

Paulding Master Gardener Helpline Questionnaire

Date: _____ Home Phone: _____ Cell Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ County: _____

Category of Problem

Gardening Insect Pond Soil Tree Yard Other: _____

What is the question the customer would like answered (requested information):

Species Affected: _____ Unknown

Location of Affected Species (Description Needed-Woods, Wetland, Shady, Sunny, Etc.) :

Nature of Problem: _____

Approximate date when the problem was first noticed (this week, last year, etc.): _____

Horticultural & Environmental History (Construction, landscaping, chemicals) _____

Any Treatments:

Are Surrounding Plants Affected? YES NO Same Plants: _____

Other: _____

For Office Use:

Person taking information from customer: _____

Specimen Provided: YES NO If yes, type & label attached: _____

Where is the specimen located? _____

Pictures taken of the provided specimen: YES NO

Picture provided: YES NO If yes, how picture was provided (printed, emailed): _____

Person researching problem: _____

How has the follow-up been processed: MAILED EMAILED HANDED TO CUSTOMER

Date the follow-up has been processed: _____

Action Take by Master Gardener:

Follow Up Information Needed from Customer:

Information Given:

PDF _____

Website: _____

Ohioline Handout: _____

Other : _____

Date Second Set of Information Sent: _____

Final Signature of Person Completing Helpline Question _____