

# 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

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

### Water Quality

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

### Mosquito Larvae Sampling Data

8. Season:  dry,  wet,  spring,  summer,  fall,  winter
9. 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	