

THE BIRDHOUSE NETWORK

Summary Worksheet

THIS **SUMMARY WORKSHEET** will help you determine what you should record about individual box locations, box descriptions, and nesting information for up to three attempts per box. Information from the Summary Worksheet is similar to the information requested on the web site <<http://birds.cornell.edu/birdhouse>>. You can transfer your data from this Summary Worksheet to the web site after each nesting attempt or at the end of the breeding season. Remember that we ask all data be entered via the web site before September 30th.

PART A: Nest Box Information
 You need to fill in Part A only once for each different nest box that you monitor.

Lab ID Number _____ Nest Box ID _____

1. Box Location Information (Use EITHER degrees-minutes-seconds OR decimal degrees for Lat/Long. If you prefer, you can figure out your exact location at the web site when you submit your data.)

<p>Latitude:</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> </tr> <tr> <td>Deg. North</td> <td>Minutes</td> <td>Seconds</td> </tr> </table> <p style="text-align: center; font-weight: bold;">OR</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="font-size: 24px; vertical-align: middle;">.</td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> </tr> <tr> <td>Degrees</td> <td></td> <td>Decimal</td> </tr> </table>				Deg. North	Minutes	Seconds		.		Degrees		Decimal	<p>Longitude:</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> </tr> <tr> <td>Deg. West</td> <td>Minutes</td> <td>Seconds</td> </tr> </table> <p style="text-align: center; font-weight: bold;">OR</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="font-size: 24px; vertical-align: middle;">.</td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> </tr> <tr> <td>Degrees</td> <td></td> <td>Decimal</td> </tr> </table>				Deg. West	Minutes	Seconds		.		Degrees		Decimal	<p>Altitude:</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="font-weight: bold; padding: 0 10px;">OR</td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> <td style="border: 1px solid black; width: 33px; height: 20px;"></td> </tr> <tr> <td colspan="3">Feet</td> <td></td> <td colspan="2">Meters</td> </tr> </table> <p>ZIP Code: </p>				OR			Feet				Meters	
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			OR																																			
Feet				Meters																																		

2. Box Description Information Please fill in this section for each box that you monitor.

<p>Nest box type (check one):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Standard Rectangular</td> <td><input type="checkbox"/> Peterson Box</td> </tr> <tr> <td><input type="checkbox"/> Apartment (Martin House)</td> <td><input type="checkbox"/> Gourd</td> </tr> <tr> <td><input type="checkbox"/> PVC Pipe</td> <td><input type="checkbox"/> Other/Unknown</td> </tr> </table> <p>Box is mounted on:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Fence Post</td> <td><input type="checkbox"/> Noel Guard</td> </tr> <tr> <td><input type="checkbox"/> Electrical Conduit</td> <td><input type="checkbox"/> PVC/Stovepipe Baffle</td> </tr> <tr> <td><input type="checkbox"/> Telephone Pole</td> <td><input type="checkbox"/> Metal Cone</td> </tr> <tr> <td><input type="checkbox"/> Tree</td> <td><input type="checkbox"/> Greased Pole or Pipe</td> </tr> <tr> <td><input type="checkbox"/> Free-standing Pole</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Standard Rectangular	<input type="checkbox"/> Peterson Box	<input type="checkbox"/> Apartment (Martin House)	<input type="checkbox"/> Gourd	<input type="checkbox"/> PVC Pipe	<input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Fence Post	<input type="checkbox"/> Noel Guard	<input type="checkbox"/> Electrical Conduit	<input type="checkbox"/> PVC/Stovepipe Baffle	<input type="checkbox"/> Telephone Pole	<input type="checkbox"/> Metal Cone	<input type="checkbox"/> Tree	<input type="checkbox"/> Greased Pole or Pipe	<input type="checkbox"/> Free-standing Pole	<input type="checkbox"/> None	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<p>Inside box dimensions:</p> <p>Floor dimensions:</p> <p style="text-align: center;">_____ x _____ in. OR _____ x _____ cm.</p> <p>Side dimensions:</p> <p style="text-align: center;">_____ x _____ in. OR _____ x _____ cm.</p> <p>Height of entrance hole (above the ground):</p> <p style="text-align: center;">_____ feet, _____ in. OR _____ meters, _____ cm.</p>	<p>Entrance hole:</p> <p>Which direction does the entrance hole face (check one):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> North</td> <td><input type="checkbox"/> East</td> <td><input type="checkbox"/> NE</td> <td><input type="checkbox"/> SE</td> </tr> <tr> <td><input type="checkbox"/> South</td> <td><input type="checkbox"/> West</td> <td><input type="checkbox"/> NW</td> <td><input type="checkbox"/> SW</td> </tr> </table> <p><input type="checkbox"/> Round, with a diameter of _____ inches OR _____ mm.</p> <p><input type="checkbox"/> Oval or Slot with the following dimensions: height = _____ inches OR _____ mm. width = _____ inches OR _____ mm.</p>	<input type="checkbox"/> North	<input type="checkbox"/> East	<input type="checkbox"/> NE	<input type="checkbox"/> SE	<input type="checkbox"/> South	<input type="checkbox"/> West	<input type="checkbox"/> NW	<input type="checkbox"/> SW
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3. Habitat Information Please fill in this section for each box that you monitor.

