

MISOPHONIA FUNCTIONAL INDEX

Today's Date _____
Month / Day / Year

Your Name _____
Please Print

Please read each question below carefully. To answer a question, select ONE of the numbers that is listed for that question, and draw a *CIRCLE* around it like this: **10% or **1**.**

I Over the PAST WEEK...

1. What percentage of your time awake were you consciously **AWARE OF** your misophonia?
Never aware ▶ 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ *Always aware*
2. How **STRONG** or **LOUD** was your misophonia?
Not at all strong or loud ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Extremely strong or loud*
3. What percentage of your time awake were you **ANNOYED** by your misophonia?
None of the time ▶ 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ *All of the time*

SC Over the PAST WEEK...

4. Did you feel **IN CONTROL** in regard to your misophonia?
Very much in control ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Never in control*
5. How easy was it for you to **COPE** with your misophonia?
Very easy to cope ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Impossible to cope*
6. How easy was it for you to **IGNORE** your misophonia?
Very easy to ignore ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Impossible to ignore*

C Over the PAST WEEK...

7. Your ability to **CONCENTRATE**?
Did not interfere ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Completely interfered*
8. Your ability to **THINK CLEARLY**?
Did not interfere ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Completely interfered*
9. Your ability to **FOCUS ATTENTION** on other things besides your misophonia?
Did not interfere ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Completely interfered*

SL Over the PAST WEEK...

10. How often did your misophonia make it difficult to **FALL ASLEEP** or **STAY ASLEEP**?
Never had difficulty ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Always had difficulty*
11. How often did your misophonia cause you difficulty in getting **AS MUCH SLEEP** as you needed?
Never had difficulty ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Always had difficulty*
12. How much of the time did your misophonia keep you from **SLEEPING** as **DEEPLY** or as **PEACEFULLY** as you would have liked?
None of the time ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *All of the time*

Please read each question below carefully. To answer a question, select **ONE** of the numbers that is listed for that question, and draw a **CIRCLE** around it like this: **10%** or **1**.

A	Over the PAST WEEK, how much has your misophonia interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
	13. Your ability to HEAR CLEARLY ?	0 1 2 3 4 5 6 7 8 9 10	
	14. Your ability to UNDERSTAND PEOPLE who are talking?	0 1 2 3 4 5 6 7 8 9 10	
	15. Your ability to FOLLOW CONVERSATIONS in a group or at meetings?	0 1 2 3 4 5 6 7 8 9 10	
R	Over the PAST WEEK, how much has your misophonia interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
	16. Your QUIET RESTING ACTIVITIES ?	0 1 2 3 4 5 6 7 8 9 10	
	17. Your ability to RELAX ?	0 1 2 3 4 5 6 7 8 9 10	
	18. Your ability to enjoy " PEACE AND QUIET "?	0 1 2 3 4 5 6 7 8 9 10	
Q	Over the PAST WEEK, how much has your misophonia interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
	19. Your enjoyment of SOCIAL ACTIVITIES ?	0 1 2 3 4 5 6 7 8 9 10	
	20. Your ENJOYMENT OF LIFE ?	0 1 2 3 4 5 6 7 8 9 10	
	21. Your RELATIONSHIPS with family, friends and other people?	0 1 2 3 4 5 6 7 8 9 10	
	22. How often did your misophonia cause you to have difficulty performing your WORK OR OTHER TASKS , such as home maintenance, school work, or caring for children or others? <i>Never had difficulty</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Always had difficulty</i>		
E	Over the PAST WEEK...		
	23. How ANXIOUS or WORRIED has your misophonia made you feel? <i>Not at all anxious or worried</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely anxious or worried</i>		
	24. How BOTHERED or UPSET have you been because of your misophonia? <i>Not at all bothered or upset</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely bothered or upset</i>		
	25. How DEPRESSED were you because of your misophonia? <i>Not at all depressed</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely depressed</i>		

MISOPHONIA ASSESSMENT QUESTIONNAIRE: MAQ

Name: _____

Date: _____

If you are a parent or caregiver, please answer for the child as best you are able, or substitute the words, "I feel that my child's sound issues" for the words "my sound issues".

