**Crop Health Diagnostic Questionnaire**

To help us diagnose what may be potentially affecting your crop, please take a few minutes to fill out this questionnaire. We may follow up with further questions, if needed.

Contact Information:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Farm Location:\_\_\_\_\_\_\_\_\_\_\_

1. Description of Problem:

1. Variety? Any other varieties that appear to be affected?:
2. When was the problem first noticed this season? Has this been a problem in the past?:
3. Scale of Problem (amount of crop affected):
4. Farming Activities prior to symptom appearance:
5. Pesticides used:
6. Field Operations (cultivation, irrigation, fertility, soil amendments etc.):
7. Planting and Seed prep (Type of planter, seed storage, cutting, treatments):

1. Other noted problems in field (insect issues, weeds, etc.):
2. Weather/Soil conditions prior to symptom appearance (amount of precipitation, temperature, soil temperature, drought, excess soil moisture, etc.):
3. Seed origination (where from?), condition of seed when received, how stored on-farm, storage duration:
4. Previous crops (past two years of croppings where problem is being found), include cover crops, if used:
5. Problems with previous crops where problem is being found (diseases, insects, etc.):
6. With previous crops, what herbicides, if any, were used with them? Please list and include whether used as pre-plant, pre-emergent, or post-emergent and date of application (time of year of application if dates are unobtainable):
7. Do you know of any other growers in the area experiencing similar problems? How many? To what extent?:

13. Do you have a copy of recent soil analyses for this field?