<p>Description- Place a "1" next to the habitat immediately surrounding the nestbox and a "2" next to the predominant habitat found within a 1/2 mile of the nestbox; if the habitats are the same within a 1/2 mile, select only one.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Residential-urban/suburban</td> <td><input type="checkbox"/> Cemetery</td> </tr> <tr> <td><input type="checkbox"/> Residential-rural</td> <td><input type="checkbox"/> Swamp/wetland</td> </tr> <tr> <td><input type="checkbox"/> Agricultural field</td> <td><input type="checkbox"/> Desert scrub</td> </tr> <tr> <td><input type="checkbox"/> Meadow/grassland</td> <td><input type="checkbox"/> Industrial/commercial</td> </tr> <tr> <td><input type="checkbox"/> Park/garden/field/schoolyard</td> <td><input type="checkbox"/> Fresh water (river, lake, pond)</td> </tr> <tr> <td><input type="checkbox"/> Deciduous/coniferous forest</td> <td><input type="checkbox"/> Salt water (bay or ocean)</td> </tr> <tr> <td><input type="checkbox"/> Forest edge</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Golf course</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Residential-urban/suburban	<input type="checkbox"/> Cemetery	<input type="checkbox"/> Residential-rural	<input type="checkbox"/> Swamp/wetland	<input type="checkbox"/> Agricultural field	<input type="checkbox"/> Desert scrub	<input type="checkbox"/> Meadow/grassland	<input type="checkbox"/> Industrial/commercial	<input type="checkbox"/> Park/garden/field/schoolyard	<input type="checkbox"/> Fresh water (river, lake, pond)	<input type="checkbox"/> Deciduous/coniferous forest	<input type="checkbox"/> Salt water (bay or ocean)	<input type="checkbox"/> Forest edge	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Golf course	_____	<p>Management</p> <p>Are pesticides applied to your lawn or garden? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, check all that apply: <input type="checkbox"/> Insecticide <input type="checkbox"/> Fungicide <input type="checkbox"/> Herbicide <input type="checkbox"/> Rodenticide</p> <p>Brand name(s), if known: _____</p> <p>How often? <input type="checkbox"/> Once / week <input type="checkbox"/> Twice / month <input type="checkbox"/> Once / month <input type="checkbox"/> Every other month <input type="checkbox"/> Once or twice / year</p> <p>In relation to your nest box, how far is the nearest golf course? <input type="checkbox"/> Within 1 mile <input type="checkbox"/> Within 1-5 miles <input type="checkbox"/> Within 5-10 miles <input type="checkbox"/> More than 10 miles <input type="checkbox"/> Unknown</p> <p>In relation to your nest box, how far is the nearest agricultural field? <input type="checkbox"/> Within 1 mile <input type="checkbox"/> Within 1-5 miles <input type="checkbox"/> Within 5-10 miles <input type="checkbox"/> More than 10 miles <input type="checkbox"/> Unknown</p>
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<input type="checkbox"/> Golf course	_____																

PART B:

Nest Attempt Information: a nest attempt is defined as the presence of at least one egg in the nest. Please fill out a separate nest attempt summary for each attempt inside this box.

