



## MISOPHONIA/HYPERACUSIS ASSESSMENT QUESTIONNAIR: MAQ

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

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

### Twenty One Questions

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