

Wild Milkweed Lab Data Sheet

Site:		Date:		Stem Number:	
Recorder:			Measurers:		
Stem Latitude:			Stem Longitude:		
# of seedpods collected (each pod goes in its own bag!):			Stem Nearby (~# of stems w/in 5 m radius):		
Ib: Stem Measurements				<i>Measurer initials for this section:</i>	
Total Nodes:		Leaf Number:		Fruit Number:	
Stem height (cm):		Largest leaf length (cm):		Largest leaf width (cm):	
Stem diameter (mm):		Largest leaf area (Optional: trace on graph paper, mass, calculate; cm ²):			
Diameter method: calipers <input type="checkbox"/> tape measure <input type="checkbox"/> string <input type="checkbox"/>				Area estimated/extrapolated? Y <input type="checkbox"/> N <input type="checkbox"/>	
II: Herbivory Estimates -take all stems into account				<i>Measurer initials for this section:</i>	
# leaves w/ chewing damage:	<i>Insect-imposed stem damage?</i>	Trench Girdle Other None	<i>Monarch caterpillars</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	<i>Weevils</i> Y <input type="checkbox"/> N <input type="checkbox"/> <i>Bees</i> Y <input type="checkbox"/> N <input type="checkbox"/>
# leaves with weevil damage:	<i>Other stem damage?</i>	<i>Weather Mammal Mollusk Unknown None Apex?[]</i>	<i>Milkweed bugs</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	<i>Aphids</i> Y <input type="checkbox"/> N <input type="checkbox"/> <i>Spiders</i> Y <input type="checkbox"/> N <input type="checkbox"/>
# leaves w/ leaf miner damage:	<i>Leaf curling?</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	<i>Tussock moth larvae</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	<i>Ants</i> Y <input type="checkbox"/> N <input type="checkbox"/> <i>Snails/slugs</i> Y <input type="checkbox"/> N <input type="checkbox"/>
# of leaves with mollusk damage:	<i>Leaf spots?</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	<i>Red milkweed beetles</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	<i>Lady-beetles</i> Y <input type="checkbox"/> N <input type="checkbox"/> <i>Japanese Beetles</i> Y <input type="checkbox"/> N <input type="checkbox"/>
<i>If aphids present: color? Select all that apply. Bright Yellow <input type="checkbox"/> Green/Brown <input type="checkbox"/> Clear/Orange <input type="checkbox"/> N/A <input type="checkbox"/> Other []</i>					
Notes:					