

**Recording sheet:
Mosquito collection**

Collector names/initials		Date	Time
Site number	<i>Site name:</i>		
	<i>GPS coordinates:</i>		
	<p><i>Habitat (tick all that apply)</i></p> <p>Habitat:</p> <p><input type="checkbox"/> Farmland</p> <p><input type="checkbox"/> Forestry</p> <p><input type="checkbox"/> National park/Nature reserve</p> <p><input type="checkbox"/> Park/garden</p> <p><input type="checkbox"/> Open hill</p> <p><input type="checkbox"/> Bog</p> <p><input type="checkbox"/> Urban</p>	<p>Type of water body:</p> <p><input type="checkbox"/> Pond</p> <p><input type="checkbox"/> Puddle</p> <p><input type="checkbox"/> stream</p> <p><input type="checkbox"/> Lake</p> <p><input type="checkbox"/> Tree hole</p> <p><input type="checkbox"/> Bucket</p> <p><input type="checkbox"/> Car tyre</p> <p><input type="checkbox"/> Drain</p> <p>Other:</p>	
<p>Number of sample containers:</p> <p>Larvae/pupae</p> <p>Adult flies</p> <p>eDNA sample</p>			