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.

Duke Center for Misophonia and Emotion Regulation
psychcmer@dm.duke.edu

Duke Psychiatry & Behavioral Sciences
Duke University School of Medicine
Center for Misophonia and Emotion Regulation

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

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

Score	0

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 <u>on average</u>, 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
2.	I trembled or shuddered.	0
3.	My heart pounded or raced.	0
4.	I started breathing intensely or forcefully.	0
5.	I reflexively jumped.	0
	Score	0

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

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

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, <u>on average,</u> BEFORE HEARING a bothersome sound.

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

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

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

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, <u>on average</u>, AFTER HEARING a bothersome sound.

1.	I did something to comfort myself (e.g. exercised, went somewhere calming, pet animals).	0
2.	I listened to a comforting sound (e.g. white noise, music).	0
3.	I did some relaxation exercises (e.g. deep breathing, meditation).	0
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
5.	I thought about strategies to help me cope better next time.	0
	Score	0

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, <u>on average</u>.

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

Score	0

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, <u>on average</u>.

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

Score	0

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