Name: ________________________________
Address: ________________________________
Zip: ________________
Phone: ________________________________
Email Address: ________________________________

What is the best way to contact you?  □ Phone □ Email

**URI Plant Protection Clinic: Turf Problem Questionnaire**

Please answer all questions to the best of your ability. Wrap collected sample in newspaper and then aluminum foil and put in a small box, along with your payment and the completed questionnaire. Walk-in clients may follow the above procedures and leave samples with the Center receptionist.

**Turf Problem Analysis**

**General Information**

1. When was the lawn established?  □ Within last year □ 2-3 years □ 3 years
2. What was the lawn grown from?  □ Seed □ Sod □ Don’t know
3. When was soil last tested? ________________
4. Have you ever dethatched or aerated the lawn?  □ Yes □ No
   When was the last time you dethatched or aerated? ________________
5. When did you last apply lime? How much? ________________
7. What time of day do you normally water the lawn?  □ Morning □ Mid-Day □ Evening
   How many times per week on average? ________________
8. What is the sun/shade status of your lawn?
   □ Mostly in full sun
   □ Light shade
   □ Heavy shade
9. Did the lawn green up nicely in the springtime?  □ Yes □ No
10. Have you used any herbicides (weed killers) this year?  □ Yes □ No
11. At what height is your mower set? ________________
   When was the last time the mower blades were sharpened? ________________

**FOR OFFICE USE ONLY**

No. of Samples: ____________
Amount Paid: ____________
Balance Due: ____________
Date Received: ____________
   □ Mail-In □ Walk-In

**Fee: $10.00 per sample**
Please make checks payable to URI
Troubleshooting Questions: Answer all that apply.

A. Weeds & Weed Control Practices
   1. Are you submitting the weed for identification? □ Yes □ No

   2. If the weed has flowers, what color are they?
      What time of the year does it flower?

   3. Have you tried to control the weeds? □ Yes □ No
      If so, did you use any herbicides? □ Yes □ No
      Which herbicide?
      When?

   4. Do you have pets or children who play on the lawn? □ Children □ Pets □ Both □ None

B. Insects & Insect Control Practices and Animal Pest
   1. Has your lawn had any insect problems in the past? □ Yes □ No □ Don’t know

   2. Which insects have been a problem?
      □ Billbug □ Chinch Bug □ White Grubs □ Sod Webworms □ Don’t know □ Other:__________

   3. Does the turf roll back easily like a carpet in the damaged areas? □ Yes □ No □ Don’t know

   4. If you have lawn serves, do they treat for insects? □ Yes □ No □ Don’t know

   5. Describe turf damage pattern and when it began:

C. Disease and Control Cultural Practices
   1. Are there any mushrooms visible? □ Yes □ No

   2. Describe pattern of problem (ie/ small, round brown sports, surround by dark green):

   3. Have you used any fungicides? □ Yes □ No
      Which and when was it applied? ________________________________________________

Additional Comments:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________