

Participant ID _____

Participant Name/Initials _____

Date: _____

KF-PAT Session # _____

Examiner Name _____

Nausea Profile

Rate the degree to which each of the following statements describes what you experienced while wearing the prism goggles.

	Not at all									Severely										
1. I felt shaky	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
2. I felt upset	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
3. I felt lightheaded	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
4. I felt sick	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
5. I felt sweaty	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
6. I felt queasy	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
7. I felt worried	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
8. I felt hopeless	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
9. I felt fatigued/tired	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
10. I felt panicked	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
11. I felt nervous	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
12. I felt scared/afraid	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
13. I felt ill	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
14. I felt awareness/discomfort in my stomach	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
15. I felt as if I might vomit	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
16. I felt weak	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
17. I felt hot/warm	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

Modified from Muth et al. (1996). Assessment of Multiple Dimensions of Nausea: The Nausea Profile. *Journal of Psychosomatic Research*, 40, 511-20.