

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