

**FOR OFFICE USE ONLY**

No. of Samples: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Balance Due: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
 Mail-In  
 Walk-In

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Required: Analysis will be made by phone only

**Fee: \$10.00 per sample**

Please make checks payable to URI

## 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

- When was the lawn established?  Within last year  2-3 years  3 years
- What was the lawn grown from?  Seed  Sod  Don't know
- When was soil last tested? \_\_\_\_\_  
If you haven't had a soil test, why not? \_\_\_\_\_
- Have you ever dethatched or aerated the lawn?  Yes  No  
When was the last time you dethatched or aerated? \_\_\_\_\_
- When did you last apply lime? How much? \_\_\_\_\_  
 March  April  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.
- When did you last fertilize? How much? \_\_\_\_\_ What type? \_\_\_\_\_  
 March  April  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.
- 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?  ½ hr.  1 hr.  2 hr.  Other: \_\_\_\_\_
- What is the sun/ shade status of your lawn?  
 Mostly in full sun  
 Light shade from trees/ light restricted by northern exposure  
 A few shady areas  
 Entirely in light shadow  
 Entirely in heavy shade
- Did the lawn green up nicely in the springtime?  Yes  No
- Have you used any herbicides (weed killers) this year?  Yes  No  
What type?  Liquid  Granular
- At what height is your mower set? \_\_\_\_\_  
When was the last time the mower blades were sharpened? \_\_\_\_\_

Troubleshooting Questions: Answer all that apply.

A. Weeds & Weed Control Practices

1. Are you submitting the weed for identification?     Yes             No
2. When are the weeds most visible?     Spring             Summer             Fall             Winter
3. If the weed has flowers, what color are they?  
 Yellow     Blue     White     Pink     Purple     Don't know     Other: \_\_\_\_\_  
What time of the year does it flower?             Spring             Summer             Fall             Winter
4. Have you tried to control the weeds?             Yes             No  
If so, did you use any herbicides?             Yes             No  
What was the name of the herbicide? \_\_\_\_\_  
What month(s) did you apply the herbicide? (Check all that apply)  
 March     April     May     June     July     Aug.     Sept.     Oct.     Nov.
5. 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. Any problems with animals (either urinating or digging)?     Yes             No             Don't know  
 Dog     Moles     Skunks     Mice     Don't know     Other: \_\_\_\_\_
4. Have you seen any small moths flying above surface of turf in zig-zag pattern?     Yes             No
5. Does the turf roll back easily like a carpet in the damaged areas?     Yes     No     Don't know
6. If you have lawn serves, do they treat for insects?     Yes     No     Don't know
7. Describe turf damage pattern and when it began: \_\_\_\_\_  
 Patches     Yellowing     Leafspot/ Blight     Wilt     Rings/ Arcs/ Frog Eyes

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  
What was the name and when was it applied? \_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:**

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