

## Survey

### Envenomations by pet arachnids (e.g. spider bites and scorpion stings)

by Tobias J. Hauke, Geoffrey K. Isbister and Volker Herzig

Please report all incidents (i.e. bites and stings) with arachnids kept in captivity by using the following questionnaire. Please fill out a separate questionnaire for each incident and send the filled questionnaire(s):

- As Word or PDF file per email to: t.hauke87@web.de
- Or as printed version to: Tobias Hauke, Praelat-Wellenhofer-Strasse 21, 81377 Munich, Germany

#### Circumstances

##### Envenomed person:

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Date of birth:

Sex:

Pre-existing medical conditions:

Medication (incl. alcohol) taken before the bite:

##### Envenoming arachnid:<sup>1</sup>

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Genus/species:

Age/Size:

Sex:

##### Bite/sting:

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Anatomical bite/sting site:

Were there repeated bites/stings (number of subsequent bites/stings, if applicable):

Date and time when bite/sting happened:

**Effects: Signs and symptoms** (please tick the relevant)

**Localised signs/symptoms at bite/sting site:**

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- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Puncture marks            | duration: <sup>2</sup> |
| <input type="checkbox"/> Bleeding                  | duration: <sup>2</sup> |
| <input type="checkbox"/> Redness                   | duration: <sup>2</sup> |
| <input type="checkbox"/> Swelling                  | duration: <sup>2</sup> |
| <input type="checkbox"/> Itching                   | duration: <sup>2</sup> |
| <input type="checkbox"/> Paraesthesia <sup>3</sup> | duration: <sup>2</sup> |
| <input type="checkbox"/> Numbness                  | duration: <sup>2</sup> |
| <input type="checkbox"/> Sweating                  | duration: <sup>2</sup> |
| <input type="checkbox"/> Paralysis                 | duration: <sup>2</sup> |
| <input type="checkbox"/> Necrosis                  | duration: <sup>2</sup> |
| <input type="checkbox"/> Further (please specify): | duration: <sup>2</sup> |

**Pain**

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- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Local pain (around bite/sting site) | duration: <sup>2</sup> |
| <input type="checkbox"/> Radiating (“spreading”) pain        | duration: <sup>2</sup> |
| <input type="checkbox"/> Generalised pain                    | duration: <sup>2</sup> |

**Systemic symptoms:**

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- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Sweating                  | duration: <sup>2</sup> |
| <input type="checkbox"/> Restlessness/agitation    | duration: <sup>2</sup> |
| <input type="checkbox"/> Somnolence/lethargy       | duration: <sup>2</sup> |
| <input type="checkbox"/> Nausea/Vomiting           | duration: <sup>2</sup> |
| <input type="checkbox"/> Muscle cramps             | duration: <sup>2</sup> |
| <input type="checkbox"/> Spreading paralysis       | duration: <sup>2</sup> |
| <input type="checkbox"/> Increased salivation      | duration: <sup>2</sup> |
| <input type="checkbox"/> Headache                  | duration: <sup>2</sup> |
| <input type="checkbox"/> Breathing difficulties    | duration: <sup>2</sup> |
| <input type="checkbox"/> Fainting/unconsciousness  | duration: <sup>2</sup> |
| <input type="checkbox"/> Priapism <sup>4</sup>     | duration: <sup>2</sup> |
| <input type="checkbox"/> Further (please specify): | duration: <sup>2</sup> |

**Further notable symptoms:**

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- |                          |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | duration: <sup>2</sup> |
| <input type="checkbox"/> | duration: <sup>2</sup> |

## **Treatment**

Received treatment?

Where (hospital, doctor, at home):

When (how soon after the bite/sting):

Improvement in symptoms after treatment:

**Any other interesting observations?**

### **Notations:**

<sup>1</sup> If available, photographs of the envenoming arachnid as well as of the bite/sting site can be attached to this questionnaire.

<sup>2</sup> Please indicate how long each sign and symptom lasted for and whether there was a notable delay of onset.

<sup>3</sup> Feeling of pins and needles.

<sup>4</sup> Prolonged erection not caused by sexual stimulation.

### Contact details:

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Giving contact details is not mandatory for participating on this survey. However, we kindly ask to give us the possibility to contact you in case of an uncertainty or, if further data are required (otherwise incomplete questionnaires may have to be excluded from the survey). The authors ensure that the contact details will be kept confidential and they will neither be published nor forwarded to third parties.

Name:

Address:

E-mail:

Phone:

### Aims and process of the study and privacy policy:

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The aim of this study is to systematically examine envenomations caused by arachnid pets. To this end, we ask all pet owners, who have yet been bitten by a pet spider or stung by a pet scorpion, to report the details of the incident by answering the questions on pages 1 to 3 in this document ("questionnaire"). The process of this study can basically be divided into two main phases: In a first phase appropriate data should be collected by means of the aforementioned questionnaire ("data collection phase"). In a subsequent second phase the collected data should be analysed and the results should be published in a scientific research journal ("analysis and publication phase"). Contact details such as names and addresses of the participants will only be stored during the data collection phase for possible further inquiries; they can only be assessed by the authors (Tobias J. Hauke, Geoffrey K. Isbister and Volker Herzig) and will neither be published nor forwarded to third parties. If applicable, the participation on this study is possible without giving contact details. The phase of data collection is first scheduled to have a run time of 6 months, but the authors have the discretion to extend this phase up to another 12 months without further notification, if the collection of further data appears reasonable. During the analysis and publication phase only the data from pages 1 to 3 of this questionnaire will be processed and anonymised (i.e. used without reference to names or addresses of participants). Participants of this study have at any time the right to access, correct or delete their personal information and retract their consent declaration (for this purpose please contact: t.hauke87@web.de).

Please consent and tick the relevant:

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**I have filled this questionnaire according to my best knowledge and I agree that my data can be used for the intended purpose (see "Aims and process of the study and privacy policy") of this study:**

**yes**      **no**