

Emetophobia Questionnaire

Personal Information			
Age:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other:
Occupation:			
Education Level:			

Medical History		
Any history of gastrointestinal issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any history of anxiety disorders or OCD? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any traumatic experiences related to vomiting? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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			
<input type="checkbox"/> Currently undergoing cognitive-behavioral therapy (CBT).	<input type="checkbox"/> Considering seeking professional help.	<input type="checkbox"/> Not currently seeking help.	<input type="checkbox"/> Other:

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

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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Comments