

"What's My Spider Doing?" E2 Datasheet



EXPLORIT SCIENCE CENTER

Participant ID: _____

Date MM-DD- YYYY	Time	Spider ID	Spide r Lengt h mm	Temp °C	Prey Length mm	Prey Behavior Moving (M)/Still (S)/or Both (B)	Time to Attack Prey (min: sec)	Attack Successful? (Y/N)	Notes
05-05- 2012	11:23 am	932MPaуда x	10	22.9	6	M	2:00	Y	



E2 Behavioral Checklist



Participant ID _____

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	Week 1		Week 2		Week 3		Week 4	
	Time Start:	Time Stop:	Time Start:	Time Stop:	Time Start:	Time Stop:	Time Start:	Time Stop:
	Check if observed	Duration or Number	Check if observed	Duration or Number	Check if observed	Duration or Number	Check if observed	Duration or Number
Movement (walking, running, jumping)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Resting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Grooming	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Cocoon/Web Building	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Tapping pedipalps	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Molting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Egg sac	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (_____)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

