
3. Plant parts affected:

<input type="checkbox"/> Leaves	<input type="checkbox"/> Roots	<input checked="" type="checkbox"/> Flowers	<input type="checkbox"/> Fruit
<input type="checkbox"/> Stem	<input type="checkbox"/> Entire Plant	<input type="checkbox"/> Trunk	<input type="checkbox"/> Unknown
4. Symptoms noticed:
LEAVES:

<input type="checkbox"/> Yellowing	<input type="checkbox"/> Holes in leaves	<input type="checkbox"/> Leaf rotting or streaking
<input type="checkbox"/> Wilt	<input type="checkbox"/> Leaf spots	<input type="checkbox"/> Abnormal growth or gall
<input type="checkbox"/> Defoliation	<input type="checkbox"/> Burning of margins	<input type="checkbox"/> Leaf curled or puckered

BRANCHES/TRUNK:

<input type="checkbox"/> Cracks in bark	<input type="checkbox"/> Gummy discharge	<input type="checkbox"/> Abnormal growth on twigs or stem
<input type="checkbox"/> Stunting	<input type="checkbox"/> White stuff on bark	<input type="checkbox"/> Abnormal growth on trunk
<input type="checkbox"/> Hole in trunk	<input type="checkbox"/> Wilted branch tip	
5. Distribution of damage or disease symptoms on plant:

<input type="checkbox"/> Top branches	<input type="checkbox"/> Tip of branches	<input type="checkbox"/> Scattered throughout
<input type="checkbox"/> Bottom branches	<input type="checkbox"/> All branches on one side	<input type="checkbox"/> All over the plant
6. When was the problem first noticed? Since May 2022: limited flowers on tree 1, little to no flowers on tree 2
7. Soil drainage: Very wet Very dry Good drainage
8. How often do you water: Is soil allowed to dry between watering? Yes No
Does container have drainage holes? Yes No
9. Recent weather: Rainy/wet Very dry Cold Normal/Average
10. Light conditions:
IF OUTSIDE: Full sun Light shade Heavy shade
IF INSIDE: Direct sun Indirect sun Little or no light
11. Current management practices (brand, rates, amounts used, dates of application):

<input checked="" type="checkbox"/> Fertilizer:	<u>Miracle Grow tree & shrub spikes 5/1/2021, Miracle Grow Bloom Booster 5/15/2022 & 2023</u>
<input checked="" type="checkbox"/> Pesticides:	<u>Seven concentrate applied with hose on 5/19/2024 to entire bed</u>
<input checked="" type="checkbox"/> Weed killer:	<u>Preen applied to bed on 5/4/2024, then top mulched</u>
12. Recent environmental disturbances:

<input type="checkbox"/> Soil added or removed	<input type="checkbox"/> Frost	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Gas or sewer leaks	<input checked="" type="checkbox"/> High winds	
<input type="checkbox"/> Construction nearby	<input type="checkbox"/> High temperature	
13. If it is an insect problem, how many insects have you seen?

<input type="checkbox"/> A few (1-2)	<input type="checkbox"/> Moderate Amount (10-20)	<input type="checkbox"/> Too many to count
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14. How long has the pest been a problem? No pests - just a lack of flowers
15. Where was the problem seen (for household pests)?

<input type="checkbox"/> Kitchen	<input type="checkbox"/> Attic	<input type="checkbox"/> Porch	<input type="checkbox"/> In food
<input type="checkbox"/> Basement	<input type="checkbox"/> Window sills	<input type="checkbox"/> In bed	<input type="checkbox"/> Stored food products
<input type="checkbox"/> Closets	<input type="checkbox"/> In rugs	<input type="checkbox"/> Bed room	
<input type="checkbox"/> In clothes	<input type="checkbox"/> Living room	<input type="checkbox"/> Around foundation	<input type="checkbox"/> Other:
<input type="checkbox"/> Dining room	<input type="checkbox"/> Garage		
16. Other information that might be useful:

The bed was created with about 18 inches of topsoil that was covered in mulch. Both trees were planted as large bush