

Duke Misophonia Interview (DMI) Version 2.0

Administration and scoring guide

Summary

The DMI is a 22-item semi-structured clinical interview used to assess an individual's experience of misophonia within the past month, as well as over their life more broadly. The DMI was developed to be administered in both research and clinical settings. For most people, the interview takes less than one hour to complete.

The structure of the DMI was primarily informed by several widely used and psychometrically validated clinical interviews, including the Clinician-Administered PTSD Scale for *DSM-5*¹ and the Anxiety Disorders Interview Schedule for *DSM-5*².

Guidelines for Administration

First, administer the Duke Misophonia Trigger Checklist (see addendum) to identify respondent's relevant misophonic triggers. The checklist increases interview efficiency and consistency by (a) helping to determine presence or absence of triggers and (b) prompting respondents to select the three most bothersome noises before beginning the DMI.

Distress from past month misophonia symptoms will be rated on a subjective units of distress scale (SUDS) of 1 (lowest) to 10. Help the respondent to identify anchors at both ends of the scale (1 = memory of event where respondent experiences calmness and an absence of psychological distress; 10 = memory of event associated with the highest lifetime psychological distress). These can be specific memories (e.g., "when I had a panic attack on the flight to New York") or classes of events ("when I'm having a panic attack"), but specificity and salience of anchor is strongly recommended to enhance reliability and validity of responses.

Bolded language should be read verbatim to the respondent. *Italicized and bracketed language*, including behavioral anchors provided within the dimensional rating system, is to clarify interview instructions and is not meant to be read aloud.

¹ Weathers, F. W., Bovin, M. J., Lee, D. J., Sloan, D. M., Schnurr, P. P., Kaloupek, D. G., ... & Marx, B. P. (2018). The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5): Development and initial psychometric evaluation in military veterans. *Psychological Assessment, 30*(3), 383.

² Brown, T. A., & Barlow, D. H. (2014). *Anxiety and related disorders interview schedule for DSM-5, adult and lifetime version: clinician manual*. Oxford University Press.

If needed, use the respondent's preference for how they refer to misophonic triggering sounds throughout the interview. "BOTHERSOME NOISES" in parentheses throughout the DMI are meant to be replaced by respondents' language. This could be replaced, for example, with "trigger sounds," "triggers," "cues" or other synonyms preferred by the respondent.

The first prompt in each item is used to determine presence or absence of the symptom. If the respondent does not endorse the item, rate the symptom as absent (0) and move to the next item.

If, after asking all bolded prompts in an item, there is insufficient information to confidently assign a rating, you may ask additional similar probes, gather additional examples, or follow-up as needed until the item can confidently be completed.

Guidelines for Scoring

Items with a dimensional rating combine respondent information about the frequency and distress of a given symptom to determine a single severity rating.

Frequency is gathered as either the number of times the symptom has occurred in the past month or as the percentage of time the symptom is relevant in an average day (during waking hours). Frequency is recorded directly as reported by the individual.

Distress is captured by the individual's SUDS rating and description of the intensity of the symptom, on average, within the past month. Frequency and distress ratings are considered together when designating each item's severity score on a five-point Likert scale:

Absent (0): Individual did not endorse the symptom, or the reported experience did not align with the nomological conceptualization of the symptom.

Mild (1): Individual endorsed the symptom but does not experience the symptom at either a frequency or intensity that would be considered clinically significant.

Moderate (2): Individual's experience of the symptom is clinically significant (i.e., causes appreciable distress and occurs with enough frequency that would warrant intervention).

Severe (3): Individual's experience of the symptom is elevated in frequency and/or intensity and would be a main target for intervention.

Extreme (4): Individual's experience of the symptom is incapacitating and unmanageable and could be considered the primary target for intervention.

Although frequency and distress ratings are expected to be correlated across people, they will not always be congruent within an individual respondent. For example, an individual could be

triggered infrequently but when this happens, it causes significant distress. Alternatively, an individual could be triggered frequently by certain cues but not be bothered significantly by them. As a rule of thumb, use the anchors of minimum frequency and distress level provided for dimensional ratings. That said, if there are incongruent frequency and distress ratings, weigh the intensity (distress) of the symptom more so than the frequency. For example, if a symptom occurs once a month but is unmanageable (i.e., persists for a prolonged amount of time, creates ample distress that is difficult to decrease), you may rate the symptom as moderate, overriding the frequency anchor, if in line with clinical judgment. If unable to decide between two dimensional ratings, conservatively select the lower rating.

Impairment ratings are obtained for each item. These include continuous impairment ratings that capture the extent to which that symptom has impacted the individual's relationships with others, their ability to perform occupationally or academically, as well as any other adverse impact on their day-to-day life in the past month. Impairment ratings may incorporate information from behavioral observations, information gathered within a particular item and throughout the interview, and judgment regarding reporting style. However, the interviewer should rely most heavily on information obtained from the respondent about the impact of misophonia symptoms on their subjective experience of functional impairment. Each past-month item is rated on a 3-point Likert scale:

Absent (0): Individual did not endorse any adverse impact on day-to-day functioning.

