



Patient Information

Patient Information for Misophonia Treatment

Full name: _____ Date: _____

Home address

Street: _____

City: _____

State/Province: _____

Country: _____

Postal Code: _____

Telephone number: _____
of responsible adult

Can a confidential message be left on this number? (Y/N) _____

email address: _____
of responsible adult

Can a confidential message be sent to this address? (Y/N) _____

Date of birth: _____

Family

Mother's name: _____

Father's name: _____

Siblings' ages and names:

Partner's name: _____

Children(name and age):

Occupation: _____

Diagnosed medical conditions: _____

Current medication: _____

Any allergies: _____

Do you have an iPhone/iPad? _____ Android phone/tablet? _____ None? _____



Misophonia Assessment Questionnaire (MAQ)

Name: _____ Date: _____ (mm/dd/yy)

If you are a parent or caregiver completing this form, please answer for the child or the person you care for.

RATING SCALE:

0 = not at all or the very least

1 = some of the time

2 = a good deal of the time

3 = all the time or the very most

	0	1	2	3
1. Misophonia currently makes me unhappy				
2. Misophonia currently creates problems for me.				
3. Misophonia has recently made me feel angry.				
4. I feel that no one understands my problems caused by misophonia.				
5. My response to certain triggers does not seem to have a known cause.				
6. My response to certain triggers currently makes me feel helpless.				
7. My responses to triggers currently interfere with my social life.				
8. Misophonia currently makes me feel isolated.				
9. Misophonia has recently created problems for me in groups.				
10. Misophonia negatively affects my work or school life.				
11. My issues due to misophonia currently make me feel frustrated.				
12. Misophonia currently impacts my entire life negatively.				
13. Misophonia has recently caused me to feel guilty.				
14. My experience of misophonia is classified as 'crazy'.				
15. I feel that no one can help me with my misophonia.				
16. Misophonia currently makes me feel hopeless.				
17. I feel that my misophonia will only get worse with time.				
18. Misophonia currently impacts my family relationships.				
19. Misophonia has recently affected my ability to be with other people.				
20. My experience of misophonia has not been recognized as legitimate.				
21. I am worried that my whole life will be affected by misophonia.				

By Marsha Johnson, revised by Tom Dozier and Chris Pearson

Revised 09/27/17



Amsterdam Misophonia Scale (A-MISO-S)*

Name: _____ Date: _____

Rate the characteristics of each item during the prior week (7 days) up until and including the time you fill out this survey. Scores should reflect your average over the week. When it says *trigger*, it means any misophonia experience - sound, sight, touch, smell, etc.

1. How much of your time is occupied by misophonic triggers? (How frequently do the (thoughts about the) misophonic triggers occur?)

None		0
Mild , less than 1 hr/day, or occasionally (thoughts about) triggers (no more than 5 times a day)		1
Moderate , 1 to 3 hrs/day, or frequent (thoughts about) triggers (no more than 8 times a day, most of the hours are unaffected).		2
Severe , greater than 3 hrs and up to 8 hrs/day or very frequent (thoughts about) triggers.		3
Extreme , greater than 8 hrs/day or near constant (thoughts about) triggers.		4

2. How much do these misophonic triggers interfere with your social, work or role functioning? (Is there anything that you don't do because of them? If currently not working determine how much performance would be affected if you were employed.)

None		0
Mild , slight interference with social or occupational/school activities, but overall performance not impaired.		1
Moderate , definite interference with social or occupational performance, but still manageable.		2
Severe , causes substantial impairment in social or occupational performance.		3
Extreme , incapacitating.		4

3. How much distress do the misophonic triggers cause you? (In most cases, distress is equated with irritation, anger, or disgust. Only rate the emotion that seems triggered by misophonic triggers, not generalized irritation or irritation associated with other conditions.)

None		0
Mild , occasional irritation/distress.		1
Moderate , disturbing irritation/anger/disgust, but still manageable.		2
Severe , very disturbing irritation/anger/disgust.		3
Extreme , near constant and disturbing anger/disgust.		4

Amsterdam Misophonia Scale (A-MISO-S) from Schröder, A., Vulink, N., & Denys, S. (2013). Misophonia: Diagnostic criteria for a new psychiatric disorder. *PLoS ONE*, 8(1), e54706. doi:10.1371/journal.pone.0054706

Note: This form has been modified by replacing "sounds" with "triggers" to include all triggers.

