



**THE KENTUCKY REPTILE ZOO  
And  
THE FLORIDA SNAKEBITE INSTITUTE  
SURVEY**

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**Long term effects (morbidity) following snakebite**

**Section A: Envenomation Information**      What country are you in: \_\_\_\_\_

Date of Envenomation (if known): \_\_\_\_\_ Age at time of bite? \_\_\_\_ Current: \_\_\_\_

Type of Snake: Rattlesnake \_\_\_\_\_ Copperhead \_\_\_\_\_ Cottonmouth \_\_\_\_\_

Other Viper \_\_\_\_\_ Coral snake \_\_\_\_\_ Other Elapid \_\_\_\_\_ Other \_\_\_\_\_

Specific Species (if known): \_\_\_\_\_

Site of Bite: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Did you seek Medical treatment: YES NO      Were you hospitalized: YES NO

No. of days hospitalized: \_\_\_\_\_ Was antivenin administered: YES NO

No. of vials administered (if known): \_\_\_\_\_ Antivenin (if known): \_\_\_\_\_

Was amputation required: YES NO      Was fasciotomy performed: YES NO

Did any symptoms continue at discharge: YES NO      If so, what ones: \_\_\_\_\_

After discharge, did you follow-up with a physician or the ER for recheck? YES NO

If Not, Why? \_\_\_\_\_

**Section B: Post Envenomation Questionnaire:**      Today's Date: \_\_\_\_\_

**1. Work/Employment History**

Were you employed at the time of the bite: YES NO      No. of days missed due to bite: \_\_\_\_\_

What was normal number of hours worked in a day prior to the bite? \_\_\_\_\_ After bite? \_\_\_\_\_

Were able to perform the same job as prior to the bite? YES NO or Find new job? YES NO

**2. Physical Ailments Post Envenomation**

**To this date, do you have:**

- 1. Continued pain at the bite site? YES NO
- 2. Continued pain in affected limb? YES NO
- 3. If so, Rate the pain from 1 to 10 (1=no pain, 10=severe pain) \_\_\_\_\_ Pain score
- 4. Numbness or tingling at the bite site? YES NO
- 5. Numbness or tingling in the affected limb? YES NO
- 6. If so, briefly describe sensation: -----
- 7. Continued or recurrent swelling at the bite? YES NO
- 8. Continued or recurrent swelling beyond the bite site? YES NO
- 9. If so, describe briefly: \_\_\_\_\_
- 10. Any reduced function in the hand, foot or limb? YES NO
- 11. If so, briefly describe: \_\_\_\_\_
- 12. Has strength in affected hand or foot or limb been affected? YES NO
- 13. Experienced any reduced movement (stiffness, etc.) in the affected limb? YES NO
- 14. If so, briefly describe: \_\_\_\_\_
- 15. As a result of the bite, are you required to use any specialized aids on a daily basis (Cane to Walk with, loose shoes to avoid contact against the site, etc.)? YES NO
- 16. If so, briefly describe: \_\_\_\_\_
- 17. Did you experience any poor wound healing at the bite, or any surgical site? YES NO
- 18. If so, briefly describe: \_\_\_\_\_

19. Did you have any continued generalized weakness following the bite? YES NO

20. If so, how long did it last? \_\_\_\_\_

21. Did you have any respiratory issues following the bite? YES NO

22. If so, describe: \_\_\_\_\_

23. Have you experienced any problems with kidney function post bite: YES NO

**3. Medical Management of Post Envenomation symptoms**

24. Have you been evaluated for any of these conditions by a physician? YES NO

25. Have x-ray studies been done on affected hands/feet or joints local to the bite? YES NO

26. Did x-rays show any abnormalities (if known) YES NO What: \_\_\_\_\_

27. Were lab tests conducted to evaluate these conditions? YES NO

28. Were any lab tests abnormal (especially CRP, Sed rate, ANA titer if known) YES NO

29. As a result, Have you been referred to any specialist to evaluate these conditions? YES NO

30: If so, which ones (eg, pain management, orthopedics, neurology, etc) \_\_\_\_\_

\_\_\_\_\_

31. Do you remain on any medications related to the snakebite or these conditions? YES NO

32. If so, list them (including dose and how often taken) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional information regarding envenomation, symptoms or treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF MULTIPLE ENVENOMATIONS, PLEASE COMPLETE INDIVIDUAL SURVEYS FOR EACH ENVENOMATION.**

**THANK YOU**

**For your**

**TIME AND ASSISTANCE IN COMPLETING THE SURVEY**

**(No identifying personal information was obtained during the survey and all participation is strictly confidential)**

**Completed Surveys**

**Can Be Mailed To:**

**Joe Pittman**

**Florida Snakebite Institute**

**18106 Lembrecht Way**

**Tampa, Florida 33647**

**Or Email To:**

**[traumajunkiejoe@Juno.com](mailto:traumajunkiejoe@Juno.com)**

**Survey Goal: To identify the long term complications and effects of snake bites including chronic pain syndromes.**