



Duke Misophonia Questionnaire

General Instructions:

The following questions refer to the experience of being intensely bothered by a sound or sounds, even when they are not overly loud. These can be human or non-human sounds, or the sight of someone or something making a sound that you can't hear (e.g., the sight of someone biting their nails from across the room).

Please indicate whether the following sounds and/or sights bother you much more intensely than they do most other people.

| | Yes | No |
|---|-----|----|
| 1. People making mouth sounds while eating or drinking (e.g., chewing, crunching, slurping). | | |
| 2. People making nasal/throat sounds (e.g., sniffing, sneezing, nose-whistling, coughing, throat-clearing). | | |
| 3. People making mouth sounds when not eating (e.g., making the "tsk" sound, heavy breathing, snoring, whistling). | | |
| 4. People making repetitive sounds (e.g., typing, tapping nails on table, pen clicking, writing, construction work, using machinery). | | |
| 5. Rustling or tearing objects (e.g., paper, plastic). | | |
| 6. Speech sounds (e.g., "p" sounds, hissing "s" sounds, someone speaking with a lisp, high-pitched voices). | | |
| 7. Body or joint sounds (e.g., snapping fingers, cracking joints, jaw clicking). | | |
| 8. Rubbing sounds (e.g., hands on pants, hands against one another, styrofoam rubbing together). | | |
| 9. Stomping or loud walking (e.g., heels clicking, flip flops, etc.). | | |
| 10. Muffled sounds (e.g., voices separated by a wall, TV/music in another room). | | |
| 11. People talking in the background (e.g., phone calls in public, many people talking at once). | | |
| 12. Repetitive or continuous sounds not made by a person (e.g., clock ticking, air conditioner humming, water running). | | |
| 13. Animals making repetitive sounds (e.g., licking, chirping, barking, eating, drinking). | | |
| 14. Seeing someone making or about to make a sound that bothers you, even if you can't hear it (e.g., seeing someone reach into a bag of chips, seeing someone eating on TV with the volume off). | | |
| 15. Other (please describe) | | |
| 16. There are no specific sounds that bother me much more than they do other people. | | |

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| Score | |
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In the past month, on average across ALL bothersome sounds, rate how often you were bothered by a sound/sounds.

- Once per month or less
 2-3 times per month
 1-3 times per week
 4-7 times per week
 2-5 times per day
 6 or more times per day

For the following sections, please use the scale below:

| 0 | 1 | 2 | 3 | 4 |
|-------|--------|-----------|-------|-------------------------|
| never | rarely | sometimes | often | always/almost always |

In the past month on average, when intensely bothered by a sound or sounds, please rate how often you felt each of the following.

| | | | | | | |
|----|--------------------|---|---|---|---|---|
| 1. | I felt angry. | 0 | 1 | 2 | 3 | 4 |
| 2. | I felt anxious. | 0 | 1 | 2 | 3 | 4 |
| 3. | I felt disgusted. | 0 | 1 | 2 | 3 | 4 |
| 4. | I felt hateful. | 0 | 1 | 2 | 3 | 4 |
| 5. | I felt panic. | 0 | 1 | 2 | 3 | 4 |
| 6. | I felt hostile. | 0 | 1 | 2 | 3 | 4 |
| 7. | I felt jittery. | 0 | 1 | 2 | 3 | 4 |
| 8. | I felt frustrated. | 0 | 1 | 2 | 3 | 4 |

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For the following sections, please use the scale below:

| | | | | |
|-------|--------|-----------|-------|-------------------------|
| 0 | 1 | 2 | 3 | 4 |
| never | rarely | sometimes | often | always/almost always |

In the past month on average, when intensely bothered by a sound or sounds, please rate how often each of the following happened to you.

| | | | | | | |
|----|--|---|---|---|---|---|
| 1. | I became rigid or stiff. | 0 | 1 | 2 | 3 | 4 |
| 2. | I trembled or shuddered. | 0 | 1 | 2 | 3 | 4 |
| 3. | My heart pounded or raced. | 0 | 1 | 2 | 3 | 4 |
| 4. | I started breathing intensely or forcefully. | 0 | 1 | 2 | 3 | 4 |
| 5. | I reflexively jumped. | 0 | 1 | 2 | 3 | 4 |