Mild (1): Individual endorsed some functional impairment but is wholly manageable and would not be a target of intervention.

Moderate (2): Individual endorsed clinically meaningful functional impairment from the symptom and would warrant intervention.

Summary scores are calculated in four ways:

1. **Total:** Sum of all dimensional severity ratings for each past-month symptom (items 1-14) and continuous ratings for each global impact item (items 15-18)
2. **Current severity:** Sum of all dimensional severity ratings for each past-month symptom (items 1-14)
3. **Current impairment:** Sum of all continuous impairment ratings for each past-month symptom (items 1-14)
4. **Global impairment:** Sum of all continuous lifetime ratings (items 15-18)

Items assessing differential diagnosis of medical conditions (items 19-25) are designed to gain an understanding of related sensory symptoms and diagnoses that may be relevant to the

respondent. These items are rated either dimensionally or dichotomously but are not incorporated into any DMI outcome scores.

Because misophonia is not included in either the *DSM-5* or the *ICD* as a formal diagnosis, diagnostic status is unable to be determined by any measure of misophonia. As such, the DMI outcome scores are designed to be used as dimensional markers of misophonic distress, severity, and/or impairment.

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Presence of misophonic triggers

Decreased tolerance and heightened emotional, physiological, and/or behavioral distress in response to one (or more) of the following:

1. Auditory triggers (e.g., chewing, pen-clicking, sniffing, coughing, stomping, barking) produced by a human or non-human
2. Related sensory cues (e.g., chewing, hand rubbing, and/or the sight of someone or something producing the bothersome sounds that the individual cannot hear (e.g., the sight of someone biting their nails from across the room)).

Please complete this checklist of bothersome noises that you experience in your day-to-day life. Please let me know if you have any questions.

[Administer checklist of misophonia triggers and contexts.]

If it's OK with you, I'd like to ask you some more details about the sound(s) that you listed. First, I'll ask some general questions about the sounds and the ways in which they are distressing. Then I'll ask about how these sounds have affected you over the past month, as well as in your life more broadly. The interview is made up many questions. At times, I may ask you to hold onto something until later because the interview can be long and difficult to get through. At the end, there will be an opportunity to let me know anything that you hadn't yet shared with me. Does that sound OK?

Please let me know at any point if you have questions or would like me to clarify the instructions, timeframe, or anything else.

[Specify the bothersome sounds (1-3 noises) from the misophonia checklist:]

[If needed to clarify:] **Let's take a moment to figure this part out together because we will refer to these sounds throughout the interview. For some people, there is one type of sound that may be more bothersome based on the situation or who is making the sound. For others, there are multiple types of sounds. What we're interested in figuring out here is, for you, what are the most bothersome noise or noises on a day-to-day basis?**

Sound type(s):

Human-produced

Animal-produced

Environmental

At what age did you first notice being unusually upset by certain sounds? (Can be an approximate age and may use anchors: before 5-years-old and can't remember, between ages 6-10, sometime after you turned 10 but before you turned 18, or after you turned 18 as you were becoming an adult).

Since your misophonia symptoms began, have they steadily gotten worse, steadily gotten better, or stayed about the same? Have there been times when the symptoms went away and then they came back?

Does it matter who (if environmental: or what) makes these sounds?

Are certain situations worse than others (i.e., in quieter or louder environments)?

Throughout this interview, I want you to keep this past month in mind as I ask you about different symptoms related to misophonia. For each symptom I'll ask if you've experienced it this past month, and if so, how many times and how badly it's bothered you.

Lastly, I will also ask you to rate symptoms on a scale of 1 to 10, with 1 being the calmest you've ever been in your life, 10 being the most distressed you've been in your life, and 5 being right in the middle. This way, we can situate the distress from misophonia within the context of the stressors in your life more holistically. Can you tell me briefly – just in a few words – what your 1 and 10 would be? In other words, when you've been at your calmest and when you've been at your most distressed over your entire life?

[SUDS anchors to reference throughout interview:] 1 = _____ 10 = _____

Current (past month) symptoms

Item 1: Presence of recurring, bothersome sounds.

