

# Emetophobia Questionnaire

<b>Personal information</b>						
Age:						
Gender:						
Occupation:						
Education level:						
<b>Medical history</b>						
Any history of gastrointestinal issues?						
Yes		No				
Any history of anxiety disorders or OCD?						
Yes		No				
Any traumatic experiences related to vomiting?						
Yes		No				
<b>Emetophobia severity assessment</b>						
Please rate the following statements on a scale from 0 to 4, where:						
0 = Not at all 1 = Slight 2 = Moderate 3 = Severe 4 = Extremely severe						
<b>Statements/Situations</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Fear of vomiting</b>						
I am afraid of vomiting myself.						
I am afraid of watching others vomit.						
<b>Anticipation anxiety</b>						
I find the anticipation leading up to vomiting worse than the act itself.						
<b>Specific phobia situations</b>						
I fear situations where I might be unable to find a bathroom.						
I fear situations where vomiting could be uncontrolled or repeated.						
I fear choking on vomit.						
I fear embarrassment due to vomiting in front of others.						
I fear going to the hospital because of vomiting.						
Total score:						

<b>Behavioral responses</b>					
Please indicate how often you engage in the following behaviors due to emetophobia.					
<b>0 - Never 1 - Rarely 2 - Occasionally 3 - Frequently 4 - Always</b>					
<b>Statements/Situations</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Avoidance of certain foods and drinks</b>					
Trying new foods or going to specific restaurants.					
Checking food for signs of spoilage frequently.					
Consuming alcohol or other items associated with vomiting.					
<b>Avoidant behaviors</b>					
Avoiding shaking hands or physical contact.					
Avoiding crowded public spaces.					
Avoiding touching surfaces where germs may be present.					
Avoiding discussions or visual representations of vomit on TV.					
<b>Over-preparing</b>					
Looking for a bathroom wherever you go.					
Checking your temperature often for signs of illness.					
Taking antacids frequently to prevent queasiness.					
Total score:					
<b>Impact on daily life</b>					
Please rate the following statements on how emetophobia affects your daily life.					
<b>0 = Not at all 1 = Occasionally 2 = Frequently 3 = Regularly 4 = Always</b>					
<b>Statements/Situations</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Work/School anxiety</b>					
I experience anxiety about going to work or school.					
<b>Social and work-life restriction</b>					
I restrict my social or work life to avoid the possibility of becoming sick.					
<b>Impact on enjoyment</b>					
Worrying about vomiting prevents me from enjoying things I might otherwise enjoy.					
Total score:					

<b>Health implications</b>									
Please indicate your agreement with the following statements.									
<b>0 = Not at all 1 = Slightly 2 = Moderately 3 = Highly 4 = Extremely</b>									
<b>Statements/Situations</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>				
<b>Association with OCD symptoms</b>									
I recognize obsessive compulsive disorder (OCD) symptoms in my behavior.									
<b>Physical symptoms</b>									
Stress and anxiety about vomiting make me feel physically sick.									
Total score:									
<b>Seeking help</b>									
<b>Current treatment</b>									
Currently undergoing cognitive behavioral therapy (CBT).									
Considering seeking professional help.									
Not currently seeking help.									
Other (specify):									
<b>Quality of life</b>									
<b>Overall life satisfaction</b>									
On a scale of 1 to 10, how satisfied are you with your overall quality of life?									
<b>1 = Not at all satisfied 5 = Moderately satisfied 10 = Extremely satisfied</b>									
1	2	3	4	5	6	7	8	9	10
<b>Comments</b>									