

HAIR LOSS QUESTIONNAIRE:

Date: _____

Name: _____

Age: _____ Sex: M F

Hair loss generally falls into one of the following categories. Please follow these directions:

- a. Hair loss in patches: skip to part II on page 2
- b. Diffuse shedding or thinning: complete parts I & II

Part I: Diffuse shedding or thinning

1. Do you feel you have been shedding excessive numbers of hairs (in shower, tub, on counter, on pillow)?
2. Do you feel that your scalp hair is slowly thinning out over the top without losing excessive numbers of hairs daily?
3. Of the above two events, which was the first thin you noticed—shedding or thinning?
4. Are your hairs
 - a. Breaking off?
 - b. Coming out with the roots attached (with a white “club” root at the end)?
5. Approximately how long have you noticed thinning or shedding?
6. Is your hair lost
 - a. Diffusely (evenly all over your scalp)?
 - b. Most noticeably over the top of the scalp?
7. Are you losing hair in areas other than your scalp (eg. pubic, eyebrows, legs)?
8. Is there a family history of males with male pattern baldness?
Is there a family history of females with thinning over the top of the scalp?
(Include grandparents, parents, siblings, and children)
9. Please indicate what you eat on an average day, including breakfast, lunch, and dinner. I am most interested in protein intake.
10. Have you had:
 - a. Recent severe illness?
 - b. Surgery?
 - c. Fever?
 - d. Childbirth?
 - e. Unusual psychological stress?
11. List all medications, including prescription, over-the-counter, hormones, and birth control pills, herbal, naturopathic.
12. Have you lost or gained weight recently? How much over how long a period of time?
Lost:
Gained:
13. do you have a history of:

- a. thyroid disease? Have you been tested for thyroid function recently?
 - b. anemia? Have you had a blood count recently?
 - c. Hormonal imbalance (eg. PCOS)?
14. How frequently do you shampoo your hair?
15. How do you process your hair and how frequently?
- a. Blow-drying or other heat-based process, eg. iron, rollers?
 - b. Permanent?
 - c. Bleaching/dyeing?
 - d. Straightening/relaxing?
16. For women:
- a. Are you currently, or have you recently stopped, taking birth control pills?
Which birth control pill?
 - b. Are your periods regular?
 - c. What is your pregnancy history?
 - d. Do you have excessive hair on your face, chest, legs, or abdomen?
 - e. Do you have oily skin, acne, or dandruff?
 - f. Have you gone through menopause? At what age?
 - g. Are you on estrogen replacement? Progesterone replacement? Testosterone therapy?

YOU MAY STOP HERE UNLESS YOU ARE EXPERIENCING HAIR LOSS IN PATCHES

Part II: Hair loss in patches

1. What is your ethnic or racial group?
2. Age of onset of first patch?
3. Usual duration of hair loss episodes?
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 treatments have you had, and how did your hair loss respond?
7. Are you actively losing hair at the present?
8. What sites on your body are affected? Scalp, eyelashes, brows, pubic, armpits, arms/legs, beard
9. Are your fingernails normal?
10. Do you have any skin rashes?
11. Do you have asthma, eczema, or seasonal allergies?
12. Does patchy hair loss run in your family?
13. Do you have any autoimmune diseases, such as vitiligo, thyroid disease, lupus, rheumatoid arthritis, scleroderma, or diabetes?
14. Is there scaling, redness, pustules, or roughness associate with areas of hair loss.