



22365 Broderick Drive Sterling, VA 20166  
(703) 996-4000 www.ClearDermVA.com

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## **Hair loss patient questionnaire**

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

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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)?

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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