

Misophonia Questionnaire

Directions: Please rate how much the following statements describe you on a scale from 0 to 4, 0 being "Not at all true" and 4 being "Always true."

0-----1-----2-----3-----4
Not at all True Rarely True Sometimes True Often True Always True

In comparison to other people, I am sensitive to the sound of:

- _____ 1. People eating (e.g. chewing, swallowing, lips smacking, slurping, etc.).
- _____ 2. Repetitive tapping (e.g. pen on table, foot on floor, etc.).
- _____ 3. Rustling (e.g. plastic, paper, etc.).
- _____ 4. People making nasal sounds (e.g. inhale, exhale, sniffing, etc.).
- _____ 5. People making throat sounds (e.g. throat-clearing, coughing, etc.).
- _____ 6. Certain consonants and/or vowels (e.g. "k" sounds, etc.).
- _____ 7. Environmental sounds (e.g. clock ticking, refrigerator humming, etc.).
- _____ 8. Other: _____

Directions: If any of the aforementioned statements were given a value of "1 – Rarely True" or higher, please continue onto the following section and rate how often the subsequent statements occur, 0 being "Never" and 4 being "Always."

0-----1-----2-----3-----4
Never Rarely Sometimes Often Always

Once you are aware of the sound(s), because of the sound(s), how often do you:

- _____ 1. Leave the environment to a place where the sound(s) cannot be heard anymore?
- _____ 2. Actively avoid certain situations, places, things, and/or people in anticipation of the sound(s)?
- _____ 3. Cover your ears?
- _____ 4. Become anxious or distressed?
- _____ 5. Become sad or depressed?
- _____ 6. Become annoyed?
- _____ 7. Have violent thoughts?
- _____ 8. Become angry?
- _____ 9. Become physically aggressive?
- _____ 10. Become verbally aggressive?
- _____ 11. Other: _____

Directions: Please circle the severity of your sound sensitivity on the following scale from 1 (minimal) to 15 (very severe). Please consider the number of sounds that you are sensitive to, the degree of distress, and the impairment in your life due to your sound sensitivities.

If you do not have any sound sensitivities, please check here. _____

- 1 **Minimal within range of normal or very mild sound sensitivities.** I spend
- 2 little time resisting or being affected by my sound sensitivities. Almost no or no interference
- 3 in daily activity.

- 4 **Mild sound sensitivities.** Mild sound sensitivities that are noticeable
- 5 to me and to an observer, cause mild interference in my life and which I may
- 6 resist or be affected for a minimal period of time. Easily tolerated by others.

- 7 **Moderate sound sensitivities.** Sounds sensitivities that cause significant
- 8 interference in my life and which I spend a great deal of conscious energy
- 9 resisting or being affected by. Require some help from others to function in daily activity.

- 10 **Severe sound sensitivities.** Sound sensitivities that are crippling to me, interfering so
- 11 that daily activity is "an active struggle." I may spend full time resisting my sound
- 12 sensitivities or being affected by them. Require much help from others to function.

- 13 **Very severe sound sensitivities.** Sound sensitivities that completely
- 14 cripple me so that I require close supervision over eating,
- 15 sleeping, and so forth. It is hard to function on a day-to-day basis because of this.