

Specific Phobia of Vomiting Inventory (SPOVI)

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

Veale, D., Ellison, N., Boschen, M. J., Costa, A., et al. (2012) Development of an Inventory to Measure Specific Phobia of Vomiting (Emetophobia). *Cognitive Therapy and Research* 37, 3, 595–604.