Phoebe Rich Dermatology

Hair Loss Questionnaire

Name: _____ Age: _____ Gender: _____ Date: _____

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 3. If you are experiencing diffuse shedding or diffuse thinning, please complete part I.

Diffuse Shedding is defined as having excessive numbers of hairs falling out daily. (Please complete part I)

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

Patchy Loss is defined as having round or irregular areas of total hair loss, scalp or other hair-except male pattern baldness. (Please complete part II)

Part I. DIFFUSE SHEDDING OR DIFFUSE THINNING

Do you feel you have been shedding excessive numbers of hairs? (With grooming, brushing, in the shower or tub with shampooing, on your pillow?) ☐ Yes ☐ No

Do you feel that your scalp hair is slowly thinning out over the top without losing excessive numbers of hairs daily? ☐ Yes ☐ No

Of the above two events, which was the first thing you noticed – shedding or thinning?_____

Are your hairs:

a. Breaking off

b. Coming out with the root attached (white "club" root at end)

Approximately how long have you noticed thinning or shedding? _____years _____months

Is your hair loss:

a. Diffuse (evenly all over your scalp)

b. Most noticeable over the top of your scalp?

Are you losing hair in areas other than your scalp? ☐ Yes ☐ No ***If yes, where?*** _____

Is there a family history of males with male pattern baldness or thinning? ☐ Yes ☐ No

Is there a family history of females with thinning over the top of the scalp? ☐ Yes ☐ No

(In the above questions include grandparents, parents, siblings, children, aunts and uncles.)

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

_____

_____

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.

_____

_____

_____

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

_____

_____

_____

_____

_____

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

_____

Do you have a history of thyroid disease or have you ever taken medication for over or under active thyroid? _____ if yes when was it last checked? _____

Have you ever been iron deficient or anemic? _____ if yes when was it last checked?_____

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

How frequently do you shampoo your hair?_____

Do you blow it dry or use a brush to style?_____

Do you permanent wave your hair and/or color treat your hair? _____If so, how frequently?_____

If you are African-American, do you relax, hot comb or press your hair? _____ If so, how frequently?_____

For Women:

Are you currently using birth control pills, Depo-Provera or Norplant? If yes, please indicate brand, dosage and start date._____

Have you stopped using birth control pills, Depo-Provera or Norplant within the past year? If yes, please indicate stop date._____

Do you menstruate? If so, please describe duration and flow. Is your cycle regular?

_____

What is your pregnancy history? _____

Do you have excessive hairs on your: ☐ ***chin*** ☐ ***face*** ☐ ***chest*** ☐ ***around the nipples*** ☐ ***legs*** ☐ ***abdomen?***

Do you have: ☐ ***acne*** ☐ ***oily skin*** ☐ ***dandruff***

Are you post-menopausal? If so, what age? _____ ***Natural or surgical?*** _____

Are you on estrogen replacement? If so, for how long and what dose? _____

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

Have you had a hysterectomy? If so, please indicate date. _____

Were your ovaries removed? ☐ Yes ☐ No

You may stop here <u>unless</u> you are experiencing hair loss in patches.

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.

What is your ethnic or racial group: _____

Age of onset: (When first patch was noticed) _____

Duration of hair loss: _____

Duration of current episode: _____

Number of episodes of hair loss, assuming your hair regrew fully in between each episode. _____

What methods of treatments have you had, and how did your hair loss respond? _____

_____

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

Is hair being actively lost at present? _____

What sites on your body are affected by hair loss? ☐ scalp only ☐ eyelashes ☐ eyebrows ☐ pubic area ☐ axillary (under arms) ☐ extremities ☐ beard in men

Are your fingernails normal? _____

Do you have unusual skin eruptions? _____

Do you have a history of asthma, eczema or hay fever? _____

Does anyone in your family have a history of asthma, eczema, or hay fever? _____

Do you have any autoimmune diseases such as pigment loss (veiling), thyroid disease, lupus, rheumatoid arthritis, scleroderma (hardening of the skin), or insulin-dependent diabetes? _____

Does anyone in your family have any of the above diseases? _____

Do you have any idea what triggers the hair loss episodes such as stress, infection, etc? _____

_____

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

Any seasonal variation? _____

Do you experience itching or tingling of your scalp when hair loss is active? _____

Is there scaling, redness, pustules or roughness associated with the areas of hair loss? _____

_____

Thank you for completing the above questionnaire. Your responses will be very 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.