<p><i>Have you been bothered by (BOTHERSOME SOUNDS) in the past month?</i></p> <p><i>How many times have you been bothered by these sounds in the past month? # of times _____</i></p> <p><i>How much distress do these sounds cause you, altogether on a scale of 1-10 (where 1 is _____ and 10 is _____)?</i> SUDS rating: _____</p> <p><i>Distress: Minimal __ Clearly Present __ Pronounced __ Extreme __</i></p>	<p><u>Dimensional rating:</u></p> <p><input type="checkbox"/> 0 Absent</p> <p><input type="checkbox"/> 1 Mild (subthreshold)</p> <p><input type="checkbox"/> 2 Moderate (threshold)</p> <p><input type="checkbox"/> 3 Severe (elevated)</p> <p><input type="checkbox"/> 4 Extreme (incapacitating)</p> <hr/> <p><u>Dimensional rating = frequency / intensity of distress</u></p> <p>Moderate = at least 1-2 X day, more days than not / distress clearly present, some difficulty managing sound-related distress</p> <p>Severe = several X day, more days than not / pronounced distress, considerable difficulty managing sound-related distress</p>
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Item 2: Time spent on thinking about, responding to, or avoiding misophonic triggers.

<p><i>In the past month, what percentage of your average day, in your waking hours, is spent either thinking or worrying about (BOTHERSOME SOUNDS), or avoiding or responding to noises?</i> [If needed, clarify that this can include both deliberate and inadvertent attention.]</p> <p><i>% of time _____</i></p> <p><i>Are you able to redirect your attention or worry to other less bothersome thoughts?</i></p> <p><i>How much effort does that take?</i></p>	<p>___ 0 Absent / 0%</p> <p>___ 1 Mild / less than 20%</p> <p>___ 2 Moderate / 20-40%; able to redirect attention</p> <p>___ 3 Severe / 50-60%; difficulty redirecting attention</p> <p>___ 4 Extreme / more than 60%</p>
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Item 3: Negative and/or distressing thoughts that occur during the experience of misophonic sounds.

<p><i>In the past month, have you experienced negative or unpleasant thoughts <u>while</u> you are hearing a (BOTHERSOME SOUND), or in other words at the very time you were being triggered or upset by the sound?</i></p> <p><i>[If not clear:] What goes through your mind <u>while</u> you are hearing the noises?</i></p>	<p><u>Dimensional rating:</u></p> <p><input type="checkbox"/> 0 Absent</p> <p><input type="checkbox"/> 1 Mild (subthreshold)</p> <p><input type="checkbox"/> 2 Moderate (threshold)</p> <p><input type="checkbox"/> 3 Severe (elevated)</p> <p><input type="checkbox"/> 4 Extreme (incapacitating)</p>
<p><i>Do you have trouble dismissing or getting rid of these negative thoughts? [If so:] How much effort does this take? How long do the thoughts stick with you?</i></p> <p><i>How often have you had these negative thoughts in the past month? # of times _____</i></p>	<p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / distressing thoughts clearly present, some difficulty dismissing negative thoughts</p> <p>Severe = several X day, more days than not / pronounced distressing thoughts, considerable difficulty managing or dismissing negative thoughts</p>
<p><i>On a scale from 1 to 10 (where 1 is _____ and 10 is _____), how much do these thoughts bother you? SUDS rating: _____</i></p> <p><i>Distress: Minimal ___ Clearly Present ___ Pronounced ___ Extreme ___</i></p> <p><i>To what extent have these negative thoughts caused problems in your life in the past month? At work/in school? How about in your relationships?</i></p>	<p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment</p> <p><input type="checkbox"/> 1 Subthreshold</p> <p><input type="checkbox"/> 2 Clinical impairment</p>

Item 4: Intrusive thoughts, perseveration and/or rumination about prior misophonic sounds.

<p><i>In the past month, have you had unwanted thoughts about <u>prior</u> instances of (BOTHERSOME SOUNDS)? Or in other words, thoughts about sounds or your reaction to the sounds about sounds in the past?</i></p> <p><i>Can you give me some examples?</i></p> <p><i>How long do these thoughts stay with you after the sounds have stopped?</i> (In seconds, minutes, hours, days?)</p> <p><i>How much effort does it take to get rid of those thoughts?</i> (What kinds of things do you do to get rid of the thoughts?)</p> <p><i>How many times have you had these distressing thoughts that stick with you in the past month? # of times _____</i></p> <p><i>On a scale from 1 to 10 (where 1 is _____ and 10 is _____), how much do these unwanted thoughts about past sounds bother you? SUDS rating: _____</i></p> <p><i>Distress: Minimal __ Clearly Present __ Pronounced __ Extreme __</i></p> <p><i>To what extent have these thoughts caused problems in your life in the past month? At work/in school? How about in your relationships?</i></p>	<p><u>Dimensional rating:</u></p> <p><input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Mild (subthreshold) <input type="checkbox"/> 2 Moderate (threshold) <input type="checkbox"/> 3 Severe (elevated) <input type="checkbox"/> 4 Extreme (incapacitating)</p> <hr/> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / distress clearly present, some difficulty dismissing intrusive thoughts</p> <p>Severe = several X day, more days than not / pronounced distress, considerable difficulty dismissing intrusive thoughts hours or days later</p> <hr/> <p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment <input type="checkbox"/> 1 Subthreshold <input type="checkbox"/> 2 Clinical impairment</p>
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Item 5: Experience of negative emotions when triggered by misophonic sounds.

