## MuHa Questionnaire on the natural history, treatment and phenomenology of musical hallucinations

Questionnaire developed by Drs. J.A. Coebergh ${ }^{1,2,3}$, Prof. dr. I.E.C. Sommer ${ }^{4}$ and Dr. J.D. Blom ${ }^{5,6}$
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1 Department of Neurology, Haga Hospital, The Hague, the Netherlands
2 Department of Neurology, Ashford/St. Peter's Hospital, Chertsey, UK
3 Department of Neurology, St George's Hospital, Tooting, UK
4 Brain Division, UMC Utrecht, Utrecht, the Netherlands
5 Parnassia Psychiatric Institute, The Hague, the Netherlands
6 Department of Psychiatry, University of Groningen, Groningen, the
Netherlands
Patient Name:
Date of Birth:
File number:
Name of researcher:
Date of research:
Date of MRI:
Date on which the musical hallucinations began:
Number of years since onset:
Measurement number: 1/2/3/4/5

## 1 Type of music (open question)

What musical hallucinations have you heard for the past month? (Please write in detail: interrogate anthem, tearjerkers, carols, hymns, nursery rhymes, classical music, etc.) and is there delay in onset after external stimulation?

2 Quality of hallucinations
2.1 Does the music sound pure?

O Yes
O No
O Sometimes pure, sometimes false
2.2 Do you hear complete songs?

O Yes
O No, only fragments or fragments
O Both
2.3 Is the same music ever repeated?

O Yes, maximum consecutive times...
O No
2.4 Do you hear music you've previously heard?

O Yes, songs or music that I used to know
O Yes, songs or songs that I have just heard
O Other,
O No, I hear
2.5 How do you hear it?

O Through my ears, both sides
O Through my left ear
O Through my right ear
O Inside my head
O Both inside and outside my head
O Other, ....
O Do not know
2.6 From what direction does the music come?

O From the right side
O From the left side
O Straight from the front
O Right behind
O Above my head
O Below
O From the inside
O Other, ....
O Do not know
2.7 Is the type of music congruent with your mood?

O Yes, because .....
O No
O Other, ....
O Do not know
3 Frequency
3.1 On how many days of the past month have you experienced musical hallucinations?
1/2/3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25
/ 26/27/28/29/30/31
3.2 How many hours per day on average?

1/2/3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20/21/22/23/24
3.3 What number would you give between 0 (never) and 10 (continuous?) 0/1/2/3/4/5/6/7/8/9/10

4 Control
4.1 Can the musical hallucinations be influenced by distraction?

O Yes, namely .... The hallucinations are then .....
O No
O Do not know
4.2. Do you consciously control the hallucinations?

O Yes, namely .... The hallucinations are then .....
O No
O Do not know
4.3 Do you influence the choice of music / songs?

O Yes, namely .... The hallucinations are then .....
O No
O Do not know
4.4 Do you ever sing along with musical hallucinations?

O Yes
O No
4.5 Does it help to sing along with musical hallucinations?

O Yes, the hallucinations are then .....
O No
4.6 Do you have influence in other ways on the musical hallucinations?

O Yes, namely .....
O No
5 Effects on functioning
5.1 Are your musical hallucinations a nuisance/hindrance/annoyance?

O Yes
O No
O Sometimes, sometimes not
5.2 Do they disturb you at bedtime?

O Yes
O No
O Sometimes, sometimes not
5.3 Do they disturb you in conversation?

O Yes
O No
O Sometimes, sometimes not
5.4 Do they disturb you in concentrating?

O Yes
O No
O Sometimes, sometimes not
5.5 Do they make you feel like you are mentally ill? O Yes

O No
O Sometimes, sometimes not
5.6 Do they disturb you in another way?

O Yes, namely
O No
6 Influence of medication
6.1 What medications are you currently using?

Drug 1: Duration of use: Effect:
Drug 2: Duration of use: Effect:
Drug 3:
Duration of use:
Effect:
Drug 4:
Duration of use:
Effect:
Drug 5:
Duration of use:
Effect:
6.2 Does your medication help against the hallucinations?

O Yes, Drug (1/2/3/4/5)
O No
O Sometimes, sometimes not
O Do not know
6.3 Which influence has drug ( x ) on the musical hallucinations?

