University of Rhode Island
Cooperative Extension Education Center
3 East Alumni Avenue, Kingston, RI 02881
Tel: 401-874-2900

Name:________________________________________

Address:________________________________________
_________________________________________ZipCode:_____________

Telephone:
Home________________Work________________________

URI PLANT PROTECTION CLINIC QUESTIONNAIRE FOR TURF SPECIMENS
Please answer all questions to the best of your ability by circling a response or filling in the blank.
Take a 6" square and 2" deep sample from an advancing margin of the problem patch. Wrap tightly in newspaper and then in foil or plastic wrap, taking care to keep soil off grass. Mail in tightly-fitting box. Attach your check (made out to URI) with the completed questionnaire and turf sample. Walk-in clients may follow the above procedure and leave sample with the Center receptionist.

1. When was lawn established? Within last year 2-3 years 3 years or more

2. Lawn was grown from? Seed Sod Don't know

3. When was soil last tested? ____________________________

4. Have you ever dethatched or aerated the lawn? Yes No
   If yes, when was the last time you dethatched or aerated? ____________________________

5. When did you last apply lime?_________________________How much lime?_____________________

6. When did you last fertilize?__________________________How much fertilizer?_____________________
   What type of fertilizer?__________________________

7. What time of day do you normally water the lawn? Morning Mid-day Evening
   How many times per week on average?__________________________
   How long do you water each time? 1/2 hr. 1 hr. 2 hrs. 3 hrs. Other (Explain on back)

8. What is the sun/shade status of your lawn? Light shade from trees or light restricted by northern exposure
   Mostly in full sun A few shady areas
   Entire lawn in light shade Entire lawn in heavy shade

9. Did the lawn green up nicely in the springtime? Yes No

10. Have you used any herbicides (weed-killer) this year? Yes No
    If so, when was it applied?__________________________What type did you use, liquid or granular__________________________

11. At what height is your mower set?__________________________

12. When is the last time the mower blades were sharpened?__________________________

Additional Comments: On Back