

Vomit Phobia Inventory

Please tick the box that best describes how your fear of vomiting has affected you OVER THE PAST WEEK, INCLUDING TODAY.

Name _____ Date _____

	Not at all (0)	A little (1)	Often (2)	A lot (3)	All the time (4)
1) I have been worrying about myself or others vomiting					
2) My life has been handicapped by my fear of vomiting					
3) I have been avoiding adults or children because of my fear of vomiting					
4) I have been avoiding situations or activities because of my fear of vomiting					
5) I have been trying to find reasons to explain why I feel nauseous					
6) I have been avoiding objects that other people have touched because of my fear of vomiting					
7) I have been focussed on whether I feel ill and could vomit rather than on my surroundings					
8) I have been looking at others to see if they may be ill and vomiting					
9) If I think I am going to vomit, I do something to try to stop myself from vomiting					
10) I have been trying to avoid or control any thoughts or images about vomiting					
11) I have been restricting the amount or type of food I eat or alcohol I drink because of my fear of vomiting					
12) I have been feeling nauseous					
13) I have been thinking about how to stop myself or others from vomiting					
14) I have been seeking reassurance that I or others will not be ill and vomit					
15) I have escaped from situations because I am afraid I or others may vomit					
TOTAL					