

Hair Loss Questionnaire

Name: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Hair loss generally falls into one of the following categories. If you are experiencing **hair loss in patches**, please SKIP to Part II on page 4. If you are experiencing **diffuse (over a wide area) shedding or diffuse thinning**, please complete Part I.

Diffuse Shedding is defined as having an excessive number of hairs falling out daily. (Please complete Part 1).

Diffuse Thinning is defined as having less hair to cover your scalp, with or without excessive hairs lost each day (Please complete Part 1).

Patchy Loss is defined as having round or irregular areas of total hair loss, scalp, or other hair except male pattern baldness.

PART 1. DIFFUSE SHEDDING OR DIFFUSE THINNING

1. Do you feel you have been shedding an excessive number of hairs? (in the shower, tub, on the counter or on your pillow)? Yes or No
2. Do you feel that your scalp hair is slowly thinning out over the top without losing excessive numbers of hairs daily? Yes or No
3. Of the two events, which was the first thing you noticed? Shedding or Thinning
4. Are your hairs (please circle all the answers that apply)
 - a) Breaking off
 - b) Coming out with the root attached (white "club" root at the end)
5. Approximately how long have you noticed thinning or shedding?
_____ years _____ months
6. Is your hair loss (circle all that apply)
 - a) Diffusely (all over the scalp)?
 - b) Is it most noticeable over the top of your scalp?
7. Are you losing hair in areas other than your scalp? Yes or No
8. Is there a family history of males with pattern baldness? Yes or No
Is there a family history of females with thinning over the top of the scalp? Yes or No

(in the above questions please include grandparents, parents, siblings, children, aunts and uncles)

9. Please indicate what you eat on an average day. Please include breakfast, lunch and dinner. We are particularly interested in your protein intake.

Breakfast: _____

Lunch: _____

Dinner: _____

10. Past Medical History. Please specify if you have had a recent illness, surgery, fever, childbirth, or have been under unusual psychological stress. Please include dates beginning with the most recent.

11. List all medications you are currently taking or were taking six months prior to beginning your hair loss. Include all prescription medications, Aspirin, Tylenol, Advil, vitamins, hormones (natural and synthetic), birth control pills, herbal and naturopathic medications. Be sure to specify the dosage that you are taking . If you are taking Vitamin A, please include the number of units taken each day. Indicate when each medication was started.

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12. Have you been on a weight loss diet within the last six months? If so, how much weight have you lost and what type of diet were you on: _____

13. Do you have a history of thyroid disease or have you ever taken medication for an over or underactive thyroid? Yes or No

14. Have you ever been iron deficient or anemic? Yes or No

15. If your hair has been breaking off, please answer the following questions:

a) how frequently do you shampoo your hair _____

b) Do you blow dry or use a brush to style Yes or No

c) Do you permanently wave your hair and/or color treat your hair? If so, how frequently? ___

d) if you are African American, do you relax, hot comb or press your hair? If so, how frequently?

16. FOR WOMEN:

a) are you currently using birth control pills, Depo-Provera or Norplant? If yes, please indicate the brand, dosage, and start date: _____

b) have you stopped using birth control pills, Depo-provera or Norplant within the past year? If yes, please indicate the stop date: _____

c) do you menstruate? If so, please describe the duration and flow. Is it regular? _____

d) What is your pregnancy history: _____

e) do you have excessive hairs on your chin, face and chest, around the nipples, legs or abdomen (please circle all that apply)

f) Do you have acne, oily skin, or dandruff? (please circle all that apply)

g) Are you post menopausal? If so, at what age? _____ Normal or Surgical

h) are you on estrogen replacement? ___ if so, what age _____ For how long and how much

i) are you on progesterone replacement also? _____ If so, for how long and what dose _____

j) Have you had a hysterectomy? _____ If so, please indicate the date _____ were your ovaries removed? Yes or No

PART II. HAIR LOSS IN PATCHES

There are several types of hair loss occurring in round or extensive irregular patches, usually on the scalp. Answers to the following questions will assist us in learning more about your type of hair loss.

- 1) What is your ethnic or racial group? _____
- 2) Age of onset? (When was the first patch noticed) _____
- 3) Duration of hair loss _____
- 4) Duration of current episode? _____
- 5) Number of episodes of hair loss, assuming your hair regrew fully in between each episode. _____

- 6) What methods of treatment have you had and how did your hair loss respond? _____

- 7) What is the most extensive hair loss you have ever experienced? _____

- 8) Is hair being actively lost at present? _____
- 9) What sites on your body are affected by hair loss? Scalp only, eyebrows, eyelashes, pubic, axillary, extremities, beard in men? (Circle all that apply)
- 10) Are your fingernails normal?
- 11) Do you have any unusual skin eruptions? _____
- 12) Do you have a family history of asthma, eczema or hayfever? _____
- 13) Do you have a family history of patchy hair loss? _____
- 14) Do you have any autoimmune diseases such as vitiligo (loss of pigment), thyroid disease, lupus, rheumatoid arthritis, scleroderma (hardening of the skin) or insulin dependent diabetes (please circle all that apply)
- 15) Do you have any idea what triggers the hair loss episodes such as stress, infection, etc? _____

- 16) What drugs were you taking when your hair loss began? _____

- 17) Any seasonal variation? _____
- 18) Do you experience itching or tingling of your scalp when the hair loss is active? _____

- 19) Is there scaling, redness, pustules (pus pimples) or roughness associated with the areas of hairloss? _____

Thank you for completing the above questionnaire. Your responses will be helpful during your visit today. If you have additional insight into your hair loss that you would like to include in this questionnaire, please use the space below for comments.

Adopted from Janet L Roberts, M.D., Phoebe Rich, M.D., and Patricia Norris, M. D.