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In the past month on average, when intensely bothered by a sound or sounds, please rate how often you had each of the following thoughts.

| | | | | | | |
|-----|--|---|---|---|---|---|
| 1. | "I am helpless." | 0 | 1 | 2 | 3 | 4 |
| 2. | "I want to cry." | 0 | 1 | 2 | 3 | 4 |
| 3. | "How do I make this sound stop?" | 0 | 1 | 2 | 3 | 4 |
| 4. | "Everything is awful." | 0 | 1 | 2 | 3 | 4 |
| 5. | "I cannot handle this." | 0 | 1 | 2 | 3 | 4 |
| 6. | "I need to get away from the sound." | 0 | 1 | 2 | 3 | 4 |
| 7. | "I would do anything to make it stop." | 0 | 1 | 2 | 3 | 4 |
| 8. | I thought about screaming at, yelling at or telling off the person making the sound. | 0 | 1 | 2 | 3 | 4 |
| 9. | I thought about pushing, poking, shoving etc. the person making the sound. | 0 | 1 | 2 | 3 | 4 |
| 10. | I thought about physically hurting the person making the sound. | 0 | 1 | 2 | 3 | 4 |

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For the following sections, please use the scale below:

| | | | | |
|-------|--------|-----------|-------|-------------------------|
| 0 | 1 | 2 | 3 | 4 |
| never | rarely | sometimes | often | always/almost always |

Please rate how often you did the following in the past month, on average, **BEFORE HEARING** a bothersome sound.

| | | | | | | |
|----|--|---|---|---|---|---|
| 1. | I avoided certain people, places, or things so I would not have to hear sounds I dislike. | 0 | 1 | 2 | 3 | 4 |
| 2. | I used a different sound to drown the bothersome sound (e.g., turned on TV). | 0 | 1 | 2 | 3 | 4 |
| 3. | I used strategies to make myself less bothered by sounds I might hear (e.g., deep breathing, meditation, visualization). | 0 | 1 | 2 | 3 | 4 |
| 4. | I was on guard for bothersome sounds. | 0 | 1 | 2 | 3 | 4 |
| 5. | I distracted myself so as not to be bothered by a sound I might hear. | 0 | 1 | 2 | 3 | 4 |
| 6. | I made a plan to cope with bothersome sounds if they occurred. | 0 | 1 | 2 | 3 | 4 |

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Please rate how often you did the following in the past month, on average, **WHILE HEARING** a bothersome sound.

| | | | | | | |
|-----|---|---|---|---|---|---|
| 1. | I blocked the sound (e.g., covered ears with hands, headphones, ear plugs). | 0 | 1 | 2 | 3 | 4 |
| 2. | I used strategies to calm myself (e.g., self-talk, breathing exercises). | 0 | 1 | 2 | 3 | 4 |
| 3. | I focused my attention on an activity (e.g., watched TV or videos). | 0 | 1 | 2 | 3 | 4 |
| 4. | I produced an alternate sound (e.g., humming). | 0 | 1 | 2 | 3 | 4 |
| 5. | I reminded myself that it could be worse. | 0 | 1 | 2 | 3 | 4 |
| 6. | I increased the background noise to cover up the bothersome sound (e.g., turned on TV, rolled down car window). | 0 | 1 | 2 | 3 | 4 |
| 7. | I changed my way of thinking about the sound. | 0 | 1 | 2 | 3 | 4 |
| 8. | I looked away from the source of the sound | 0 | 1 | 2 | 3 | 4 |
| 9. | I listened to music or a different sound. | 0 | 1 | 2 | 3 | 4 |
| 10. | I mindfully focused on current sensations without judgment. | 0 | 1 | 2 | 3 | 4 |

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| Score | |
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For the following sections, please use the scale below:

| | | | | |
|-------|--------|-----------|-------|-------------------------|
| 0 | 1 | 2 | 3 | 4 |
| never | rarely | sometimes | often | always/almost always |

