

Autonomous Sensory Meridian Response (ASMR) questionnaire

Are you...

☐ Male ☐ Female ☐ Non-binary/other

What is your age?

[drop list of numbers]

Where are you located?

[drop list of locations]

Do you suffer from any chronic pain or illness?

☐ Yes ☐ No

Please specify.

Synaesthesia is defined as perception in one sense triggering sensation in another, unstimulated sense. For example, you may 'see' the letters as having colours, or sense shapes from music. For further elaboration, see here: <http://www.uksynaesthesia.com/whatis.html>

Do you have any type of synaesthesia?

☐ Yes ☐ No

If so, please elaborate.

Do you take any medications?

☐ Yes ☐ No

Please specify which medications you take.

Do you watch ASMR videos?

☐ Yes ☐ No

How many ASMR videos do you typically watch in a single session?

[drop list of numbers]

What time of day do you usually watch ASMR videos?

- ☐ Upon Waking
- ☐ Mid-morning
- ☐ Mid-day
- ☐ Afternoon
- ☐ Evening
- ☐ Before sleeping
- ☐ Whenever I have spare time

Do you require specific conditions to achieve ASMR?

- ☐ Yes ☐ No

Please briefly describe the conditions you require to achieve ASMR sensations (e.g. busy room, bright lighting, etc.)

Do you feel a tingling sensation when watching ASMR videos?

- ☐ Yes ☐ No

Are these tingling sensations triggered by specific stimuli?

- ☐ Yes ☐ No

Please tick all the items that trigger your tingling sensations while viewing ASMR videos.

- | | | |
|---|--|--|
| <input type="checkbox"/> Crisp sounds (e.g. tapping, crinkling plastic) | <input type="checkbox"/> Aeroplane noise | <input type="checkbox"/> Slow movements |
| <input type="checkbox"/> Whispering | <input type="checkbox"/> Laughing a lot and doing all the things that make you happy | <input type="checkbox"/> A specific combination of two or more of these options (please elaborate) |
| <input type="checkbox"/> Water pouring | <input type="checkbox"/> Smiling | <input type="checkbox"/> Other (please elaborate) |
| <input type="checkbox"/> Personal attention (e.g. face touching) | <input type="checkbox"/> Watching repetitive tasks (e.g. towel folding) | |
| <input type="checkbox"/> Vacuuming | | |

Please briefly elaborate on your selection of 'A specific combination of two or more of these options'.

Please briefly describe any 'other' triggers. Please separate triggers by commas (e.g. tickling, dog walking, trainspotting...).

Do any stimuli stop or prevent this tingling sensation from continuing?

☐ Yes ☐ No

What stimuli will stop any tingling sensation you are feeling? Please be brief and use as few words as possible.

Does this tingling sensation always originate in one area of your body?

☐ Yes ☐ No

Where can your tingles originate?

- | | | |
|------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Arms | <input type="checkbox"/> Legs |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Stomach/lower abdomen | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Genitals | |
| <input type="checkbox"/> Back | <input type="checkbox"/> Hips | |

Do you feel this tingling sensation more on one side of your body than the other?

☐ Yes, left ☐ Yes, right. ☐ No, both sides are the same.

Does the intensity of these tingles vary from session to session of ASMR video viewing?

☐ Yes ☐ No

Does the intensity of these tingles vary at different times during a session of ASMR video viewing?

☐ Yes ☐ No

What increases the intensity of the tingling sensation?

- | | | |
|---|---|--|
| <input type="checkbox"/> Sounds that I like | <input type="checkbox"/> Visuals I don't expect | <input type="checkbox"/> Sounds I don't expect |
| <input type="checkbox"/> Visuals that I like | <input type="checkbox"/> Sounds I don't like | <input type="checkbox"/> Other |
| <input type="checkbox"/> Visuals I don't like | | |

Does more intense tingling result in the sensation moving to other areas of your body?

☐ Yes ☐ No

Please tick the body areas that experience tingles when the sensation is most intense.

- | | | |
|------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Arms | <input type="checkbox"/> Legs |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Stomach/lower abdomen | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Genitals | |
| <input type="checkbox"/> Back | <input type="checkbox"/> Hips | |

How long does the tingling sensation normally last?

Is the tingling sensation triggered more easily by hearing in one ear than the other?

☐ Yes, my left ear. ☐ Yes, my right ear. ☐ No, both ears are the same.

Does your medication affect your experience of tingling at all?

☐ Yes ☐ No

At what age did you first experience this tingling sensation?

Do you have any family members that experience ASMR?