RATING SCALE:				
0 = not at all, 1 = a little of the time, 2 = a good deal of the time, 3 = almost all the time				
1. My sound issues make me unhappy	0	1	2	3
2. My sound issues create problems for me.	0	1	2	3
3. My sound issues have made me feel angry.	0	1	2	3
4. I feel that no one understands my problems with certain sounds.	0	1	2	3
5. My sound issues do not seem to have a known cause.	0	1	2	3
6. My sound issues make me feel helpless.	0	1	2	3
7. My sound issues interfere with my social life.	0	1	2	3
8. My sound issues make me feel isolated.	0	1	2	3
9. My sound issues create problems for me in groups.	0	1	2	3
10. My sound issues negatively affect my work life.	0	1	2	3
11. My sound issues make me feel frustrated.	0	1	2	3
12. My sound issues impact my entire life negatively.	0	1	2	3
13. My sound issues make me feel guilty.	0	1	2	3
14. My sound issues have been classified as 'crazy'.	0	1	2	3
15. I feel that no one can help me with my sound issues.	0	1	2	3
16. My sound issues make me feel hopeless.	0	1	2	3
17. I feel that my sound issues will only get worse with time.	0	1	2	3
18. My sound issues impact my family relationships.	0	1	2	3
19. My sound issues have affected my ability to be with other people.	0	1	2	3
20. My sound issues have not been recognized as legitimate.	0	1	2	3
21. I am worried that my whole life will be affected by sound issues.	0	1	2	3

Patient Name _____ **Date** _____

- | | | | | |
|----|---|-----|-----------|----|
| 1. | Do you have trouble concentrating in a noisy or loud environment? | Yes | Sometimes | No |
| 2. | Do you have trouble reading in a noisy or loud environment? | Yes | Sometimes | No |
| 3. | Do you ever use earplugs or earmuffs to reduce your noise perception? (Do not consider the use of hearing protection during abnormally high exposure situations.) | Yes | Sometimes | No |
| 4. | Do you find it harder to ignore sounds around you in everyday situations? | Yes | Sometimes | No |
| 5. | Do you find it difficult to listen to speaker announcements (such as airport, airplanes, trains, etc.)? | Yes | Sometimes | No |
| 6. | Are you particularly sensitive to or bothered by street noise? | Yes | Sometimes | No |
| 7. | Do you "automatically" cover your ears in the presence of somewhat louder sounds? | Yes | Sometimes | No |

F Subscale Total _____

- | | | | | |
|-----|--|-----|-----------|----|
| 8. | When someone suggests doing something (going out, to the cinema, to a concert, etc.), do you immediately think about the noise you are going to have to put up with? | Yes | Sometimes | No |
| 9. | Do you ever turn down an invitation or not go out because of the noise you would have to face? | Yes | Sometimes | No |
| 10. | Do you find the noise unpleasant in certain social situations (e.g., nightclubs, pubs or bars, concerts, firework displays, cocktail receptions)? | Yes | Sometimes | No |
| 11. | Has anyone you know ever told you that you tolerate noise or certain kinds of sounds badly? | Yes | Sometimes | No |
| 12. | Are you particularly bothered by sounds others are not? | Yes | Sometimes | No |
| 13. | Are you afraid of sounds that others are not? | Yes | Sometimes | No |

S Subscale Total _____

- | | | | | |
|-----|--|-----|-----------|----|
| 14. | Do noise and certain sounds cause you stress and irritation? | Yes | Sometimes | No |
| 15. | Are you less able to concentrate in noise toward the end of the day? | Yes | Sometimes | No |
| 16. | Do stress and tiredness reduce your ability to concentrate in noise? | Yes | Sometimes | No |
| 17. | Do you find sounds annoy you and not others? | Yes | Sometimes | No |
| 18. | Are you emotionally drained by having to put up with all daily sounds? | Yes | Sometimes | No |
| 19. | Do you find daily sounds having an emotional impact on you? | Yes | Sometimes | No |
| 20. | Are you irritated by sounds others are not? | Yes | Sometimes | No |

E Subscale Total _____

Subscale Total _____