4. How much effort do you make to resist the (thoughts about the) misophonic triggers? (How often do you try to disregard or turn your attention away from these triggers? Only rate effort made to resist, not success or failure in actually controlling the thought or trigger.)

Makes an effort to always resist , or symptoms so minimal, doesn't need to actively resist.		0
Tries to resist most of the time.		1
Makes some effort to resist.		2
Yields to all (thoughts about) misophonic triggers without attempting to control them, but does so with some reluctance.		3
Completely and willingly yields to all obsessions.		4

5. How much control do you have over your thoughts about the misophonic triggers? How successful are you in stopping or diverting your thinking about the misophonic triggers? Can you dismiss them?

Complete control.		0
Much control , usually able to stop or divert thoughts about misophonic triggers.		1
Moderate control , sometimes able to stop or divert thoughts about misophonic triggers.		2
Little control , rarely successful in stopping or dismissing thoughts about misophonic triggers, can only divert attention with difficulty.		3
No control , experience thoughts as completely involuntary, rarely able to alter thinking about misophonic triggers.		4

6. Have you been avoiding doing anything, going any place, or being with anyone because of your misophonia? (How much do you avoid, for example, by using other loud sounds, such as music?)

No deliberate avoidance.		0
Mild, minimal avoidance, Less than an hr/day or occasional avoidance.		1
Moderate, some avoidance. 1 to 3 hr/day or frequent avoidance		2
Severe, much avoidance. Greater than 3 up to 8 hr/day. Very frequent avoidance.		3
Extreme very extensive avoidance. Greater than 8 hr/day. Doing almost everything you can to avoid triggering symptoms.		4

Finally:

What would be the worst thing that could happen (to you) if you were not able to avoid the misophonic triggers?

Describe.



Misophonia Impact Survey (MIS)

Name: _____ Date: _____

1. Rate how misophonia has interfered with family life in the past 2 weeks. (If you have avoided these activities because of misophonia, include that factor in your rating.)

None	Mildly	Moderately	Severely	Extremely	Not-applicable						
0	1	2	3	4	5	6	7	8	9	10	N/A

2. Rate how misophonia has interfered with romantic relationships in the past 2 weeks. (If you have avoided this because of misophonia, include that factor in your rating.)

None	Mildly	Moderately	Severely	Extremely	Not-applicable						
0	1	2	3	4	5	6	7	8	9	10	N/A

3. Rate how misophonia has interfered with your social life and leisure activities with others in the past 2 weeks. (If you avoid these activities because of misophonia include that factor in your rating.)

None	Mildly	Moderately	Severely	Extremely	Not-applicable						
0	1	2	3	4	5	6	7	8	9	10	N/A

4. Rate how misophonia has interfered with your work / school work, including unpaid volunteer work, training, or similar activities in the past 2 weeks. (If you avoid these activities because of misophonia include that factor in your rating.)

None	Mildly	Moderately	Severely	Extremely	Not-applicable						
0	1	2	3	4	5	6	7	8	9	10	N/A

5. Rate how misophonia has interfered with your individual activities and alone time in the past 2 weeks. (If you avoid certain activities because of misophonia include that factor in your rating.)

None	Mildly	Moderately	Severely	Extremely	Not-applicable						
0	1	2	3	4	5	6	7	8	9	10	N/A

Misophonia Activation Scale (MAS)

Name: _____ Date: _____

Part A: Emotional Response Please select the levels that best describes what you experience.

0 <input type="checkbox"/>	I experience a known trigger but feel no discomfort or irritation.
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 triggers 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 potential trigger 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 trigger, discreetly covering one ear, looking away, or by calmly moving away from the trigger. No panic or fight or flight symptoms exhibited.
5 <input type="checkbox"/>	I adopt more confrontational coping mechanisms, such as overtly covering my ears, looking away, 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 triggers 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 trigger 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 Please select the levels that best describes what you experience.