<p><i>In the past month, have you experienced negative emotions <u>while</u> you are hearing a (BOTHERSOME SOUND), or in other words, when triggered or upset by the sound?</i></p> <p><i>Can you list some examples of those negative emotions that come up?</i></p> <p>[If not already listed, probe for basic and social emotions]: <i>Have you experienced anger, irritation, disgust, or anxiety? Any other emotions?</i></p> <p><i>How many times have you had these negative emotions <u>when triggered by sounds in the past month?</u> # of times _____</i></p> <p><i>How strong are these emotions? (Are you able to calm down from these emotions? How long does that take?)</i></p> <p><i>On a scale of 1-10 (where 1 is _____ and 10 is _____)?, how much are you bothered by these emotions in the moments while the (BOTHERSOME SOUNDS) are occurring? SUDS rating: _____</i></p> <p><i>Distress: Minimal __ Clearly Present __ Pronounced __ Extreme __</i></p> <p><i>To what extent have these emotions while sounds occur caused problems in your life in the past month? At work/in school? How about in your relationships?</i></p>	<p><u>Dimensional rating:</u></p> <p><input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Mild (subthreshold) <input type="checkbox"/> 2 Moderate (threshold) <input type="checkbox"/> 3 Severe (elevated) <input type="checkbox"/> 4 Extreme (incapacitating)</p> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / distress clearly present, some difficulty managing negative emotions</p> <p>Severe = several X day, more days than not / pronounced distress, considerable difficulty managing negative emotions</p> <p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment <input type="checkbox"/> 1 Subthreshold <input type="checkbox"/> 2 Clinical impairment</p>
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Item 6: Experience of feeling misunderstood or detached from others due to misophonia symptoms.

<p><i>In the past month, have you felt misunderstood or cut off from others around you because of misophonia?</i></p> <p><i>Can you tell me more about that?</i> [Ascertain relation to misophonia vs. a broader behavioral pattern of estrangement from others].</p> <p><i>How much of the time in the past month have you felt that way, as a percentage of time? % of time _____</i></p> <p><i>On a scale from 1 to 10 (where 1 is _____ and 10 is _____), how much distress does this feeling of being cut off from others cause you? SUDS rating: _____</i></p> <p><i>Distress: Minimal __ Clearly Present __ Pronounced __ Extreme __</i></p> <p><i>To what extent has this feeling of detachment caused problems in your life in the past month? At work/in school? How about in your relationships?</i></p>	<p><u>Dimensional rating:</u></p> <p><input type="checkbox"/> 0 Absent</p> <p><input type="checkbox"/> 1 Mild (subthreshold)</p> <p><input type="checkbox"/> 2 Moderate (threshold)</p> <p><input type="checkbox"/> 3 Severe (elevated)</p> <p><input type="checkbox"/> 4 Extreme (incapacitating)</p> <hr/> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = some of the time (20-40%) / feelings of detachment clearly present</p> <p>Severe = much of the time (50-60%) / pronounced tendency to feel misunderstood or detached from others</p> <hr/> <p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment</p> <p><input type="checkbox"/> 1 Subthreshold</p> <p><input type="checkbox"/> 2 Clinical impairment</p>
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Item 7: Physiological reactions to misophonic triggers.

<p><i>In the past month, have you experienced physical reactions or changes in your body while you are hearing a (BOTHERSOME SOUND), or in other words at the very time you were being actively triggered or upset by the sound?</i></p> <p><i>Can you give me some examples of what you feel in your body? (Does your heart race or your breathing change? What about sweating or feeling really tense or shaky? Or any physical pain?)</i></p> <p><i>How much time does it take (in seconds, minutes) for your body to be less physiologically tense or keyed up, or in other words, for your body to calm down to where it was before you started to get triggered?</i></p> <p><i>How many times have you had physical reactions in response to bothersome sounds in the past month? # of times _____</i></p> <p><i>How much distress do these physical reactions cause you on a scale of 1 to 10 (where 1 is _____ and 10 is _____)?</i> SUDS rating: _____</p> <p><i>Distress: Minimal ___ Clearly Present ___ Pronounced ___ Extreme ___</i></p> <p><i>To what extent have these physical symptoms caused problems in your life in the past month? At work/in school? How about in your relationships?</i></p>	<p><u>Dimensional rating:</u></p> <p><input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Mild (subthreshold) <input type="checkbox"/> 2 Moderate (threshold) <input type="checkbox"/> 3 Severe (elevated) <input type="checkbox"/> 4 Extreme (incapacitating)</p> <hr/> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / reactivity clearly present, some difficulty recovering</p> <p>Severe = several X day, more days than not / pronounced reactivity, considerable difficulty recovering</p> <hr/> <p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment <input type="checkbox"/> 1 Subthreshold <input type="checkbox"/> 2 Clinical impairment</p>
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Item 8: Hypervigilance associated with anticipating misophonic triggers.

