

# Cover Sheet



**Directions:**

On this Cover Sheet, please report information to describe each visit to the site. On the Animal Checklist, please list the species of animals you are looking for at the site and record whether or not you saw or heard that species on each visit. On the Plant and Animal Phenophase Datasheets, please record the phenophases you observed on each visit for your individual plants and your animal species.

**Site:** \_\_\_\_\_  
**Year:** \_\_\_\_\_  
**Observer:** \_\_\_\_\_

Below, please fill in the date and time of your site visit in the first rows. Then, estimate your contribution of time to the project for that visit, separating the time it took you to travel to the site and the time you spent making observations on plants and animals once you arrived at the site. If you are observing animals, report the time you specifically spent searching for animals and circle the appropriate letter for your observation method (there is no need to report time for incidental sightings):

- i** – incidental: chance sighting while not specifically searching
- s** – stationary: standing or sitting at a single point
- w** – walking: a single pass or transect through your site
- a** – area search: multiple passes through your site

If there is snow on the ground or in the canopy (treetops), please make a note of it in the third section and estimate the percent of the ground at your site that the snow is covering. After each visit, please enter the information from these datasheets online.

|   | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    |
| <b>Report your contribution of time</b>       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Time spent observing                          | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                |
| Time spent in travel                          | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                |
| <b>Report your animal observation methods</b> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Time spent looking for animals                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                | hr<br>min                |
| Animal survey method                          | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  | i s w a                  |
| <b>Report on snow</b>                         |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Is there snow on the ground?                  | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    |
| % of ground covered                           |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Is there snow in the canopy?                  | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    | y n ?                    |
| Check when data entered online:               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Comments:</b>                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |



# Forbs



Species: \_\_\_\_\_  
 Common Name: \_\_\_\_\_  
 Plant nickname: \_\_\_\_\_  
 Site: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Observer: \_\_\_\_\_

**Directions:** Fill in the date and time in the top rows and circle the appropriate letter in the column below.

**y** (phenophase is occurring); **n** (phenophase is not occurring); **?** (not certain if the phenophase is occurring).

Do not circle anything if you did not check for the phenophase. In the adjacent blank, write in the appropriate measure of intensity or abundance for this phenophase.

|                                 | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Do you see...                   | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    |
| Initial growth                  | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Leaves                          | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Flowers or flower buds          | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Open flowers                    | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Fruits                          | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Ripe fruits                     | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Recent fruit or seed drop       | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Check when data entered online: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:**

|                                 | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    | Date:                    |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Do you see...                   | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    | Time:                    |
| Initial growth                  | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Leaves                          | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Flowers or flower buds          | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Open flowers                    | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Fruits                          | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Ripe fruits                     | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Recent fruit or seed drop       | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               | y n ? ____               |
| Check when data entered online: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:**

## Plant Phenophase Datasheet

Taking the Pulse of Our Planet  
 Contact: [nco@usanpn.org](mailto:nco@usanpn.org) | More information: [www.usanpn.org/how-observe](http://www.usanpn.org/how-observe) 