

## UVM Extension Master Gardener Helpline Insect and Disease Diagnosis Worksheet

1. Common name of host plant: \_\_\_\_\_
2. How long have you had the affected plant? \_\_\_\_\_
3. Plant parts affected:

<input type="checkbox"/> Leaves	<input type="checkbox"/> Roots	<input 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? \_\_\_\_\_
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 type="checkbox"/> Fertilizer: _____
<input type="checkbox"/> Pesticides: _____
<input type="checkbox"/> Weed killer: _____
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 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? \_\_\_\_\_
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:  
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