

Mosquito Larvae Protocol

Mosquito Larvae Data Sheet

* Required Field

School Name: _____ Study Site: _____

Observer Name(s): _____

Date: Year _____ Month _____ Day _____ Universal Time (hour:min): _____

Current Site Conditions

- Maximum water depth: <0.5m >0.5m
- Perimeter of water body: < 1m, 1-10m, >10m
- Area of observation site in shade: 0%, 25%, 50%, 75%, 100%
- Vegetation in water: Yes No Algae in water: Yes No

Water Quality

- What type of odor the water has, if any:
 normal/none, fishy, sewage, chemical, petroleum, other
- Is surface oil on the water?
If yes, identify the type: none, slick, sheen, globs, flecks, other
- Estimate of turbidity (if not measured): clear, turbid, very turbid

Mosquito Larvae Sampling Data

- Season: dry, wet, spring, summer, fall, winter
- Did you use the container method? Yes No

If yes, fill out table(s) below. One table for each container used. Use as many tables as necessary.

Container #1	Habitat Type	Container	Water Level	Lid	Lid Type	Container Color	Cleaning Frequency	No. of Samples
	<input type="checkbox"/> Artificial <input type="checkbox"/> Natural	<input type="checkbox"/> Small jar <input type="checkbox"/> Large jar <input type="checkbox"/> Cement tank <input type="checkbox"/> Plastic tank <input type="checkbox"/> Other	<input type="checkbox"/> 0-25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 50-75% <input type="checkbox"/> 75-100%	<input type="checkbox"/> None <input type="checkbox"/> Have	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Nylon <input type="checkbox"/> Cloth <input type="checkbox"/> Other	<input type="checkbox"/> Dark <input type="checkbox"/> Light	<input type="checkbox"/> None <input type="checkbox"/> 1-2 times/week <input type="checkbox"/> > 2 times/week	
	taxon #1	Genus (ex. Anopheles, Aedes, Culex, etc)			Species (if known)			Total # of Larvae for the taxon for this container
	taxon #2	Genus (ex. Anopheles, Aedes, Culex, etc)			Species (if known)			Total # of Larvae for the taxon for this container
<i>add more rows if necessary</i>	taxon #n	Genus (ex. Anopheles, Aedes, Culex, etc)			Species (if known)			Total # of Larvae for the taxon for this container

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<i>add more rows if necessary</i>	taxon #n	Genus (ex. Anopheles, Aedes, Culex, etc)			Species (if known)		Total # of Larvae for the taxon for this container	

10. If no containers were used continue.

Size of dipping net (length) _____ cm. Diameter at opening of dipping net _____ cm.

11. Number of samples collected: _____

	taxon #1	Genus (ex. Anopheles, Aedes, Culex, etc)		Species (if known)		Total # of Larvae for the taxon for this container	
	taxon #2	Genus (ex. Anopheles, Aedes, Culex, etc)		Species (if known)		Total # of Larvae for the taxon for this container	
<i>add more rows if necessary</i>	taxon #n	Genus (ex. Anopheles, Aedes, Culex, etc)		Species (if known)		Total # of Larvae for the taxon for this container	