

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## MISOPHONIA ASSESSMENT QUESTIONNAIRE (MAQ)

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

By Marsha Johnson, revised by Tom Dozier

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