Please rate how often you did the following in the past month, on average, AFTER HEARING a bothersome sound.

| | | | | | | |
|----|---|---|---|---|---|---|
| 1. | I did something to comfort myself (e.g., exercised, went somewhere calming, pet animals). | 0 | 1 | 2 | 3 | 4 |
| 2. | I listened to a comforting sound (e.g., white noise, music). | 0 | 1 | 2 | 3 | 4 |
| 3. | I did some relaxation exercises (e.g., deep breathing, meditation). | 0 | 1 | 2 | 3 | 4 |
| 4. | I used the sight, smell or touch of an object to soothe myself (e.g. looked at a soothing picture, smelled a scent, or touched a soft blanket). | 0 | 1 | 2 | 3 | 4 |
| 5. | I thought about strategies to help me cope better next time. | 0 | 1 | 2 | 3 | 4 |

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For the following section, please use the scale below:

| | | | | |
|------------|----------|------------|-------------|-----------|
| 0 | 1 | 2 | 3 | 4 |
| not at all | a little | moderately | quite a bit | extremely |

Please rate the extent to which the bothersome sound/sounds and your reactions to them negatively affected the following in the past month on average.

| | | | | | | |
|-----|--|---|---|---|---|---|
| 1. | My ability to be with other people | 0 | 1 | 2 | 3 | 4 |
| 2. | My performance at work or school | 0 | 1 | 2 | 3 | 4 |
| 3. | The quality of my romantic relationships | 0 | 1 | 2 | 3 | 4 |
| 4. | My ability to function in daily activities without help | 0 | 1 | 2 | 3 | 4 |
| 5. | How much I enjoy spending time with my family | 0 | 1 | 2 | 3 | 4 |
| 6. | My ability to work with others | 0 | 1 | 2 | 3 | 4 |
| 7. | My self-esteem | 0 | 1 | 2 | 3 | 4 |
| 8. | My ability to maintain employment | 0 | 1 | 2 | 3 | 4 |
| 9. | The quality of relationships with my friends | 0 | 1 | 2 | 3 | 4 |
| 10. | How connected I feel to other people | 0 | 1 | 2 | 3 | 4 |
| 11. | My ability to live with other people (e.g., roommate, partner) | 0 | 1 | 2 | 3 | 4 |
| 12. | My ability to "be myself" | 0 | 1 | 2 | 3 | 4 |

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For the following section, please use the scale below:

| | | | | |
|-------|--------|-----------|-------|-------------------------|
| 0 | 1 | 2 | 3 | 4 |
| never | rarely | sometimes | often | always/almost always |

Please rate the extent to which the bothersome sound/sounds and your reactions to them negatively affected the following in the past month on average.

| | | | | | | |
|-----|---|---|---|---|---|---|
| 1. | "I hate being like this." | 0 | 1 | 2 | 3 | 4 |
| 2. | "People do not understand me." | 0 | 1 | 2 | 3 | 4 |
| 3. | "I will be rejected if people find out." | 0 | 1 | 2 | 3 | 4 |
| 4. | "I am crazy." | 0 | 1 | 2 | 3 | 4 |
| 5. | "My reactions to sounds are irrational." | 0 | 1 | 2 | 3 | 4 |
| 6. | "I should get over it." | 0 | 1 | 2 | 3 | 4 |
| 7. | "This is unfair." | 0 | 1 | 2 | 3 | 4 |
| 8. | "I am weak." | 0 | 1 | 2 | 3 | 4 |
| 9. | I should be able to control my reaction to these sounds | 0 | 1 | 2 | 3 | 4 |
| 10. | "I am a burden on others." | 0 | 1 | 2 | 3 | 4 |
| 11. | "I should have known how to cope earlier." | 0 | 1 | 2 | 3 | 4 |
| 12. | "My sound issues will only get worse with time." | 0 | 1 | 2 | 3 | 4 |
| 13. | "No one can help me." | 0 | 1 | 2 | 3 | 4 |
| 14. | "My whole life will be affected by sound issues." | 0 | 1 | 2 | 3 | 4 |

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| Total Score | |
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