

## Supplementary

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### Questionnaire

Please take your time to answer the questions. Your answers will be handled confidentially and all the information is anonymous—so please answer as truthfully as possible!

Rate the following statements of the presented scales by accenting (*italic*, underlined, shaded, colored...) or highlighting the answer to the question that seems the most appropriate for you. There is also the possibility of choosing more than one option, that is when there are multiple options such as a, b, c..., then you can choose more than one if they are the case.

There's also the possibility of answering freely, you can identify such questions when you see a dotted line: Question? You can insert your answer in such gaps.

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#### (1) I suffer from nausea

strongly agree                      partly agree                      partly disagree                      strongly disagree

since when? Please answer in age when it started:.....

have you suffered from nausea permanently ever since it started or were there times when you felt better?

Permanently                      with intermissions

if with intermissions, how many where there?.....

and how long did these intermissions last in average?.....

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**(2) You feel so nauseous...**

that you think you won't stand it any longer			
strongly agree	partly agree	partly disagree	strongly disagree
that you nearly have to vomit?			
strongly agree	partly agree	partly disagree	strongly disagree
that you have to vomit every time			
strongly agree	partly agree	partly disagree	strongly disagree
that you sometimes would prefer to just vomit already, to get rid of the nausea			
strongly agree	partly agree	partly disagree	strongly disagree

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**(3) Does this nausea interfere with your routine duties?**

strongly agree	partly agree	partly disagree	strongly disagree
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**(4) Do you know the situations that cause the nausea?**

yes    no  
 if yes, which situations are these?  
 Incidents            a) in my family                            b) at work                            c) with my partner  
 d) with my friends                            e) regarding world affairs    f) regarding my health  
 g) certain types of food  
 if g), which?  
 i) fatty dishes                            ii) sugary dishes                            iii) spicy dishes  
 others: .....

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h) stress            i) diseases  
 j) other triggers: .....

**(5) Have you ever been to a doctor, to get yourself and especially your stomach examined?**

yes    no  
 if yes: How often have you been to the doctor?  
 1 time    2 times    3–5 times    5–10 times    more often  
 what was the diagnosis?  
 psychic causes                            physical causes                            both    no diagnose  
 More precisely: Wich diagnosis? .....

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**(6) Are you afraid of vomit?**

yes    no  
 if yes, please name your age when this fear first occurred:.....  
 do you suffer from this fear constantly since it first occurred or where there times when you felt better?  
 constantly                            with intermissions

if with intermissions, how many where there?.....  
and how long did there intermissions last in average?.....

Are you more afraid of vomiting yourself or of seeing others vomiting?  
self                    others

Is the fear larger in a private setting (e.g. at home) or in a public setting (e.g. at work, when shopping...)?  
private setting                    public setting

how intensive is the fear of vomit? Please try to express the fear in percent, if  
0% no fear at all      30% moderate fear                    60% great fear  
90% very intensive fear      100% unbearable fear  
Please rate here in %: 10 20 30 40 50 60 70 80 90 100

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**(7) What are you most afraid of with respect to vomit/vomiting?**

- a) the sound                    b) the smell                    c) the sight of vomit
  - d) the gag feeling                    e) being disgusted of myself    f) fear of suffocating
  - g) others:.....
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**(8) What are you most afraid of: Vomiting yourself or to be confronted with it trough other people?**

self                    others                    both equally

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**(9) Does the fear of vomit prevent you from leading a normal life?**

yes      no  
if yes, which parts of your life are expecially constricted?  
a) job b) education c) relationships                    d) leisure/hobbies  
e) nutrition                    f) independence (being able to be alone, live alone...)  
for women: g) I avoid pregnancy JUST because of the fear of the pregnancy related sickness

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**(10) How long have you suffered from fear of vomit?**

Answer in years/moths:.....

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**(11) How much do you weigh?                    How tall are you?**

.....kg                    .....m

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**(12) Are you satisfied with your weight?**

no, I'm too skinny                    yes, I'm just right    no, I'm too heavy

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**(13) Do you think you eat normally, as other people do?**

yes no

if not: Why do you eat differently?

- a) diabetes            b) allergies            c) diet            d) afraid of gaining weight
- e) afraid of vomiting            f) others:.....

if not, where does this fear impair you especially?

- a) I lack energy for work and leisure, because I don't eat enough
- b) I can never eat what was cooked, I eat separately
- c) I can't go to restaurants
- d) I'm constantly thinking of excuses when someone invites me over to eat
- e) others:.....

**(14) Do you abstain from certain dishes because of the emetophobia?**

yes no

if yes, which ones?.....

**(15) Are you afraid of certain dishes?**

yes no

if yes, afraid of:

- a) fat   b) sugar            c) alcohol            d) bacteria
- e) food gone bad            f) others:.....

why?

- a) because these dishes will make me fat
- strongly agree            partly agree            partly disagree            strongly disagree
- b) because these dishes might make me vomit
- yes no

**(16) Are there other things that you avoid because of the fear of vomit, apart from certain dishes?**

yes no

if yes, which other things?

.....

**(17) Do you suffer from other psychological diseases apart from the emetophobia?**

yes no

if yes, which diseases are these? Please specify if you assume to have this disease or if it is a diagnosis from a doctor (psychiatrist) or a psychologist!

.....

**Personal Information:**

Age:.....

Sex: male female

Education: School years: a) apprenticeship; b) school; c) university; d) other

Occupation: .....

Family: married: yes no; children (number): .....

Living: a) alone; b) with partner; c) with parents/ other relatives; d) flat sharing

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