

HAIR LOSS QUESTIONNAIRE

1. **Age:**
2. **Age at onset of your hair loss:**
3. ***Is there a history of hair loss in your family? If yes, who in your family experienced the hair loss?***
4. ***Briefly describe in your own words your daily hair care practice and styling of your hair, including frequent hair styles.***
5. ***Have you ever used chemicals on your hair (relaxer, texturizer, color)?***
6. ***Frequency of chemical use past and present.***
7. ***Do you press your hair? If so, how often and for how many years?***
8. ***Do you wear braids?***
9. ***Do you sleep at night with rollers in your hair?***
10. ***Do you wear your hair pulled back?***
11. ***Have you ever received medical treatment for your hair loss? If yes, please briefly describe to the best of your knowledge the course and extent of your treatment.***

12. Have you ever had a scalp biopsy?

13. Do you have any medical conditions?

14. Are you continuing to experience hair loss?

15. What other measures have been taken to treat your hair loss including non-surgical?

Please fax your questionnaire to: (301)-951-9292
Thank you for your participation.