

Amsterdam Misophonia Scale (A-MISO-S)

CURRENT SEVERITY OF MISOPHONIA SYMPTOMS

This rating scale is designed to rate the severity and type of symptoms in patients with misophonia. In general, the items depend on the patient's report; however, the final rating is based on the clinical judgment of the interviewer. Rate the characteristics of each item during the prior week up until and including the time of the interview. Scores should reflect the average (mean) occurrence of each item for the entire week.

List of misophonic sounds, that trigger the most irritation, anger or disgust:

-
-
-

1. How much of your time is occupied by misophonic sounds? (How frequently do the (thoughts about the) misophonic sounds occur?)

None	<input type="checkbox"/>	0
Mild, less than 1 hr/day , or occasional (thoughts about) sounds (no more than 5 times a day).	<input type="checkbox"/>	1
Moderate, 1 to 3 hrs/day , or frequent (thoughts about) sounds (more that 8 times a day, most of the hours are unaffected).	<input type="checkbox"/>	2
Severe, greater than 3 hrs and up to 8 hrs/day or very frequent (thoughts about) sounds.	<input type="checkbox"/>	3
Extreme, greater than 8 hrs/day or near constant (thoughts about) sounds.	<input type="checkbox"/>	4

2. How much do these misophonic sounds interfere with your social or work (or role) functioning? (Is there anything that you don't do because of them? If currently not working determine how much performance would be affected if patient were employed.)

None	<input type="checkbox"/>	0
Mild, slight interference with social or occupational activities, but overall performance not impaired.	<input type="checkbox"/>	1
Moderate, definite interference with social or occupational performance, but still manageable.	<input type="checkbox"/>	2
Severe , causes substantial impairment in social or occupational performance.	<input type="checkbox"/>	3
Extreme , incapacitating.	<input type="checkbox"/>	4

3. How much distress do the misophonic sounds cause you? (In most cases, distress is equated with irritation, anger or disgust. Only rate the emotion that seems triggered by misophonic sounds, not generalized irritation or irritation associated with other conditions.)

None	<input type="checkbox"/>	0
Mild , occasional irritation/distress, not too disturbing.	<input type="checkbox"/>	1
Moderate , disturbing irritation/anger/disgust, but still manageable.	<input type="checkbox"/>	2
Severe , very disturbing irritation/anger/disgust.	<input type="checkbox"/>	3
Extreme , near constant and disabling anger/disgust.	<input type="checkbox"/>	4

4. How much of an effort do you make to resist the (thoughts about the) misophonic sounds? (How often do you try to disregard or turn your attention away from these sounds? Only rate effort made to resist, not success or failure in actually controlling the thought or sound.)

Makes an effort to always resist , or symptoms so minimal, doesn't need to actively resist.	<input type="checkbox"/>	0
Tries to resist most of the time.	<input type="checkbox"/>	1
Makes some effort to resist.	<input type="checkbox"/>	2
Yields to all (thoughts about) misophonic sounds without attempting to control them , but does so with some reluctance.	<input type="checkbox"/>	3
Completely and willingly yields to all obsessions.	<input type="checkbox"/>	4

5. How much control do you have over the misophonic sounds? (How successful are you in stopping or diverting your thinking about the misophonic sounds? Can you dismiss them?)

Complete control.	<input type="checkbox"/>	0
Much control , usually able to stop or divert thoughts about misophonic sounds with some effort and concentration.	<input type="checkbox"/>	1
Moderate control , sometimes able to stop or divert thoughts about misophonic sounds.	<input type="checkbox"/>	2
Little control , rarely successful in stopping or dismissing thoughts about misophonic sounds, can only divert attention with difficulty.	<input type="checkbox"/>	3
No control , experienced as completely involuntary, rarely able to even momentarily alter thinking about misophonic sounds.	<input type="checkbox"/>	4

6. Have you been avoiding doing anything, going any place or being with anyone because of your misophonia? (How much do you avoid, for example, by using other loud sounds, such as music?)

No deliberate avoidance.	<input type="checkbox"/>	0
Mild, minimal avoidance. Less than 1 hr/day , or occasional avoidance.	<input type="checkbox"/>	1
Moderate, some avoidance. 1 to 3 hrs/day and frequent avoidance.	<input type="checkbox"/>	2
Severe, much avoidance. Greater than 3 and up to 8 hrs/day. Very frequent avoidance.	<input type="checkbox"/>	3
Extreme, very extensive avoidance. Greater than 8 hrs/day. Patient does almost everything he/she can to avoid triggering symptoms.	<input type="checkbox"/>	4

Finally:

What would be the worst thing that could happen (to you) if you were not able to avoid the misophonic sounds?

Describe

Total score A-MISO-S: