



UNIVERSITY OF WYOMING EXTENSION

To submit a lawn or turfgrass sample for diagnosis or identification, please print and fill out this form as completely as possible. Remove a plug from the infected turf area, including leaves, roots, thatch, and 1-2 inches of soil. Package the sample in a plastic bag, and send this form with your sample to:

Chris Hilgert
Department 3354
1000 E. University Ave.
Laramie, WY 82071

Lawn and Turfgrass PROBLEM DIAGNOSIS

Client Name:
Client Contact Information:
Phone _____
Email _____
Mailing Address:

LAWN BACKGROUND

Age	Turfgrass Type	Source
<input type="checkbox"/> established - 5 to 10 years old	<input type="checkbox"/> Perennial Ryegrass	<input type="checkbox"/> started from seed
<input type="checkbox"/> Young - 1 to 5 years old	<input type="checkbox"/> Kentucky Bluegrass	<input type="checkbox"/> Started from sod
<input type="checkbox"/> New - less than one year old	<input type="checkbox"/> Fine fescue	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Mixture types _____	
	<input type="checkbox"/> Other	
	<input type="checkbox"/> Don't Know	

PROBLEM

When did you notice this problem? _____

Have you ever had this problem before? Yes No If yes, when? _____

Please describe how the problem first appeared and then check all that apply:

Affected Area Description:

- | | |
|--|---|
| <input type="checkbox"/> Circular spots | <input type="checkbox"/> Grass is thin |
| <input type="checkbox"/> Irregular spots | <input type="checkbox"/> Grass is yellow |
| <input type="checkbox"/> Rings, green in the center | <input type="checkbox"/> Grass is brown, dead, and/or dry |
| <input type="checkbox"/> Streaks in rectangular areas | <input type="checkbox"/> Rusty powder on grass |
| <input type="checkbox"/> Size of spots or affected area 1 to 2 ft. in diameter | <input type="checkbox"/> White powdery coating on grass |
| <input type="checkbox"/> Size of spots or affected area 2 to 3 ft. in diameter | <input type="checkbox"/> Weeds |
| <input type="checkbox"/> Large areas of lawn affected | <input type="checkbox"/> Grassy weeds |

Other: _____

Affected Area Location:

- | | |
|---|---|
| <input type="checkbox"/> Full sun | <input type="checkbox"/> Primarily next to driveway, walk, or pathway |
| <input type="checkbox"/> Full shade | <input type="checkbox"/> All over lawn |
| <input type="checkbox"/> Just in the front lawn | <input type="checkbox"/> On flat area |
| <input type="checkbox"/> Just in the back lawn | |

Other: _____

LAWN CARE

Irrigation:

- | | | |
|---|--|--|
| Irrigation System | Frequency of watering | Length (per cycle) |
| <input type="checkbox"/> automatic overhead | <input type="checkbox"/> every day | <input type="checkbox"/> 10 to 15 minutes |
| <input type="checkbox"/> automatic drip | <input type="checkbox"/> every other day | <input type="checkbox"/> 30 minutes |
| <input type="checkbox"/> hose and sprinkler | <input type="checkbox"/> once a week | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> combination _____ | <input type="checkbox"/> as needed | <input type="checkbox"/> time of day _____ |
| _____ | <input type="checkbox"/> other | |

Mowing:

- | | |
|---|--|
| Frequency | Height |
| <input type="checkbox"/> once a week | <input type="checkbox"/> greater than 2 ½ " |
| <input type="checkbox"/> less than once a week | <input type="checkbox"/> at 2 ½ " |
| <input type="checkbox"/> mow as needed | <input type="checkbox"/> less than 1 ½ " _____ |
| <input type="checkbox"/> returning/mulching clippings | <input type="checkbox"/> other |

Fertilization:

Fertilizer Type	When applied	Amount	- lb./1000 sq. ft.
fertilizer			
<input type="checkbox"/> 16-16-16 (starter fertilizer)	<input type="checkbox"/> 4x per year (list months)		
<input type="checkbox"/> 21-0-0 (ammonium sulfate)	<input type="checkbox"/> 3x per year (list months)	_____	
<input type="checkbox"/> 3-1-2	<input type="checkbox"/> 2x per year (list months)		
<input type="checkbox"/> quick release	<input type="checkbox"/> once a year	Other: _____	
<input type="checkbox"/> slow release	<input type="checkbox"/> other _____		
<input type="checkbox"/> lawn care service			
<input type="checkbox"/> other			

Chemicals applied to turf or to nearby plants in the last year (include type and rate):

Do you use a separate sprayer when applying weed-killers and insecticides/fungicides? _____

Thatch Removal-Aerating:

never last spring last fall this spring this fall
 other _____

If you do remove thatch, how was it removed? How often? _____

power rake-one pass power rake-two passes mower attachment hand rake
 other _____

Has your lawn been aerated or aerified? when? _____

Have you used wetting agents on your lawn? _____