Lab ID Number _____ Nest Box ID _____

Nest Attempt Summary #1

Species nesting in this box: _____

<p>Fate of nesting attempt (check one)</p> <p><input type="checkbox"/> Successful (young fledged)</p> <p><input type="checkbox"/> Failed (no young fledged)</p> <p>Cause of failure:</p> <p><input type="checkbox"/> Nest Abandoned <input type="checkbox"/> Parasites</p> <p><input type="checkbox"/> Weather <input type="checkbox"/> Human activities</p> <p><input type="checkbox"/> Predation <input type="checkbox"/> Competition with other species</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____</p> <p>Did you evict House Sparrows or European Starlings from this box? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BLUEBIRDS only: which best describes the eggs?</p> <p><input type="checkbox"/> all blue <input type="checkbox"/> all white <input type="checkbox"/> mixed</p>	<p>Clutch Size Study</p> <p>Did the number of eggs <u>increase</u> between any two visits to the nest box? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were there any unhatched eggs present? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? _____</p> <p>Date of First egg: _____ Maximum clutch size: _____</p> <p>Estimated hatching date: _____ Maximum number of nestlings: _____</p> <p>Estimated fledging date: _____ Number of young fledged: _____</p>	<p>Nest Site Selection Study</p> <p>(this study is optional)</p> <p>Was this nest cleaned out before this nesting attempt began? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ID of the other paired box: _____</p> <p>Evidence of blowflies:</p> <p><input type="checkbox"/> Larvae present</p> <p><input type="checkbox"/> Pupal cases present</p> <p><input type="checkbox"/> Scabs on chicks</p> <p><input type="checkbox"/> Other evidence (describe): _____</p>
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Nest Attempt Summary #2

Fill in this section only if you had a second nest attempt in this box.

Species nesting in this box: _____

<p>Fate of nesting attempt (check one)</p> <p><input type="checkbox"/> Successful (young fledged)</p> <p><input type="checkbox"/> Failed (no young fledged)</p> <p>Cause of failure:</p> <p><input type="checkbox"/> Nest Abandoned <input type="checkbox"/> Parasites</p> <p><input type="checkbox"/> Weather <input type="checkbox"/> Human activities</p> <p><input type="checkbox"/> Predation <input type="checkbox"/> Competition with other species</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____</p> <p>Did you evict House Sparrows or European Starlings from this box? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BLUEBIRDS only: which best describes the eggs?</p> <p><input type="checkbox"/> all blue <input type="checkbox"/> all white <input type="checkbox"/> mixed</p>	<p>Clutch Size Study</p> <p>Did the number of eggs <u>increase</u> between any two visits to the nest box? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were there any unhatched eggs present? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? _____</p> <p>Date of First egg: _____ Maximum clutch size: _____</p> <p>Estimated hatching date: _____ Maximum number of nestlings: _____</p> <p>Estimated fledging date: _____ Number of young fledged: _____</p>	<p>Nest Site Selection Study</p> <p>(this study is optional)</p> <p>Was this nest cleaned out before this nesting attempt began? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ID of the other paired box: _____</p> <p>Evidence of blowflies:</p> <p><input type="checkbox"/> Larvae present</p> <p><input type="checkbox"/> Pupal cases present</p> <p><input type="checkbox"/> Scabs on chicks</p> <p><input type="checkbox"/> Other evidence (describe): _____</p>
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Nest Attempt Summary #3

Fill in this section only if you had a third nest attempt in this box.

Species nesting in this box: _____

<p>Fate of nesting attempt (check one)</p> <p><input type="checkbox"/> Successful (young fledged)</p> <p><input type="checkbox"/> Failed (no young fledged)</p> <p>Cause of failure:</p> <p><input type="checkbox"/> Nest Abandoned <input type="checkbox"/> Parasites</p> <p><input type="checkbox"/> Weather <input type="checkbox"/> Human activities</p> <p><input type="checkbox"/> Predation <input type="checkbox"/> Competition with other species</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____</p> <p>Did you evict House Sparrows or European Starlings from this box? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BLUEBIRDS only: which best describes the eggs?</p> <p><input type="checkbox"/> all blue <input type="checkbox"/> all white <input type="checkbox"/> mixed</p>	<p>Clutch Size Study</p> <p>Did the number of eggs <u>increase</u> between any two visits to the nest box? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were there any unhatched eggs present? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? _____</p> <p>Date of First egg: _____ Maximum clutch size: _____</p> <p>Estimated hatching date: _____ Maximum number of nestlings: _____</p> <p>Estimated fledging date: _____ Number of young fledged: _____</p>	<p>Nest Site Selection Study</p> <p>(this study is optional)</p> <p>Was this nest cleaned out before this nesting attempt began? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ID of the other paired box: _____</p> <p>Evidence of blowflies:</p> <p><input type="checkbox"/> Larvae present</p> <p><input type="checkbox"/> Pupal cases present</p> <p><input type="checkbox"/> Scabs on chicks</p> <p><input type="checkbox"/> Other evidence (describe): _____</p>
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