<p><i>In the past month, in the moments or hours in between when you're triggered by sounds, have you been scanning or on the look-out for noises?</i></p> <p><i>What does that look like for you?</i> (What kinds of things do you do when you're feeling "on-guard" for noises?)</p> <p><i>How much of the time in the past month have you felt that way, as a percentage of time?</i> % of time _____</p> <p><i>How much distress does the scanning for sounds cause you on a scale of 1 to 10 (where 1 is _____ and 10 is _____)?</i> SUDS rating: _____</p> <p><i>Distress: Minimal</i> __ <i>Clearly Present</i> __ <i>Pronounced</i> __ <i>Extreme</i> __</p> <p><i>To what extent has this hypervigilance caused problems in your life in the past month? At work/in school? How about in your relationships?</i></p>	<p><u>Dimensional rating:</u></p> <p><input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Mild (subthreshold) <input type="checkbox"/> 2 Moderate (threshold) <input type="checkbox"/> 3 Severe (elevated) <input type="checkbox"/> 4 Extreme (incapacitating)</p> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = some of the time (20-40%) / hypervigilance clearly present</p> <p>Severe = much of the time (50-60%) / pronounced hypervigilance</p> <p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment <input type="checkbox"/> 1 Subthreshold <input type="checkbox"/> 2 Clinical impairment</p>
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Item 9: Verbal or physical aggression in response to misophonic sounds.

<p><i>In the past month, have there been times when you've been so bothered by sounds that you show irritability or aggression in your behavior?</i></p> <p><i>How do you show it in your behavior?</i> (In your voice? In your actions towards objects or other people?)</p> <p><i>To whom do you direct this behavior?</i> (Towards friends or family? Strangers?)</p> <p><i>How many times have you shown your irritability or anger in your behavior in the past month? # of times _____</i></p> <p><i>On a scale of 1-10 (where 1 is _____ and 10 is _____), how bothered are you by these irritable or aggressive responses?</i> SUDS rating: _____</p> <p>Aggression: Verbal ___ Physical ___</p> <p>Distress: Minimal ___ Clearly Present ___ Pronounced ___ Extreme ___</p> <p><i>To what extent has this irritability or aggression caused problems in your life in the past month? At work/in school? How about in your relationships?</i></p>	<p><u>Dimensional rating:</u></p> <p>___ 0 Absent ___ 1 Mild (subthreshold) ___ 2 Moderate (threshold) ___ 3 Severe (elevated) ___ 4 Extreme (incapacitating)</p> <hr/> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / verbal aggression clearly present, some difficulty managing aggression</p> <p>Severe = several X day, more days than not / physical aggression present, considerable difficulty managing aggression</p> <hr/> <p><u>Impairment rating:</u></p> <p>___ 0 No impairment ___ 1 Subthreshold ___ 2 Clinical impairment</p>
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Item 10: Deliberate efforts to avoid situations, people, or places that may elicit misophonic responses.

<p><i>In the past month, have you avoided certain people, places, or situations in order to minimize exposure to or contact with (BOTHERSOME SOUNDS)?</i></p> <p><i>Who or what do you avoid?</i></p> <p><i>How much effort do you put into avoiding these people or situations? (Do you have to rearrange your plans in order to avoid the sounds?)</i></p> <p><i>How many times in the past month have you avoided people, places, or situations? # of times _____</i></p> <p><i>On a scale of 1-10 (where 1 is _____ and 10 is _____), much distress does avoiding certain things cause you?</i> SUDS rating: _____</p> <p><i>Distress: Minimal __ Clearly Present __ Pronounced __ Extreme __</i></p> <p><i>How often, or to what extent, is your avoidance of these sounds causing problems in your life – either at school, work, or in relationships – in the past month?</i></p> <p><i>How would your life be different if you did not have to avoid these things?</i></p> <p><i>To what extent do you find your avoidance is helpful and effective?</i></p>	<p><u>Dimensional rating:</u></p> <p><input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Mild (subthreshold) <input type="checkbox"/> 2 Moderate (threshold) <input type="checkbox"/> 3 Severe (elevated) <input type="checkbox"/> 4 Extreme (incapacitating)</p> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / avoidance of misophonic situations clearly present</p> <p>Severe = several X day, more days than not / considerable avoidance of misophonia present</p> <p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment <input type="checkbox"/> 1 Subthreshold <input type="checkbox"/> 2 Clinical impairment</p>
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Item 11: Desire to escape from triggering situations.

<p><i>In the past month, when you have <u>not</u> been able to avoid situations with (BOTHERSOME SOUNDS), have you had the urge or needed to escape from (BOTHERSOME SOUNDS)?</i></p> <p><i>What happens if you cannot escape? What do you experience?</i></p> <p><i>How many times have you felt the urge or needed to escape in the past month? # of times _____</i></p> <p><i>If you were <u>unable</u> to escape from a situation with a sound, how much distress would you be in on a scale of 1-10 (where 1 is _____ and 10 is _____)? SUDS rating: _____</i></p> <p><i>Distress: Minimal ___ Clearly Present ___ Pronounced ___ Extreme ___</i></p> <p><i>How often, or to what extent, is escaping these sounds causing problems in your life – either at school, work, or in relationships – in the past month?</i></p> <p><i>To what extent do you find escaping certain situations healthy and effective?</i></p> <p><i>How would your life be different if you did not feel the urge to escape or need to escape from certain situations?</i></p>	<p><u>Dimensional rating:</u></p> <p><input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Mild (subthreshold) <input type="checkbox"/> 2 Moderate (threshold) <input type="checkbox"/> 3 Severe (elevated) <input type="checkbox"/> 4 Extreme (incapacitating)</p> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / escape urges and behavior clearly present</p> <p>Severe = several X day, more days than not / pronounced escape urges and behavior</p> <p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment <input type="checkbox"/> 1 Subthreshold <input type="checkbox"/> 2 Clinical impairment</p>
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Item 12: Self-destructive behavior to manage misophonia-related distress (i.e. self-harm, excessive drinking, or self-medicating).

<p><i>In the past month, have you engaged in behavior that might have caused you physical harm in order to manage or cope with (BOTHERSOME SOUNDS)?</i></p> <p><i>Can you tell me more about that?</i></p> <p><i>How many times have you engaged in those behaviors in the past month? # of times _____</i></p> <p><i>On a scale of 1-10 (where 1 is _____ and 10 is _____), how much distress have these harmful behaviors caused you?</i> SUDS rating: _____</p> <p><i>Distress: Minimal __ Clearly Present __ Pronounced __ Extreme __</i></p> <p><i>To what extent have these behaviors caused problems in your life in the past month? At work/in school? How about in your relationships?</i></p>	<p><u>Dimensional rating:</u></p> <p><input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Mild (subthreshold) <input type="checkbox"/> 2 Moderate (threshold) <input type="checkbox"/> 3 Severe (elevated) <input type="checkbox"/> 4 Extreme (incapacitating)</p> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / possible risk or reckless behavior due to misophonia clearly present</p> <p>Severe = several X day, more days than not / pronounced risk or actual harm (Presence of SI/HI/NSSI warrants at least a severe rating)</p> <p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment <input type="checkbox"/> 1 Subthreshold <input type="checkbox"/> 2 Clinical impairment</p>
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Global impact symptoms

Item 13: Interference in interpersonal relationships.

<p><i>Over your lifetime, have your misophonia symptoms impacted your relationships with family, friends, or peers/colleagues?</i></p> <p><i>In what ways?</i></p> <p><i>How would your relationships be different if misophonia weren't a problem?</i></p>	<p><input type="checkbox"/> 0 Absent / no impact</p> <p><input type="checkbox"/> 1 Mild / minimal impact</p> <p><input type="checkbox"/> 2 Moderate / impairment clearly present, but still able to engage in relationships</p> <p><input type="checkbox"/> 3 Severe / elevated impairment with few aspects of relationships intact</p> <p><input type="checkbox"/> 4 Extreme / unable to engage in relationships due to misophonia</p>
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Item 14: Interference in work/school or other areas of everyday life.

<p><i>Over your lifetime, have your misophonia symptoms impacted your ability to work/school, or your quality of work?</i></p> <p>[If not clear:] <i>In what ways?</i></p> <p><i>Have your symptoms impacted any other important parts of your life?</i> (Like parenting, participation in other important hobbies, volunteering, hygiene)</p>	<p><input type="checkbox"/> 0 Absent / no impact</p> <p><input type="checkbox"/> 1 Mild / minimal impact</p> <p><input type="checkbox"/> 2 Moderate / impairment clearly present, but still able to participate in work or school meaningfully</p> <p><input type="checkbox"/> 3 Severe / elevated impairment with few aspects of work or school functioning meaningfully</p> <p><input type="checkbox"/> 4 Extreme / unable to engage in school or work due to misophonia</p>
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Item 15: Impairment to self-concept; negative attitudes or beliefs about the self as related to misophonia or misophonic reactions.

<p><i>Over your lifetime, have your misophonia symptoms impacted the way you view yourself or feel about yourself?</i></p> <p>[If not clear:] <i>How do you feel about the fact that you are more upset by these sounds compared to other people?</i></p> <p><i>Have you had any negative feelings such as guilt, shame, or regret about your misophonia symptoms or misophonia reactions?</i></p> <p><i>Have you ever hesitated from discussing your misophonia symptoms with others?</i></p> <p>[If so]: <i>Why is that?</i></p>	<p><input type="checkbox"/> 0 Absent</p> <p><input type="checkbox"/> 1 Mild / minimal distress</p> <p><input type="checkbox"/> 2 Moderate / distress present, but maintains balanced self-image</p> <p><input type="checkbox"/> 3 Severe / considerable distress, difficulty maintaining positive self-image</p> <p><input type="checkbox"/> 4 Extreme / incapacitating distress with immense difficulty maintaining positive self-image</p>
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Item 16: Global subjective distress.

