

SYMPTOM AND SAFETY BEHAVIOR CHECKLIST

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SYMPTOMS	
FEAR OF OTHERS	
	sick or injured people no matter what condition, as vomiting can be a symptom of numerous illnesses
	children (as they vomit more often, sometimes without warning, and they are more prone to viruses)
	others' burping, holding their stomachs, looking pallid, coughing, bending at the waist, standing by a car on the side of the road, or saying they don't feel well
	people who have been sick, their personal items, and areas of contact (e.g., school desk); houses where others have been sick in the previous days to weeks
	vomiting in front of other people
	animals that vomit
FEAR OF SITUATIONS AND THINGS	
	anything that may be contaminated by the virus, e.g., items, furniture, clothing, rooms, etc.
	public toilets (someone may enter and vomit or will have already vomited there)
	eating out or eating food one has not prepared (in case it may lead to food poisoning, which would cause vomiting)
	bedtime or nightfall (as they may have memories of being sick in the night as a child), sleeping alone, and/or nightmares about vomiting
	seeing vomiting on television, in movies, or in books (vomiting is commonplace in the media)
	traveling by plane, boat, train, public transportation, or auto (in case they or someone else are motion sick and may be difficult or impossible to exit)
	performance situations that might elicit vomiting (as they will have heard of others vomiting from nerves)
	psychotherapy (lest it involves talking about vomit or exposure therapy which they feel they can't handle or misunderstand to mean they must vomit)
	hospitals, medical/dental offices, procedures, and nursing facilities
	amusement parks where people may be sick on rides
	going to school or other public places.
	fall and winter because of likely increase in cases of norovirus
	pregnancy (due to morning sickness or vomiting during delivery)
	highly disgusting smells and/or sights
	several kinds of jobs
FEAR OF CONSUMPTION	
	food and/or drink associated with vomiting (past, self, others, news of food poisoning)
	feeling full
	possibility of choking and then vomiting
	taking any prescription medication that may have nausea or vomiting as a listed side-effect (which is virtually all, even anti-emetics)
	anesthesia due to vomiting as a side-effect

	alcohol consumption, or events where alcohol is consumed
FEAR OF INTEROCEPTION	
	feeling nauseous, gassy, bloated, crampy, queasy, hungry, churning, or having diarrhea or loose stool
	tightness or lump in the throat
	feeling dizziness, headache, feverish, achy
	feeling hot or ambient temperature too warm
REACTIVITY	
When triggered (which is daily in almost all people with emetophobia), anxiety ranges from extreme fear to full panic attacks.	
	dissociation, inability to reason, crying, screaming, pacing, begging for help
	non-suicidal self-harm (NSSH) in the form of scratching skin, hair-pulling, cutting, feigned “suicide” attempts
	harming others, or property
	strong feelings of anger, frustration, shame, guilt, and despair at not being believed, understood or supported
SAFETY BEHAVIORS	
CHECKING	
	hypervigilance and scanning a crowd or group for people who look unwell
	constant body scanning/ruminating about how they feel
	checking their temperature or asking a parent or teacher to check it
	asking for frequent reassurance, “Do you think I will get sick?”
	checking on how other people are feeling
	checking expiration dates on food (not just refrigerated foods, anything with a date on it) and throwing it out or asking about how long something has been out of the refrigerator
	scanning for bathrooms and exits, sitting in places only near exits
	checking that food is fully cooked, overcooking food
	checking online for news on norovirus outbreaks, the meaning of symptoms, causes of nausea and vomiting, etc.
AVOIDING	
	talking about vomit or saying the word(s)
	being alone and insisting on being with a “safe person” or avoiding being with anyone else
	sleeping away from home
	remaining near a sick person even if it is their child or a family member who needs their help (this can result in enormous guilt)
	relationships because someone was ill or could be sick
	going into a bathroom or fetching a bowl/bucket (as it may “make them vomit”)
	hearing someone vomit (plugging ears)
	getting pregnant and possibly sexual activity
	eating or drinking, or eating very little
	specific foods except what they have deemed safe (some reasons include texture, contains raw egg, might cause burping, associated with vomiting)

eating leftovers even if refrigerated or known to be safe
medical help (in case they are trapped in a hospital with more sick people)
medication (in case the side effects are nausea/vomiting)
places, situations, or crowds (where one could vomit, see vomit or someone vomiting, or heard someone had vomited there)
eating at normal speed (which they deem “too quickly”)
eating with anyone else
eating food when the preparation cannot be controlled or observed (restaurants, friends or family’s home)
touching things that might be contaminated with germs (norovirus) like knobs, buttons, surfaces, items in the grocery store, money, etc.
school, riding the bus, participating in gym
visual or physical motion sickness causing activities (e.g., 3-D movies, boats, trains, rides, etc.)
wearing clothing worn when sick, or fabrics of the same color
specific time commitments because unable to predict how one will be feeling
anxiety-provoking situations in general

PREVENTION

use of over-the-counter (OTC) medications to control vomiting (Pepto Bismol, Dramamine, Tums, Gas-X, etc.)
prescription anti-emetic medication or tranquilizers
chewing gum or sucking on lozenges or mints, usually peppermint
always carrying bottled water and sipping it when “nauseous”
taking a “safety kit” with them which may contain items such as medications, mints, water, and a plastic bag
insisting on having a parent or grandparent sit in the classroom
refusing to put children in daycare, nursery, preschool, or school
mental neutralizing, replaying, replacing, reassuring, distracting, and avoiding (this can be quite similar to the symptoms of OCD)
subtle behaviors like repeated swallowing, verbal sounds, posture changes, spitting
excessive decontaminating (e.g., hand washing, bleaching counters, etc.) may also result in high use of paper, soap, and other cleaners
performing various rituals or superstitious behaviors