

Lobivia saltensis*, = *Echinopsis saltensis

Please use **one** form per person and circle answers

**1. Where did you grow your plant? (circle an answer)**

- Full sun
- Partial shade, such as patio, under shade cloth, etc
- Full shade
- Full summer sun and partial shade during the winter

2. Did the plant survive until Nov 2020?

Yes / No

3. Did you like the plant? If so, why did you like it or did not like it?

Yes / No

Comment?

4. Did the plant flower in your possession? Color?

Yes / No

Comment?

5. Did you repot it?

Yes / No

Comment?

6. What was the approximate watering schedule? (circle an answer)

- Every 1–4 days
- About once/week
- About every other week
- About 1/month
- Never

7. Did you fertilize? With what kind of fertilizer, and how much? (circle an answer)

- Every watering
- Every other watering
- Once/month