Questionnaire

Name: 
Age: Sex: MRD No: 
Address: 

1. What age did you notice Hair Loss?

2. Are you still losing Hairs?

3. When has your Hair loss pattern stabilized?

4. Family history of Hair Loss?
   a. Father's side
   b. Mother's side

5. Do you have dandruff?

6. Treatment option already taken
   a. Ayurvedic Oils
   b. Wigs, hair fixing etc
   c. Medicines
   d. Hair Transplant

7. Have you had a hair transplant done? If yes, Please give details

8. What is the stage of your hair loss?

![Stages of Hair Loss Diagram]
9. Have you done hair straightening?

10. What are the substances that you use on your scalp?
   a. Shampoo
   b. Medicated oils
   c. Gels
   d. Conditioner
   e. Shampoo with conditioner
   f. Allopathic / Ayurvedic Medicines

11. Do you have any Comorbidities?
   a. Diabetes
   b. Hypertension
   c. Thyroid abnormalities
   d. Any other?

12. Have you had any major illness, accidents or surgeries before your hair loss started?

13. If you are a lady, is your menstrual cycles regular? Do you have poly cystic ovary disease?