☐ Yes ☐ No ☐ Unsure/I've never asked

Are your tingling sensations/ASMR triggered by anything other than online videos?

☐ Yes ☐ No

What other stimuli trigger your tingling sensations/ASMR? Please describe briefly.

Please rate the following statements in terms of how true they are for you while experiencing tingles.

- My attention is focused entirely on what I am watching.

Not my experience at all					Completely representative of my experience
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

- My attention is focused entirely on what I am feeling.

Not my experience at all					Completely representative of my experience
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

- Time seems to alter (slow down or speed up).

Not my experience at all					Completely representative of my experience
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

- Things seem to happen automatically.

Not my experience at all					Completely representative of my experience
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

- It is no effort to keep my mind on what is happening.

Not my experience at all					Completely representative of my experience
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

- I feel totally in control.

Not my experience at all					Completely representative of my experience
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

- Time seems to stop.

Not my experience at all					Completely representative of my experience
1	2	3	4		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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- I am not worried about what people think of me.

Not my experience at all

1

2

3

4

5

Completely representative of my experience

○

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Do you feel that watching ASMR videos has an effect on your mood?

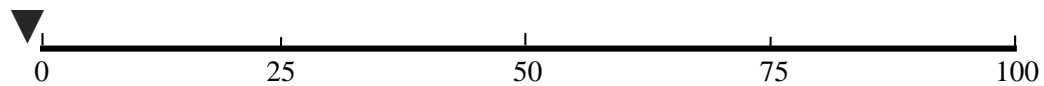
☐ Yes ☐ No

Please select the statement that most applies to you.

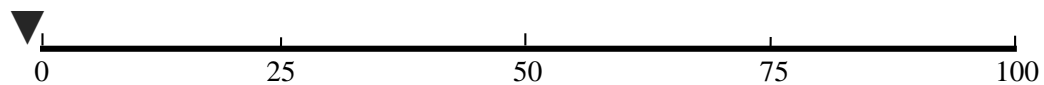
- ☐ I feel a change in my mood only when I experience tingling.
- ☐ I feel a change in my mood whether or not I experience tingling.
- ☐ I feel no change in my mood during ASMR.

How would you rate your mood in these instances? (0 = terrible, the / worst I've ever felt, 100 = Euphoric, the best I've ever felt)

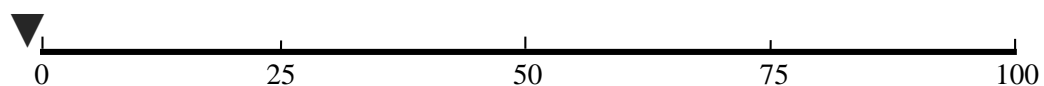
- My mood just before I watch ASMR videos



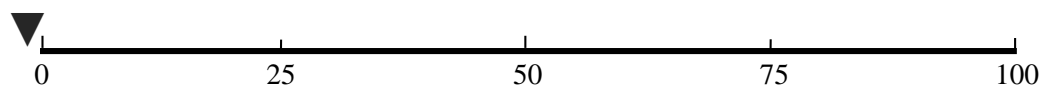
- My mood during a successful ASMR video session



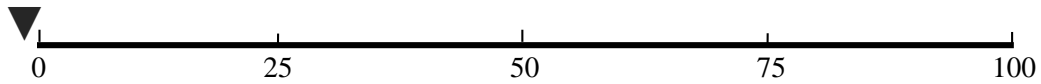
- My mood when I finish a successful ASMR video session



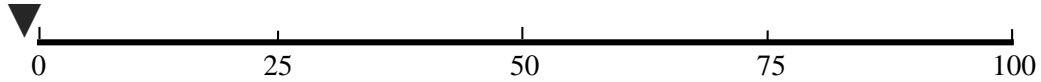
- My mood 30 minutes after a successful ASMR session



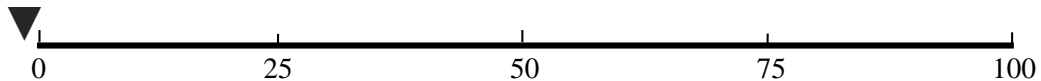
- My mood an hour after a successful ASMR video session



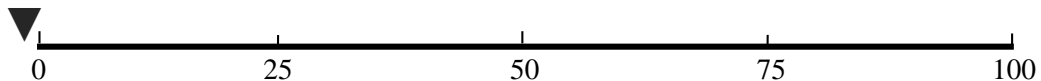
- My mood 3 hours after a successful ASMR session



- My mood the day after a successful ASMR video session



- My mood generally during day to day life



Do you feel that watching ASMR videos had an effect on your symptoms of chronic illness or pain?

