

# Rhodes Index of Nausea, Vomiting and Retching

Patient initials \_\_\_\_\_

Date \_\_\_\_\_

Day of week \_\_\_\_\_

Time of day \_\_\_\_\_

Directions: Please mark the box in each row that most clearly corresponds to your experience. Please make **one** mark on **each** line.

1. In the last 12 hours, I threw up ____ times.	7 or more	5-6	3-4	1-2	I did not throw up
2. In the last 12 hours, from retching and dry heaves, I have felt ____ distress.	no	mild	moderate	great	severe
3. In the last 12 hours, from vomiting or throwing up, I have felt ____ distress.	severe	great	moderate	mild	no
4. In the last 12 hours, I have felt nauseated or sick to my stomach.	not at all	1 hour or less	2-3 hours	4-6 hours	more than 6 hours
5. In the last 12 hours, from nausea/sickness to my stomach, I have felt ____ distress.	no	mild	moderate	great	severe
6. In the last 12 hours, each time I threw up, I produced a ____ amount.	very large (3 cups or more)	large (2-3 cups)	moderate (1/2-2 cups)	small (up to 1/2 cup)	I did not throw up
7. In the last 12 hours, I have felt nauseated or sick to my stomach ____ times.	7 or more	5-6	3-4	1-2	no
8. In the last 12 hours, I have had periods of retching or dry heaves without bringing anything up ____ times.	no	1-2	3-4	5-6	7 or more

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