

Misophonia History Questionnaire

Name:

Date Completed:

DOB:

Nature of the Misophonia

What sounds disturb you?

Usual site of the Misophonia?
(Please circle the correct site)

Left =Right

Left worse
than Right

Right worse
than Left

Central

Is the Misophonia constant or
intermittent?

Does the Misophonia
fluctuate in intensity?

What makes your
Misophonia worse?

What makes your
Misophonia better?

Misophonia History

When did you first become
aware of your Misophonia ?

When did your Misophonia
first become disturbing?

Under what circumstances did
the Misophonia start?

What do you consider to have
started the Misophonia?

Who have you consulted
about your Misophonia?

What have previous
professionals said your
Misophonia is due to?

What treatments have you tried for your Misophonia ?

None

Hearing Aid

Masker

TRT

Counselling

Music Therapy

Other - please comment

How successful did you find
these treatments?

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Have you ever?

Y/N Details/Comments

Been exposed to gunfire or explosion

--

Attended loud events e.g. music concerts or clubs

--

Had any noisy jobs

--

Had any noisy hobbies or home activities

--

Had any head injuries or concussion

--

Had any operations involving your ear or head

--

Taken any of the following medications:

Quinine, Quindidine, Streptomycin,

Kantamycin, Dihydrostreptomycin, Neomycin

Used solvents, thinners or alcohol based cleaners?

--

Do you?

Have loose dentures, jaw pain or grinding and clicking sensations in the jaw

--

Regularly take aspirin or dispirin

--

Have any feelings of ear pressure or blockage

--

Do you find exposure to moderately loud sounds make your Misophonia worse?

--

What is your current occupation?

--

General Hearing Problems

Y/N Details/Comments

Do you have any difficulties hearing when there is background noise?

--

Do you have difficulties understanding in one-to-one conversations?

--

Do you have difficulties hearing the TV?

--

Do you have difficulties hearing on the telephone?

--

Do you have any dizziness or balance problems?

--

Do you find external sounds unpleasant or uncomfortable?

--

Do you dislike certain external sounds?

--

Do you wear ear protection/ ear plugs?

--

Please rank the auditory problems you experience from most troublesome (1) to least troublesome (3)

	Hearing Loss
	Misophonia
	Sensitivity to Loud Sounds

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Effect of the Misophonia

- Over the past week, what percentage of the time you were awake were you aware of your Misophonia (e.g. 100% aware all the time, 25% aware ¼ or the time)?

- What percentage of the time was it disturbing?

- Does your Misophonia prevent you from getting to sleep at night? Y/N

- How many times per night did you awake in the last week?

- How has Misophonia affected your work life?

- How has Misophonia affected your home life?

- How has Misophonia affected your social activities?

Details/Comments

%	
%	

General Health

What is your general health like?

Are you taking any medications? (If yes, please specify)

Compensation

Are you currently pursuing any form of compensation, sickness benefit, DVA, motor vehicle accident claim or any other legal action in relation to your Misophonia ?

Y/N

Medical Contact Details

Name and Address of GP

Name and Address of ENT

I give consent to release results to my GP /ENT

signed

date

Is there anything else you would like to add that might be relevant to understanding what caused your Misophonia?