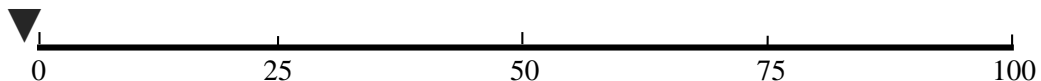
☐ Yes ☐ No

Please select the statement that most applies to you.

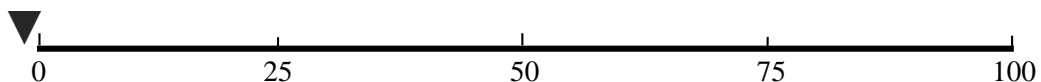
- ☐ I feel a change in my symptoms only when I experience tingling.
- ☐ I feel a change in my symptoms whether or not I experience tingling.
- ☐ I feel no change in my symptoms during ASMR.

PLEASE ANSWER ONLY IF YOU SUFFER FROM SYMPTOMS OF CHRONIC ILLNESS OR PAIN. How would you rate the intensity of your symptoms of chronic illness or pain at these times? 0 = No pain, I wouldn't know I had a condition, 100 = The worst I have ever felt my symptoms.

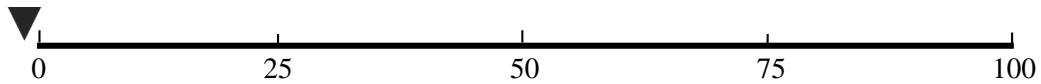
- Intensity of chronic illness/pain just before I watch ASMR videos.



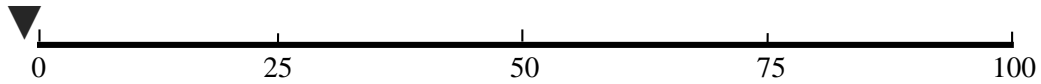
- Intensity of chronic illness/pain during an ASMR video session.



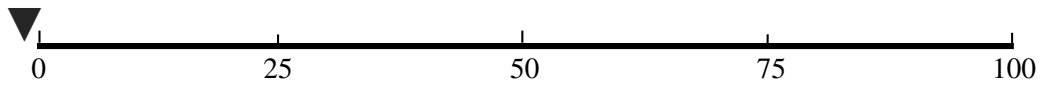
- Intensity of chronic illness/pain just after a successful ASMR video session.



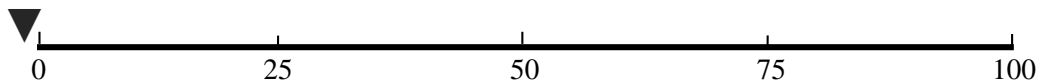
- Intensity of chronic illness/pain an hour after a successful ASMR video session.



- Intensity of chronic illness/pain the day after a successful ASMR video session.



- Intensity of chronic illness/pain during day to day life.



Do you feel that watching ASMR videos helps with your sleeping issues?

☐ Yes ☐ No

Please select the statement that most applies to you.

- ☐ I feel a change in my symptoms only when I experience tingling.
- ☐ I feel a change in my symptoms whether or not I experience tingling.
- ☐ I feel no change in my symptoms during ASMR.

Please rate the following statements in terms of how well you feel they apply to you and your experience of watching ASMR videos.

- I watch ASMR videos to relieve negative mood.

Not my experience at all					Completely representative of my experience
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

- I don't know why I watch ASMR videos.

Not my experience at all					Completely representative of my experience
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

- I enjoy ASMR videos.

Not my experience at all				Completely representative of my experience
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- I know what triggers my ASMR.

Not my experience at all				Completely representative of my experience
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- I enjoy the content of ASMR videos even without tingles.

Not my experience at all				Completely representative of my experience
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- I watch ASMR videos to relax.

Not my experience at all				Completely representative of my experience
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- I watch ASMR videos to deal with anxiety.

Not my experience at all				Completely representative of my experience
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- I watch ASMR videos to deal with stress.

Not my experience at all				Completely representative of my experience
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- I watch ASMR videos to help me sleep.

Not my experience at all				Completely representative of my experience
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- I watch ASMR videos as a hobby.

- I watch ASMR videos to help me focus.

- I watch ASMR videos to ease chronic physical pain.

- I watch ASMR videos for sexual stimulation.

- I watch ASMR videos to help with a mental health issue other than depression or anxiety.

- I watch ASMR videos to help with depression.

Not my experience at all

1 2 3 4 5

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Completely representative of my experience