



21785 Filigree Court, Suite 206, Ashburn, VA 20147
(703) 996-4000 www.ClearDermVA.com

Hair loss patient questionnaire

When did you notice the hair loss (when did you feel you last had a “normal” head of hair)?

Has the hair loss been gradual or sudden? Gradual/ Sudden/ Started gradually but recent more sudden loss that triggered this visit

Where is your hair loss most noticeable (mark all that apply)? The front hairline/ the whole front part of the head/ crown or vertex (top most part of scalp)/ at the temples/ in the back/ all over

Is your hair breaking or shedding? Breaking/ shedding (falling out)/ Combination

Does your scalp flake? Yes / No

Do you have any itching on the scalp? None / Mild / Moderate / Frequent and intense

Do you have any pain associated on the scalp? None / Mild funny feeling/ Moderate burning or stinging / Severe burning pain

Are you losing hair elsewhere? No / Eyebrows / Eyelashes / Body hair

How often do you wash your hair? Daily/ Every other day/ Once a week/ Less than the above

What hair practices do you do (mark all that apply, and their frequency):

- Hair coloring every ____ weeks
- Highlights every ____ weeks
- Keratin treatments every ____ weeks
- Permanents every ____ weeks
- Straightening treatments every ____ weeks
- Relaxers every ____ weeks
- Hot combs _____
- Flat irons _____
- Tying hair back _____
- Braids _____
- Locks _____
- Twists _____
- Extensions _____
- Weaves with glue _____
- Weaves sewn in _____

Do you know the specific products being used for these hair practices (list names if known)?

Do you use sunscreen daily? Yes / No

What type of sunscreen do you use (name brand)? _____



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HAIR LOSS QUESTIONNAIRE CONTINUED

Prior to your hair loss have you (mark all that apply):

- Been pregnant
- Changes to hormonal medications
- Going/Gone through menopause
- Been hospitalized
- Had major surgery
- Had any major injuries
- Had a newly diagnosed chronic illness
- Been dealing with psychological stressors
- Been dealing with an ill family member
- Had any major changes in life like a new job or home
- None of the above
- Other physical or mental stressor:

What have you tried for your hair loss already? _____

Are you on any specific diet (Vegan, Vegetarian, Ketogenic, etc)? _____

Anyone in the family with hair loss or hair thinning (mark all who apply)?

- None
- Mother
- Father
- Brother(s)
- Sister(s)
- Grandmother on mom's side
- Grandfather on mom's side
- Grandmother on dad's side
- Grandfather on dad's side
- Unknown family history