<p><i>Thinking about all of the symptoms we've talked about together, how much have you been bothered by misophonia in the past month on a scale of 1-10 (where 1 is _____ and 10 is _____)?</i></p> <p><i>What about over your lifetime? How much have all of these misophonia symptoms bothered you, on a scale of 1-10?</i></p> <p><i>How would your life be different if you did not struggle with misophonia?</i></p> <p>[Consider prior items' distress ratings]</p>	<p><input type="checkbox"/> 0 Absent</p> <p><input type="checkbox"/> 1 Mild / minimal distress</p> <p><input type="checkbox"/> 2 Moderate / distress present, but manageable</p> <p><input type="checkbox"/> 3 Severe / considerable distress, difficulty managing</p> <p><input type="checkbox"/> 4 Extreme / incapacitating distress with immense difficulty managing</p>
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Thank you for sharing all of these details with me. Before we switch gears, is there anything you would like to add? Any details about your experience with misophonia that I did not ask about or that you would like to share?

[Notes here:]

We'll switch gears here. I'm going to ask you about other sensitivities to other senses, as well as other medical conditions you may have been diagnosed with over your lifetime.

Differential assessment of medical conditions

Item 16: Intolerance to tactile sensory modality.

<p>Over your lifetime, have you been extraordinarily bothered by:</p> <p><i>Certain textures, like tags, seams, or certain fabrics, more so than others might be?</i></p> <p><i>How many times have you been bothered by textures in the past month? # of times _____</i></p> <p><i>How much distress have textures caused you in the past month, on a scale from 1-10? SUDS rating: _____</i></p> <p><i>Distress = Minimal __ Clearly Present __ Pronounced __ Extreme __</i></p> <p><i>To what extent has your sensitivity to textures caused problems in your life? At work/in school? How about in your relationships?</i></p>	<p><u>Dimensional rating</u></p> <p><input type="checkbox"/> 0 Absent</p> <p><input type="checkbox"/> 1 Mild (subthreshold)</p> <p><input type="checkbox"/> 2 Moderate (threshold)</p> <p><input type="checkbox"/> 3 Severe (elevated)</p> <p><input type="checkbox"/> 4 Extreme (incapacitating)</p> <hr/> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / distress clearly present</p> <p>Severe = several X day, more days than not / pronounced distress</p> <hr/> <p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment</p> <p><input type="checkbox"/> 1 Subthreshold</p> <p><input type="checkbox"/> 2 Clinical impairment</p>
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Item 17: Intolerance to visual sensory modality.

<p>How about being more bothered by visual sensations, such as brightness, light, color or movement, more so than other people?</p>	<p><u>Dimensional rating</u> __ 0 Absent __ 1 Mild (subthreshold) __ 2 Moderate (threshold) __ 3 Severe (elevated) __ 4 Extreme (incapacitating)</p>
<p>How many times have you been bothered by visual sensations in the past month? # of times _____</p> <p>How much distress have visual sensations caused you in the past month on a scale from 1-10? SUDS rating: _____</p> <p>Distress = Minimal __ Clearly Present __ Pronounced __ Extreme __</p>	<p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / distress clearly present</p> <p>Severe = several X day, more days than not / pronounced distress</p>
<p>To what extent has your visual sensitivity caused problems in your life? At work/in school? How about in your relationships?</p>	<p><u>Impairment rating:</u> __ 0 No impairment __ 1 Subthreshold __ 2 Clinical impairment</p>

Item 18: Intolerance to olfactory sensory modality.

<p>What about being more sensitive to smells, like perfumes, soaps, or cleaning agents, more so than other people?</p> <p>How many times have you been bothered by smells in the past month? # of times _____</p> <p>How much distress have smells caused you in the past month, on a scale from 1-10? SUDS rating: _____</p> <p><i>Distress = Minimal ___ Clearly Present ___ Pronounced ___ Extreme ___</i></p> <p>To what extent has your sensitivity to smells caused problems in your life? At work/in school? How about in your relationships?</p>	<p><u>Dimensional rating</u></p> <p>___ 0 Absent ___ 1 Mild (subthreshold) ___ 2 Moderate (threshold) ___ 3 Severe (elevated) ___ 4 Extreme (incapacitating)</p> <hr/> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / distress clearly present</p> <p>Severe = several X day, more days than not / pronounced distress</p> <hr/> <p><u>Impairment rating:</u></p> <p>___ 0 No impairment ___ 1 Subthreshold ___ 2 Clinical impairment</p>
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Item 19: Intolerance to gustatory sensory modality.