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



Detailed Trigger Inventory (DTI)

Name: _____ Date: _____

List all your triggers. Several triggers or sources can be listed together if they have the same ratings.

Rate your responses to the triggers using a 0-10 scale where 0 is not triggered and 10 is worst possible.

	Trigger	Source (person)	Emotional Response	Physical Sensation
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				



Misophonia Coping Responses (MCR)

Name: _____ Date: _____

When you experience a misophonia trigger you...

RATING SCALE: 0 = not at all (never), 1 = some of the time (sometimes) 2 = a good deal of the time (often), 3 = almost all the time (a lot)	0	1	2	3
1. may dislike it but have no physical sensation.				
2. you feel annoyed or upset but have no observable / outward response.				
3. have facial or bodily responses that show you are annoyed.				
4. have facial or bodily responses that show you are upset.				
5. turn away or close your eyes so you don't see the source of your trigger.				
6. put on headphones or dark glasses.				
7. calmly move away from the source of your trigger.				
8. discreetly cover one or both ears, close your eyes, or otherwise avoid it.				
9. mimic the person who makes the trigger.				
10. repeat words or sounds of a trigger.				
11. overtly cover your eyes, ears, hold your nose, or similar response.				
12. nicely ask the person to stop making the trigger.				
13. sternly or harshly ask the person to stop making the trigger.				
14. tell/order the person to stop making the trigger.				
15. push, poke, shove, etc. the person making the trigger.				
16. verbally snap at the person making the trigger.				
17. leave the room after attempting to tolerate the trigger.				
18. immediately leave the room/area to escape the trigger.				
19. verbally assault of the person making the trigger.				
20. scream or cry loudly.				
21. use actual physical violence on property (walls, doors, objects, etc.).				
22. use actual physical violence on another person, animal, or self.				

Misophonia Emotional Responses (MER)

Name: _____ Date: _____

How often you feel these emotional response. This is what you feel and not what you actually do.

RATING SCALE: 0 = not at all (never), 1 = some of the time (sometimes) 2 = a good deal of the time (often), 3 = almost all the time (a lot)	0	1	2	3
1. You experience a known trigger and you dislike it (or worse).				
2. You experience a trigger and you feel annoyed or upset (or worse).				
3. You want another person to know how upset you are.				
4. You want the person or thing to stop making the trigger.				
5. You want to force the other person or thing to stop making the trigger.				
6. You feel you must see that the person or thing that is making the trigger. You want to keep looking or staring.				
7. You want to experience something else to mask the trigger.				
8. You want to be physically far away from the trigger experience.				
9. You wish your senses would stop working - be deaf, blind, etc..				
10. You are afraid that if you do something, you will hurt others feelings.				
11. You want to get away from the trigger but do not want to make a scene.				
12. You want to get away from the trigger as quickly as possible, even if it would be embarrassing.				
13. You want to push, poke, shove, etc. the person making the trigger.				
14. You want to verbally assault of the person/thing making the trigger.				
15. You want to physically assault the person/thing making the trigger.				
16. You want to physically hurt or harm the person/thing making the trigger.				
17. You want to scream or cry loudly.				
18. You feel anger.				
19. You feel rage.				
20. You hate the person/thing making the trigger.				
21. You feel disgust.				
22. You feel resentment.				
23. You feel you need to escape, flee, or run away.				
24. You want to get revenge.				
25. You feel offended by the person making the noise.				
26. You feel despair or hopeless.				
27. You feel guilt regarding what you thought.				
28. You feel guilt regarding what you did when triggered.				
29. You fear that more triggers will occur.				
30. You feel fear when you experience a trigger.				
31. You feel anxiety when you experience a trigger.				
32. You feel sadness when you experience a trigger.				



Misophonia History Questionnaire

Name: _____

Date: _____

1. Age: _____ Sex: _____

2. When did you first experience misophonia? (your age or the date) _____

3. What was your first trigger? _____

4. Describe the situation and significant life events happening when you acquired the first trigger?

5. At what age did your misophonia become severe? _____

6. List your trigger sounds.

7. List any visual triggers.

8. List any odor, touch, vibration, taste, or other triggers.

9. What emotional reactions to you usually have when you are triggered? (such as I feel anger and it makes me want to punch someone in the face, or I feel disgust and I feel like I have to leave the room or I will die.)



