Emetophobia Questionnaire

Personal informa	tion					
Age:						
Gender:						
Occupation:						
Education level:						
Medical history						
Any history of gast	rointestinal issues?					
Yes	No					
Any history of anxi	ety disorders or OCD?					
Yes	No					
Any traumatic expe	eriences related to vomiting?					
Yes	No					
Emetophobia sev	erity assessment					
Please rate the following	lowing statements on a scale from 0 to 4, where	e:				
0 -	Not at all 1 = Slight 2 = Moderate 3 = Severe 4	= Fxtre	melv se	evere		
U =	Not at all 1 - Slight 2 - Moderate 3 - Severe 4		officity of	31010		
0 =	Statements/Situations	0	1	2	3	4
Fear of vomiting	-				3	4
	Statements/Situations				3	4
Fear of vomiting	Statements/Situations ting myself.				3	4
Fear of vomiting I am afraid of vomi	Statements/Situations ting myself. hing others vomit.				3	4
Fear of vomiting I am afraid of vomit I am afraid of watch Anticipation anxie	Statements/Situations ting myself. hing others vomit.				3	4
Fear of vomiting I am afraid of vomit I am afraid of watch Anticipation anxion I find the anticipation	Statements/Situations ting myself. hing others vomit. ety on leading up to vomiting worse than the act				3	4
Fear of vomiting I am afraid of vomit I am afraid of watch Anticipation anxion I find the anticipation itself. Specific phobia s	Statements/Situations ting myself. hing others vomit. ety on leading up to vomiting worse than the act				3	4
Fear of vomiting I am afraid of vomit I am afraid of watch Anticipation anxion I find the anticipation itself. Specific phobia solutions who bathroom.	Statements/Situations ting myself. hing others vomit. ety on leading up to vomiting worse than the act ituations				3	4
Fear of vomiting I am afraid of vomit I am afraid of watch Anticipation anxion I find the anticipation itself. Specific phobia solution who bathroom. I fear situations who bathroom.	Statements/Situations ting myself. hing others vomit. ety on leading up to vomiting worse than the act ituations here I might be unable to find a here vomiting could be uncontrolled or				3	4
Fear of vomiting I am afraid of vomit I am afraid of watch Anticipation anxion I find the anticipation itself. Specific phobia solutions who bathroom. I fear situations who repeated. I fear choking on volutions in the content of t	Statements/Situations ting myself. hing others vomit. ety on leading up to vomiting worse than the act ituations here I might be unable to find a here vomiting could be uncontrolled or				3	4
Fear of vomiting I am afraid of vomit I am afraid of watch Anticipation anxio I find the anticipation itself. Specific phobia solutions who bathroom. I fear situations who repeated. I fear choking on volutions is the solution of the solu	Statements/Situations ting myself. thing others vomit. ety on leading up to vomiting worse than the act ituations here I might be unable to find a here vomiting could be uncontrolled or omit.				3	4

Behavioral responses					
Please indicate how often you engage in the following behaviors	due to e	metoph	obia.		
0 - Never 1 - Rarely 2 - Occasionally 3 - Frequency	uently 4	- Alway	s		
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	s your da	aily life.			
0 = Not at all 1 = Occasionally 2 = Frequently 3 =	Regularl	y 4 = A	lways		
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.					

Current treatment Currently undergoing cognitive behavioral therapy (CBT). Considering seeking professional help. Not currently seeking help. Other (specify):	Association w	0 = Not a		h the fo	llowing	statem						
Statements/Situations 0 1 2 3 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?	I recognize obs	Stater	t all 1 = \$			Statem	ents.					
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?	I recognize obs			Slightly	2 = Mo	derately	/ 3 = Hig	hly 4 =	Extrem	ely		
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?	I recognize obs	ith OCD sy	nents/Si	ituatior	ıs			0	1	2	3	4
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?		_	mptoms	•								
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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?	Current treatm	nent										
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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?	Conside	ering seekin	g profes	sional h	nelp.							
Quality of life Overall life satisfaction On a scale of 1 to 10, how satisfied are you with your overall quality of life?	Not cur	rently seeki	ng help.									
Overall life satisfaction On a scale of 1 to 10, how satisfied are you with your overall quality of life?	Other (s	specify):										
On a scale of 1 to 10, how satisfied are you with your overall quality of life?	Quality of life											
	Overall life sat	tisfaction										
1 = Not at all satisfied 5 = Moderately satisfied 10 = Extremely satisfied	On a scale of 1	to 10, how	satisfied	are yo	u with y	our ove	rall quali	ty of life	e?			
	,	1 = Not at a	ll satisfie	d 5 = N	loderate	ely satis	fied 10 =	Extren	nely sa	tisfied		
1 2 3 4 5 6 7 8 9 10		1 2	3	4	5	6	7	8	9	10		