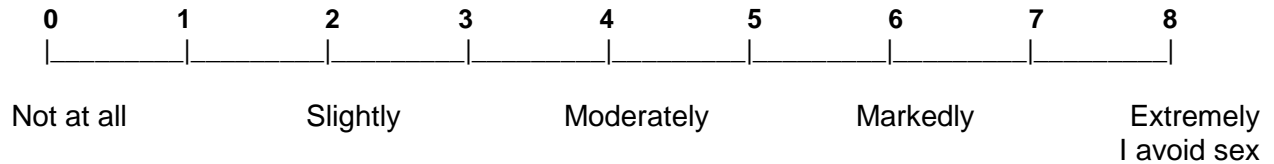
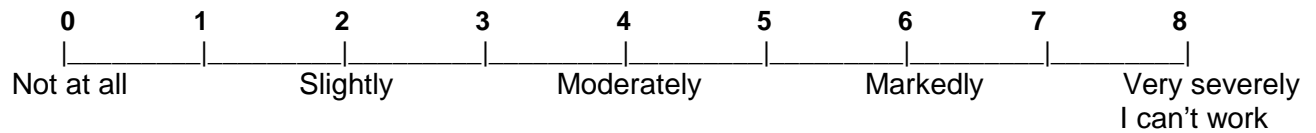


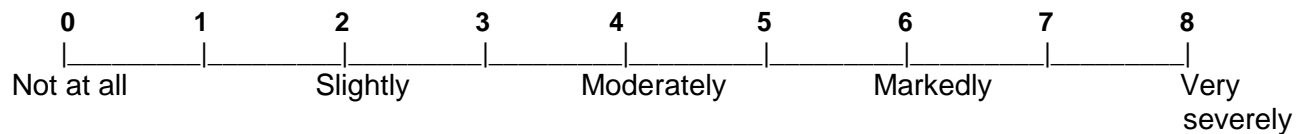
7) To what extent does your fear of vomiting **currently** have an effect on a sexual relationship? (e.g. enjoyment of sex, frequency of sexual activity)



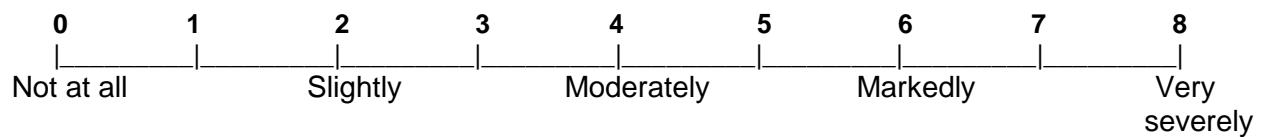
8) To what extent does your fear of vomiting **currently** interfere with your ability to work or study, or your role as a homemaker? (Please rate this even if you are not working or studying: we are interested in your ability to work or study.)



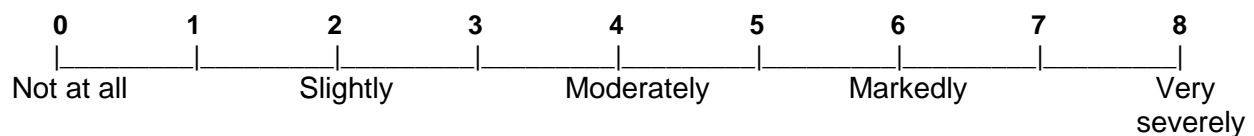
9) To what extent does your fear of vomiting **currently** interfere with your social life? (with other people, e.g. parties, pubs, clubs, outings, visits, home entertainment)



10) To what extent does your fear of vomiting **currently** interfere with your private leisure activities? (done alone) (e.g. reading; gardening; collecting; walking alone etc)



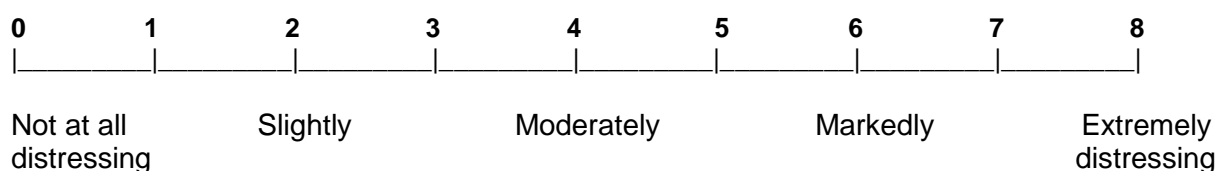
11) To what extent does your fear of vomiting currently interfere with your home management? (e.g. cleaning, tidying, shopping, cooking, looking after your home or children, paying bills etc)



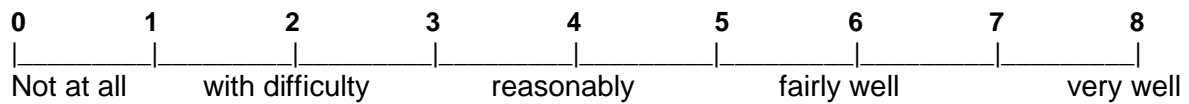
12) On an average day over the past week, how much time do you spend worrying about yourself or others vomiting? (This includes thinking about how to prevent it)

_____ minutes OR _____ hours a day

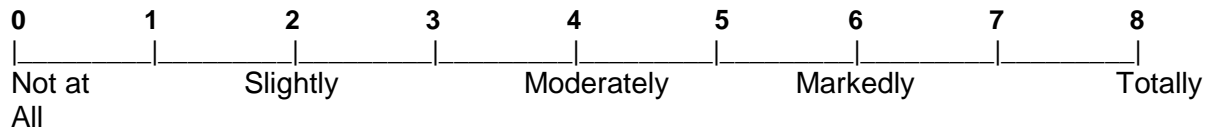
13) How distressing has your fear of vomiting been **in the past week**?



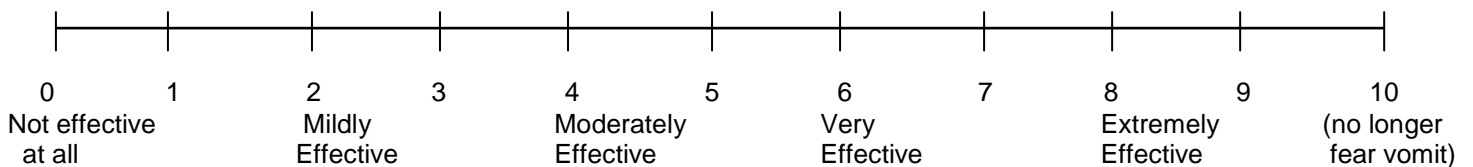
14) How well do you think you would cope with an episode of vomiting in the future?



15) To what extent do you believe you can influence or prevent yourself vomiting from any cause in the future?



16) Please rate the effectiveness of the therapy that you received for your vomiting phobia using the scale below.



THANK YOU