Repeat the question for any drug which affects the hallucinations!
O They disappeared
O They sound less loud
O They sound further away
O I hear them less often
O The quality of the music changes, namely, .......
O I have more influence on them
O They bother me less
O Other, namely
O Do not know
6.4 What medications have you tried in the past against the musical hallucinations? For how long? And to what effect?

| Drug 1: | Year: | Duration of use: | Effect: |
| :--- | :--- | :--- | :--- |
| Drug 2: | Year: | Duration of use: | Effect: |
| Drug 3: | Year: | Duration of use: | Effect: |
| Drug 4: | Year: | Duration of use: | Effect: |
| Drug 5: | Year: | Duration of use: | Effect: |

6.5 Have you tried other treatments against the musical hallucinations?

O Yes, namely ....
O No
7 Hallucinations last month
7.1 Have the musical hallucinations in the past month changed in severity?

O Yes, the severity has increased
O Yes, the severity decreased
O No, not changed

O Do not know
7.1.1 Please indicate on a scale of 0 to $10(0=$ no discomfort, $10=$ very severe) the severity of hallucinations in the past month and how it has developed (Indicated by an arrow, for example, from 3 to 5)

0/1/2/3/4/5/6/7/8/9/10
7.2 Have the musical hallucinations in the past month changed in frequency?

O Yes, the frequency is increased
O Yes, the frequency is decreased
O No, not changed
O Do not know
7.2.1 Please indicate on a scale of 0 to $10(0=$ never, $10=$ always $)$ how the frequency of hallucinations in the past month has developed (Indicated by an arrow, for example, from 3 to 5)

0/1/2/3/4/5/6/7/8/9/10
7.3 Have the musical hallucinations in the past month changed in volume?

O Yes, the volume has increased
O Yes, the volume has decreased
O No, not changed
O Do not know
7.3.1 Please indicate on a scale of 0 to $10(0=$ quiet, $10=$ deafening $)$ how the volume of hallucinations in the past month has developed (Indicated by an arrow, for example, from 3 to 5)

0/1/2/3/4/5/6/7/8/9/10
8 Hearing
8.1 Do you suffer from tinnitus?

O Yes, left since $\qquad$
O Yes, right since $\qquad$
O Yes, both sides since.....
O No
O Sometimes, sometimes not
8.2 Do you suffer from hearing loss?

O Yes, left since $\qquad$
O Yes, right since $\qquad$
O Yes, both sides since.....
O No
8.3 Is the hearing loss stable?

O Yes
O No, it worsens
O No, it improves
8.4 Do you have a hearing aid?

O Yes, since ...
O No
8.5 If you have a hearing aid: do you use this?

O Yes
O No
O Sometimes, sometimes not (explanation: $\qquad$
8.6 If you have a hearing aid: does this affect the musical hallucinations?

O Yes, they are less loud
O Yes, I hear them less frequently
O Yes, they bother me less
O Sometimes, sometimes not
O Other,
9 Hallucinations in other sensory modalities
9.1 Have you ever had other types of hallucination?

O Images, visions
O Deformations of normal observed objects
O Smells
O Strange taste
O Unexplained touch on the body
O Unexplained feelings in the body
O Sexual hallucinations
O Strange temperature
O Feeling as if my body or body parts move
O Feeling like a body part has another position
O Other, namely...
9.2 Did these occur simultaneously with musical hallucinations?

O Yes, along with the musical hallucinations
O Sometimes simultaneously, sometimes alternating
O No
9.3 Have you in the past month had other types of hallucinations?

O Images, visions
O Deformations of normal observed objects
O Smells
O Strange taste
O Unexplained touch on the body
O Unexplained feelings in the body
O Sexual hallucinations
O Strange temperature
O Feeling as if my body or body parts move
O Feeling like a body part has another position
O Other, namely...
9.4 Did these occur simultaneously with musical hallucinations?

O Yes, along with musical hallucinations
O Sometimes simultaneously, sometimes alternating
O No
10 Musicality
10.1 Are you musical?

O Yes (explanation: singing, instrument playing, composing, etc.?)
O No

### 10.2 Do you suffer from amusia?

O Yes (explanation: recognition of higher / lower frequencies/ tone / melody / emotional charge; inability to write music, whistle, sing, read, recognize, play music)

O No
11 Concluding questions
11.1 Are there other health problems that may affect the musical hallucinations?

O Yes, because
O No
11.2 Social isolation: Do you get help from family, neighbours or home support?

O Yes (note: $\qquad$ ..)
O No (note: .)
11.3 Loneliness: Do you feel lonely or even very lonely?

O Yes (note: $\qquad$
O No (note: .)
11.4 Are there other things that are important for this research?

O Yes, because
O No
11.5 Do you have any questions?