10. Do you feel a physical response to a trigger?

If so, what do you feel? (such as shoulder muscles tightens, jaw jerks, nausea, or stomach knots up)

11. List any patterns you have identified in relation to your misophonia, both general or specific. This may include times of day, your physical conditions such as fatigue, hunger, etc., or emotional conditions.

12. Please describe how Misophonia has affected your life, for example, psychologically, emotionally, your relationships, work, social life, or in ANY way.

13. List any tendencies or conditions you have (obsessive/compulsive behavior, anxiety, ADD, etc.):

14. What is your employment or school status? Does misophonia cause problems in that setting?

The following questions ask about how you react to certain noises, sights, and other sensor stimuli.

The questions refer to the sensitivity you may experience to certain sensory triggers. These triggers are **everyday stimuli (sounds, sights, smells, touch, or vibrations)** that can be considered mild, soft, or quiet, which cause an **immediate negative response in you**.

We are not asking about your responses to strong stimuli, such as bright lights and loud sounds.

Please think about the **past 2 months** (or since the symptoms started if less time) when answering the questions. Please select the option that comes closest to how you feel.

Q1. Some people experience **feelings or emotions** while responding to sensory triggers.

Using the scale below, rate the extent to which you experience the following feelings **when hearing, seeing or experiencing a trigger**.

During a response to a trigger, to what extent do you feel:

	1 Not at all / not sure	2	3	4 Moder- ately	5	6	7 Extre- mely
Distracted (from what you were doing)							
Disgusted (feelings of revulsion about the trigger)							
Irritated (annoyed / frustrated)							
Angry (feeling mad)							
Violent or Aggressive (feel like shouting or throwing something)							
Anxious (restless / apprehensive)							
A need to get away from the trigger (whether you actually leave or not)							

Q2. Some people experience **physical changes or sensations** while responding to sensory triggers.

Using the scale below, rate the extent to which you experience the following physical sensations **when hearing, seeing or experiencing a trigger**.

During a response to a trigger, to what extent do you experience:

	1 Not at all / not sure	2	3	4 Moder- ately	5	6	7 Extre- mely
Feeling hot / sweaty							
Heart palpitations / pounding							
Muscle tension (e.g. jaw clenching, shoulder tensing)							
Physical pain							
Tingling in parts of body							
Trembling / shaking							
Shortness of breath							

Q3. Using the scale below, rate the extent to which your responses to sensory triggers have interfered with each of the below aspects of your life:

	1 N/A	1 Not at all / not sure	2	3	4 Moder- ately	5	6	7 Extre- mely
Family life								
Romantic relationships								
Social life and leisure activities								
Work (whether paid, voluntary or school/training work)								
Individual activities or alone time (i.e. triggers that interrupt me when doing activities on my own)								

Q4. How often do you experience a (any) response to a sensory trigger(s)?

1. About once a month or less / Not at all
2. About once a week
3. About once a day
4. About 2 to 10 times a day
5. About 11 to 20 times a day
6. About 21 to 50 times a day
7. More than 50 times a day

Q5. Once the sensory trigger(s) has gone, how long does it **usually** take before any responses to the trigger (e.g. feelings / emotions / physical sensations) go away and you feel your normal self again? If this happens often, please answer by thinking of your typical response (the response you experience most commonly):

1. No response / not relevant to me
2. Almost immediately
3. Under 1 minute
4. Over 1 minute but not longer than 5 minutes
5. Over 5 minutes but not longer than 30 minutes
6. Over 30 minutes but not longer than 24 hours
7. Longer than 24 hours

Q6. To what extent do you avoid situations/environments to prevent hearing, seeing, or experiencing something that you respond negatively to?

1. (Never / Almost never)
- 2.
- 3.
4. (About half the time)
- 5.
- 6.
7. (Always / As much as possible)