

# Checklist Questions to Ask for Plant Health Diagnostic

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**Crop:**

Plant name: \_\_\_\_\_ Variety name: \_\_\_\_\_ Newly planted or # of years ago: \_\_\_\_\_

Location of plant: landscape/lawn/garden/field/ containers/in home \_\_\_\_\_

**Describe presentation of symptoms:**

Spreading or confined to a specific plant part or section on affected plant \_\_\_\_\_

Gradual emergence or sudden appearance \_\_\_\_\_

**Timing:** When during season did symptoms first become evident? \_\_\_\_\_

**Number of plants affected:** Specify the number of plants infected (out of planted total) or indicate percentage of area/bed infected. \_\_\_\_\_

**Distribution pattern of plants affected:** Are the affected plants randomly scattered, clustered, all in one row, or concentrated on one end/side of the field. \_\_\_\_\_

**Weather notes of the season:** share any knowledge of extreme events (frost, hail, drought) plant(s) may have experienced \_\_\_\_\_

**Crop history:** what plant or crop (s) also have been planted on that area (especially in the previous year) :  
Did they also have problems? \_\_\_\_\_

**Pruning notes:** describe the frequency of pruning and the time of the year that pruning was last done. \_\_\_\_\_

**Soil type:** sandy/loamy/clay, soilless potting media (type), or other (describe). \_\_\_\_\_

**Soil test:** Specify when the last soil test was taken. Include soil pH, if known. \_\_\_\_\_

**Irrigation:** provide source (city, well, pond, stream) and method of irrigation (e.g.: sprinkler: overhead/low lying or drip or furrow or other), as well as frequency and timing \_\_\_\_\_

**Fertilizer history:** include information about the types, rates, frequency, and timing of fertilizers used \_\_\_\_\_

**Chemical history:** provide details about names, rates, and timing of chemicals used \_\_\_\_\_