

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.		

Note: If items 1-15 are marked "no" and item 16 is marked "yes", do not move forward with the following sections.

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.
2. I felt anxious.
3. I felt disgusted.
4. I felt hateful
5. I felt panic
6. I felt hostile
7. I felt jittery.
8. I felt frustrated

Score	
--------------	--

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.
2. I trembled or shuddered.
3. My heart pounded or raced.
4. I started breathing intensely or forcefully.
5. I reflexively jumped.

Score	
-------	--

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

Score	
-------	--

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.
2. I used a different sound to drown the bothersome sound (e.g. turned on TV).
3. I used strategies to make myself less bothered by sounds I might hear (e.g. deep breathing, meditation, visualization).
4. I was on guard for bothersome sounds.
5. I distracted myself so as not to be bothered by a sound I might hear.
6. I made a plan to cope with bothersome sounds if they occurred.

Score	
-------	--

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

Score	
-------	--

For the following section, 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).
2. I listened to a comforting sound (e.g. white noise, music).
3. I did some relaxation exercises (e.g. deep breathing, meditation).
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).
5. I thought about strategies to help me cope better next time.

Score	
-------	--

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

Score	
-------	--

For the following section, please use the scale below:

0	1	2	3	4
Never	Rarely	Sometimes	Often	Always/almost always

Please rate how often your reaction to a bothersome sound/sounds has led you to think the following in the past month on average.

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

Score	
-------	--