

Turfgrass Diagnostic Form



Name: _____ Phone Number: _____

Address: _____

Email: _____

I would prefer to be contacted by: E-mail Phone

QUESTIONS

The following questions will help us make a more accurate diagnosis.

What is your primary concern? _____

Describe damage: _____

When did you first notice this issue? _____

How quickly has the problem spread? _____

Where is the damage/issue in the landscape (localized or widespread? Shady areas vs. sunny areas)?

Has the soil been recently disturbed? _____

Does the problem area have a lot of foot traffic (Children, pets, adults)? Y N

Has the problem occurred before? _____

HISTORY

Do you know what grass type/species you have? _____

Is your lawn managed by yourself or by a lawn care service company? _____

Is the lawn new _____ Established _____ If known, how old: _____

If new, was the soil prepared before sodding or seeding Y N

If known, how was the soil prepared? _____

WATERING

How is the area watered (by hand, drip, sprinkler system, other)? _____

And how often? _____

Do you winter water? Y N

FERTILIZER

Type used: _____ How you spread: _____

When used (circle) spring summer fall

Do you apply anything else to your lawn (insecticide, fungicide, herbicide)? _____

AERATION

Do you plug aerate? Y N If yes, when? spring summer fall winter

Do you/have you power raked? Y N Do you/have you top-dressed? Y N

MOWING

How often is the lawn mowed? _____

How tall is the grass blade after mowing (approx)? _____

Do you remove your lawn clippings? Y N

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What do you think the problem is?

Please draw a diagram of location, exposure (North/East/South/West) and area of plants/turf affected; include and label structures such as trees, fence, driveway, buildings, etc.

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