The following questionnaire is about measuring the severity of the fear of vomiting and vomit OVER THE PAST WEEK. Please read each question carefully and, on the 1-5 scale below indicate your response by circling the appropriate number next to each question. Please try to answer as many question as you can without using the ‘unsure’ response.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Unsure</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
</tbody>
</table>

1 Exposure to vomit can cause sickness and/or illness.  
2 If I see vomit, I may be sick myself.  
3 If I smell vomit I may be sick myself.  
4 I notice physical anxiety symptoms when exposed to vomit.  
5 I avoid places where others may vomit.  
6 I avoid adults who may be likely to vomit.  
7 I avoid children who may be likely to vomit.  
8 I avoid fast-moving activities like rides at the theme park, because I may vomit.  
9 I avoid sea travel (boats, etc.) because I may become nauseous/vomit.  
10 I avoid air travel because I may become nauseous/vomit.  
11 I avoid other forms of transport because I may become nauseous/vomit.  
12 I avoid places where there is no medical attention, because I may become nauseous/vomit.  
13 I avoid places where there are no facilities to cater if I become nauseous/vomit.  

Total