

Emetophobia Questionnaire

Personal information					
Age:					
Gender:					
Occupation:					
Education level:					
Medical history					
Any history of gastrointestinal issues?					
Yes No					
Any history of anxiety disorders or OCD?					
Yes No					
Any traumatic experiences related to vomiting?					
Yes No					
Emetophobia severity assessment					
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					
Statements/Situations	0	1	2	3	4
Fear of vomiting					
I am afraid of vomiting myself.					
I am afraid of watching others vomit.					
Anticipation anxiety					
I find the anticipation leading up to vomiting worse than the act itself.					
Specific phobia situations					
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:					

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

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