



Please answer the following questions to the best of your ability. If you are unsure of how to answer any of the questions, you may wait to answer the question with the Master Gardener volunteer. *Note: for the safety of our volunteers we reserve the right to forego sampling and evaluating properties where pets cannot be removed from the sampling area during the stated evaluation time frame.*

What are you hoping to gain from participating in this program
Lawn renovation can range from the simple to the complex in order to reach desired results. Which best describes your situation? <input type="checkbox"/> I can commit minimal effort only <input type="checkbox"/> I am agreeable to moderate efforts, if needed <input type="checkbox"/> I am agreeable to major efforts, if needed
Lawn maintenance can range from the simple to the complex in order to reach desired results. Which best describes your situation? <input type="checkbox"/> I can commit minimal effort only <input type="checkbox"/> I am agreeable to moderate efforts, if needed <input type="checkbox"/> I am agreeable to major efforts, if needed
What type of grass do you have? <input type="checkbox"/> Cool-season (fescue, bluegrass, ryegrass) <input type="checkbox"/> Warm-season (bermudagrass, zoysiagrass, centipedegrass) <input type="checkbox"/> Not sure; wish to discuss with Master Gardener
Who provides the landscape maintenance on your property? <input type="checkbox"/> You/Your family <input type="checkbox"/> Hired Lawn Service
On average, during the growing season, does your lawn receive <input type="checkbox"/> Full Sun (8+ hrs of direct sunlight daily) <input type="checkbox"/> Part Sun (6-8 hrs of direct sunlight daily) <input type="checkbox"/> Or is Shaded (less than 6 hrs direct sunlight daily)
Grass is mowed to a height of <input type="checkbox"/> More than 3 inches <input type="checkbox"/> 2-3 inches <input type="checkbox"/> Less than 2 inches <input type="checkbox"/> Not sure; wish to discuss with Master Gardener
Do you removing grass clippings from the lawn? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your soil been tested in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an irrigation system installed in your lawn? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you regularly water your lawn? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the following occurred in your lawn within the past 12 months? <input type="checkbox"/> Fertilization <input type="checkbox"/> Lime application <input type="checkbox"/> Core aeration <input type="checkbox"/> Soil test
How do you manage leaves in the lawn? <input type="checkbox"/> Mulch leaves back into lawn with mower <input type="checkbox"/> Collect leaves and bag (trash) <input type="checkbox"/> Collect leaves and use in landscape, compost <input type="checkbox"/> Not applicable
After application, do you remove lawn products (grass clippings, fertilizer, weed control, etc.) from driveways/sidewalks and place back on the lawn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
How often do you use pesticides (includes weed control, lawn disease/fungus control, and insect control products) on your lawn?

