

## Misophonia Activation Scale

(MAS-1) from [www.misophonia-UK.org](http://www.misophonia-UK.org)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please select the level that best describes what you experience.

### Part A: Emotional Response

0 <input type="checkbox"/>	I hear a known trigger sound but feel no discomfort.
1 <input type="checkbox"/>	I am aware of the presence of a known trigger person but feel no, or minimal, anticipatory anxiety.
2 <input type="checkbox"/>	Known trigger sounds elicit minimal psychic discomfort, irritation, or annoyance. No symptoms of panic or fight or flight response.
3 <input type="checkbox"/>	I feel increasing levels of psychic discomfort but do not engage in any physical response. I may be hyper-vigilant to audio-visual stimuli.
4 <input type="checkbox"/>	I engage in a minimal physical response – non-confrontational coping behaviors, such as asking the trigger person to stop making the noise, discreetly covering one ear, or by calmly moving away from the noise. No panic or fight or flight symptoms exhibited.
5 <input type="checkbox"/>	I adopt more confrontational coping mechanisms, such as overtly covering my ears, mimicking the trigger person, make repeated sounds, or display overt irritation.
6 <input type="checkbox"/>	I experience substantial psychic discomfort. Symptoms of panic and a fight or flight response begin to engage.
7 <input type="checkbox"/>	I experience substantial psychic discomfort. Increasing use (louder, more frequent) use of confrontational coping mechanisms. I may re-imagine the trigger sound and visual cues over and over again, sometimes for weeks, months or even years after the event.
8 <input type="checkbox"/>	I experience substantial psychic discomfort and some violence thoughts.
9 <input type="checkbox"/>	Panic/rage reaction in full swing. Conscious decision not to use violence on trigger person. Actual flight from vicinity of noise and/or use of physical violence on an inanimate object. Panic, anger or severe irritation may be manifest in my demeanor.
10 <input type="checkbox"/>	Actual use of physical violence on a person or animal (i.e., a household pet). Violence may be inflicted on self (self-harming).

### Part B: Physical Sensation

0 <input type="checkbox"/>	I feel no physical sensation.
1 <input type="checkbox"/>	I feel minimal physical sensation and can ignore it.
2 <input type="checkbox"/>	I feel some physical sensation but can often/always ignore it.
3 <input type="checkbox"/>	I feel some physical sensation but have difficulty or cannot ignore it.
4 <input type="checkbox"/>	I feel elevated physical sensation and usually cannot ignore it.
5 <input type="checkbox"/>	I feel elevated physical sensation, definitely cannot ignore it
6 <input type="checkbox"/>	I feel elevated physical sensation, cannot ignore it and each incidence has an impact on my life
7 <input type="checkbox"/>	I feel physical sensation as described above and cannot cope with it
8 <input type="checkbox"/>	I feel physical sensation which can be best described as emotional pain
9 <input type="checkbox"/>	I feel physical sensation which can be best described as physical pain
10 <input type="checkbox"/>	I feel physical sensation which is overpowering and is causing physical pain