

Name _____

Date _____

MISOPHONIA ASSESSMENT QUESTIONNAIRE: MAQ
Developed by Marsha Johnson, AuD; Adapted by Jaelline Jaffe, PhD
Twenty One Questions

If 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 "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. Sound issues I experience do not seem to have a known cause. 0 1 2 3
6. These sound issues make me feel helpless. 0 1 2 3
7. These sound issues interfere with my social life. 0 1 2 3
8. These sound issues make me feel isolated. 0 1 2 3
9. These sound issues create problems for me in groups. 0 1 2 3
10. These sound issues negatively affect my work or school life. 0 1 2 3
11. These sound issues make me feel frustrated. 0 1 2 3
12. These sound issues impact my entire life negatively. 0 1 2 3
13. The sound issues I experience make me feel guilty. 0 1 2 3
14. The sound issues I experience have been classified as 'crazy'. 0 1 2 3
15. I feel that no one can help me with these sound issues. 0 1 2 3
16. These 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. These sound issues impact my family relationships. 0 1 2 3
19. These sound issues affect my ability to be with other people. 0 1 2 3
20. Sound issues I experience 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

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MISOPHONIA

Please use BLACK or BLUE ink

When did you first notice symptoms or triggers? How much has the problem increased over time?

What sounds or other things trigger your reactions?

Describe the physical and emotional reactions that these triggers create.

To what degree do you experience these reactions (Scale 0-10)?

___ Fear	___ Loneliness	___ Suicidal Thoughts/Attempts	
___ Frustration	___ Helplessness	___ Self-Injury (Cutting, etc)	
___ Anger/Rage	___ Anxiety/Worry	___ Guilt	
___ Hatred	___ Sadness	___ Hopelessness	
___ Disgust	___ Bodily Tension	___ Desperation	
___ Judgment	___ Avoidance	___ Self-pity	_____ (Other)

What medications are you taking? Were you taking other meds when symptoms began?

What other medical conditions or disorders do you have?

What attempts, treatments or interventions have you undertaken to cope with these problems? How successful have you been with any of them? (Use another sheet if needed.)