

Misophonia Family/Significant Other Assessment Questionnaire

The F-MAQ, 2014, Dr. Marsha Johnson, AuD, can be used with permission.

RATING SCALE:

0 = not at all, 1 = a little of the time, 2 = a good deal of the time, 3 = almost all of the time

N/A = Not applicable/unable to answer

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| 1. Sound sensitivity issues significantly impact our family happiness. | 0 | 1 | 2 | 3 |
| 2. Sound sensitivity issues have significantly changed our regular family lifestyle. | 0 | 1 | 2 | 3 |
| 3. Sound sensitivity issues negatively impact our family's regular routines or habits. | 0 | 1 | 2 | 3 |
| 4. Sound sensitivity issues and negative impact are greater at home. | 0 | 1 | 2 | 3 |
| 5. Sound sensitivity issues and negative impact are greater outside the home. | 0 | 1 | 2 | 3 |
| 6. Sound sensitivity issues have impacted my marital life (routine habits and behaviors). | 0 | 1 | 2 | 3 |
| 7. Sound sensitivity issues have created significant stress between parents or adult members of the family. | 0 | 1 | 2 | 3 |
| 8. Sound sensitivity issues have created significant stress between siblings. | 0 | 1 | 2 | 3 |
| 9. Sound sensitivity issues have resulted in verbal arguments. | 0 | 1 | 2 | 3 |
| 10. Sound sensitivity issues have resulted in physical violence or attempted violence or threats of violence. | 0 | 1 | 2 | 3 |
| 11. Sound sensitivity issues disrupt our normal routine at home. | 0 | 1 | 2 | 3 |
| 12. Sound sensitivity issues disrupt out of the home activities, plans, travel, recreation, social, or other activities. | 0 | 1 | 2 | 3 |
| 13. I am one of the main triggers for the affected person. | 0 | 1 | 2 | 3 |
| 14. I am being asked to vary my own normal behaviors or actions to avoid triggering someone else. | 0 | 1 | 2 | 3 |
| 15. I feel that the sound sensitive person could control their negative reactions if they wanted. | 0 | 1 | 2 | 3 |
| 16. When I try to reach out and try to help, I feel that I am shut out and my approach is rejected. | 0 | 1 | 2 | 3 |
| 17. We have been unable to locate appropriate and effective treatment for our family member. | 0 | 1 | 2 | 3 |
| 18. I am worried or anxious about the future of our family life and the impact this condition will have. | 0 | 1 | 2 | 3 |

Total Score

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