<p><i>And what about being sensitive to qualities of taste, like saltiness or bitterness, or certain food consistencies, more so than other people?</i></p> <p><i>How many times have you been bothered by qualities of taste in the past month? # of times _____</i></p> <p><i>How much distress have tastes caused you in the past month, on a scale from 1-10? SUDS rating: _____</i></p> <p><i>Distress = Minimal __ Clearly Present __ Pronounced __ Extreme __</i></p> <p><i>To what extent has your sensitivity to qualities of taste caused problems in your life? At work/in school? How about in your relationships?</i></p>	<p><u>Dimensional rating</u></p> <p><input type="checkbox"/> 0 Absent</p> <p><input type="checkbox"/> 1 Mild (subthreshold)</p> <p><input type="checkbox"/> 2 Moderate (threshold)</p> <p><input type="checkbox"/> 3 Severe (elevated)</p> <p><input type="checkbox"/> 4 Extreme (incapacitating)</p> <hr/> <p><u>Dimensional rating = frequency / distress intensity</u></p> <p>Moderate = at least 1-2 X day, more days than not / distress clearly present</p> <p>Severe = several X day, more days than not / pronounced distress</p> <hr/> <p><u>Impairment rating:</u></p> <p><input type="checkbox"/> 0 No impairment</p> <p><input type="checkbox"/> 1 Subthreshold</p> <p><input type="checkbox"/> 2 Clinical impairment</p>
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Item 20: Prior diagnosis of hyperacusis.

Over your lifetime, have you ever experienced pain or an uncomfortable physical sensation within your ear when exposed to sound? Do noises ever sound much louder to you than to those around you, and as a result of loudness specifically cause you distress? [Clarify this is related to the volume/loudness of the sound, not the content of the sound itself].

Have you ever been diagnosed with hyperacusis? Y N

Item 21: Prior diagnosis of tinnitus.

Have you ever been diagnosed with tinnitus? Y N

Over your lifetime, have you ever experienced a persistent and distressing ringing or buzzing in one or both of your ears? [Clarify that the buzzing can come and go and may be associated with hearing loss].

Item 22: Prior psychiatric diagnoses.

Over your lifetime, have you ever received treatment for any mental health conditions or been diagnosed with any psychiatric disorders? If so, do you you know the names of the mental health problems you have been diagnosed with having?

[List dx:]

Duke Misophonia Interview Addendum

Misophonia Trigger Checklist

→ Here is a list of sounds or sights that people are sometimes intensely bothered by. Please check off the ones that apply to you:

- People making mouth sounds while eating (e.g., chewing, crunching)
- People making repetitive sounds (e.g., typing, tapping nails on table, pen clicking, writing, construction work, using machinery)
- People making nasal sounds (e.g., inhaling, exhaling, sniffing, nose whistling)
- People making throat sounds (e.g., throat-clearing, coughing)
- People making mouth sounds when not eating (e.g., making the "tsk" sound, heavy breathing, snoring, whistling)
- Rustling or tearing objects (e.g., paper, plastic)
- Certain consonants or vowels (e.g., "k" sounds, "s" sounds)
- Body or joint sounds (e.g., snapping fingers, cracking joints, jaw clicking)
- Rubbing sounds (e.g., hands on pants, hands against one another)
- Stomping or loud walking (e.g., heels clicking, flip flops, etc.)
- Muffled sounds separated by a wall (e.g., voices, TV)
- Repetitive sounds not made by a person (e.g., clock ticking, air conditioner humming)
- Contact between hard objects (e.g., dishes clinking or scraping)
- Animal making repetitive sounds (e.g., licking, chirping, barking)
- Animals making eating sounds
- Seeing a sound produced without being able to hear it (e.g., watching TV with the volume off, seeing someone eating while wearing headphones)

___ Seeing someone do anything that might make a bothersome sound, before the sound occurs (e.g., seeing someone reach into a bag of chips, seeing someone pick up a glass of water)

___ Other (please describe): _____

___ I am not bothered by any sounds or sights that are associated with a sound

→ Please list the 2-3 specific sounds that are most bothersome to you:

→ Here is a list of some situations that may make misophonia-related distress worse. If applicable, please check off the ones that apply to you:

___ Being around certain *known* people (i.e., family members, loved ones, friends, coworkers)

___ Being around strangers

___ Certain quiet places (i.e. libraries, airplanes, movie theaters)

___ Certain loud places (i.e. sports games, restaurants)

___ When certain *things* are visible (i.e., an open bag of chips, soda can, signals or visual cues of misophonia triggers)

___ Certain internal experiences (i.e., trying to focus/relax, fatigue, illness, physical sensations, time of day, thoughts, emotions)

___ I am not more or less bothered by any particular situation(s)

→ If applicable, please list the 2-3 specific situations that are most bothersome to you:
