

Field ID: _____

Date: _____

When were the symptoms first detected? Date: _____ Who noticed them? _____

Describe what was seen:

Symptoms currently	Roots	Stems	Leaves	Flower /pods	All Foliage	Details/Comments
Wilting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellowing/whitening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Malformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting/curling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lesions or spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mould growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dead tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disease – all types/ unknown/ general/ suspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

% of Field Affected:	Severity of symptoms on plants in affected areas	New growth in areas affected	Roots in areas affected:
<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 10% <input type="checkbox"/> <10%	<input type="checkbox"/> severe – plants dead <input type="checkbox"/> moderate – plants still alive but no signs of new growth <input type="checkbox"/> slight– plants show some symptoms but signs of new growth being healthy <input type="checkbox"/> variable – some very affected and some are healthy	<input type="checkbox"/> Recovering – new growth is present and healthy <input type="checkbox"/> New growth present but is affected <input type="checkbox"/> No new growth <input type="checkbox"/> Plants completely dead <input type="checkbox"/> Variable – some recovering some not	<input type="checkbox"/> Healthy and white <input type="checkbox"/> Moderately healthy <input type="checkbox"/> Somewhat unhealthy with reduced growth, discoloration <input type="checkbox"/> Very unhealthy <input type="checkbox"/> Dead <input type="checkbox"/> Variable – some healthy some not

Ascochyta ratings		
Percent of field infected (estimate)	Average severity of Ascochyta blight (estimate)	Description / notes
<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 10% <input type="checkbox"/> <10%	<input type="checkbox"/> 0 – no symptoms <input type="checkbox"/> 1 – a few small dots/lesions <input type="checkbox"/> 2 – small dots/lesions on 2-5% of plant area <input type="checkbox"/> 3 – small dots/lesions over 5% of plant area <input type="checkbox"/> 4 – a few larger lesions <input type="checkbox"/> 5 – more larger lesions <input type="checkbox"/> 6 – more larger lesions and/or branch girdling <input type="checkbox"/> 7 – many large lesions, stem girdling <input type="checkbox"/> 8 – large areas of dead tissue, extension girdling <input type="checkbox"/> 9 – Dead plants	

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More details on symptoms (what were the first symptoms noticed if different from symptoms now, how have they progressed or stayed the same?):

Where are the symptoms found in the field? Any patterns noted (field entrances, overlap areas from seeding or pesticide apps, topography differences, compacted areas?)

Was there significant weather events (heavy rain, hail, wind) before the symptoms appeared & how long before symptoms appeared?

Photos taken (please send photos)? Yes No if yes – who has the photos _____

FIELD MAP (Draw layout of field and where symptoms showing up; note any patterns)

Directions to field:

