BWHS Hair Loss Questionnaire

Welcome to the BWHS Hair Loss Questionnaire.
You have opened the BWHS Hair Loss Questionnaire. The purpose of this questionnaire is to collect information that will help to determine reasons for hair loss among African American women. There are different types of hair loss, such as loss at the top of the scalp (sometimes diagnosed as CCCA, central centrifugal cicatricial alopecia) and loss on the sides of the scalp. Some of the questions will ask you to select from the photos and drawings.
After you have completed a page, please click the NEXT button at the bottom of the page to continue. If you have missed a question on a page, you will be reminded. If you do not want to answer that question, click on "NEXT" again.

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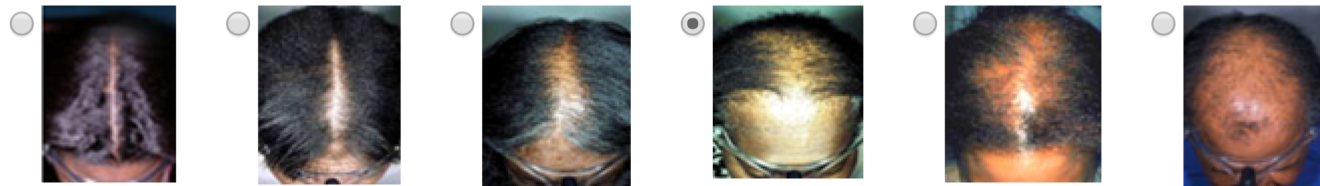
1. **Have you ever experienced any hair loss on the TOP of your scalp?**
   (●) Yes ( ) No

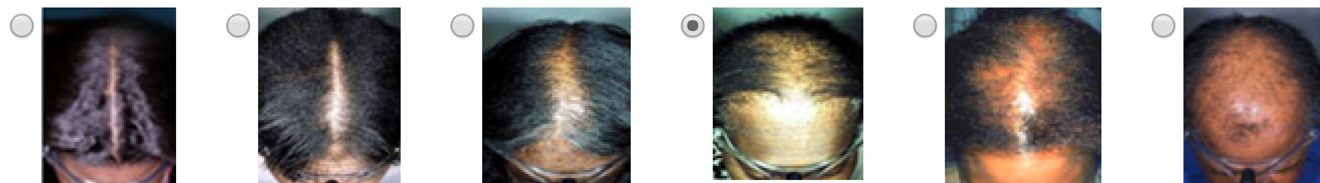
a. **Which of the photos below best matches the current hair pattern at the TOP of your scalp?**



b. **How severe would you consider your current hair loss on the TOP of your scalp to be?**
   ( ) Mild (●) Moderate ( ) Severe

c. **How old were you first noticed any hair loss on the TOP of your scalp?**
   Age:

d. **Which of the photos below best matches the most severe hair loss you ever had on the TOP of your scalp?**



e. Has the hair loss on the TOP of the scalp gotten worse over time?

○ Yes ○ No ○ Don't know

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f. Did a doctor ever diagnose the hair loss at the TOP of your scalp as CCCA (central centrifugal cicatricial alopecia)?

○ Yes ○ No ○ Don't know

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g. Did your doctor base the diagnosis of CCCA on a biopsy (cells taken from your scalp)?

○ Yes ○ No ○ Don't know

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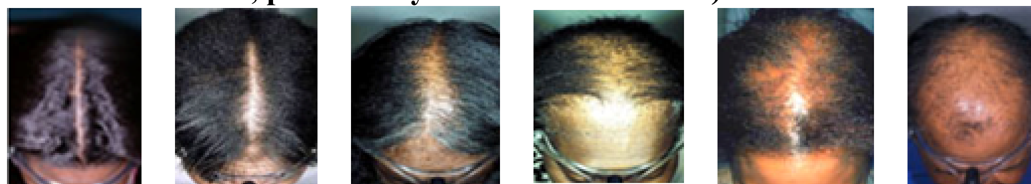
2. Which of the photos best match the current hair pattern of your mother, your mother's mother and your father's mother. (If the family member is deceased, please use your best recollection.)



	1	2	3	4	5	6	Don't know
Your mother	○	○	○	●	○	○	○
Mother's mother	○	○	○	○	○	○	●
Father's mother	○	○	○	○	○	○	●

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3. Have you experienced hair loss on parts of your scalp other than the TOP?

● Yes ○ No

Part of scalp	Age hair loss began
☐ Back	
☐ Sides	
☐ Front	
☐ All over your scalp	

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4.Which of the photos best match the current hair pattern of your father, your mother's father and your father's father.(If the family member is deceased, please use your best recollection.)

						Don't know
Your father	○	○	○	○	○	○
Mother's father	○	○	○	○	○	○
Father's father	○	○	○	○	○	○

5. The following are treatments sometimes used for hair loss. If you have tried any of the treatment options listed below for the hair loss on the TOP of your scalp, please indicate what the response was.

	Prior Treatment	Treatment appeared to help	Treatment did not help	Don't know	Did not use
(a).	Antibiotic taken as a pill	○	○	○	○
(b).	Antibiotic applied to scalp (e.g. cream or lotion)	○	○	○	○
(c).	Topical Minoxidil (e.g., Rogaine)	○	○	○	○
(d).	Antifungal applied to scalp (e.g., cream or lotion)	○	○	○	○
(e).	Antifungal taken by mouth	○	○	○	○
(f).	Steroid applied to scalp (cream, ointment, lotion or foam)	○	○	○	○
(g).	Internal steroid taken as a pill (e.g., Prednisone)	○	○	○	○
(h).	Steroid injected into the scalp	○	○	○	○
(i).	Over-the-counter self-treatment	○	○	○	○

6. Have you ever used a chemical relaxer (lye, no lye, texturizer, Jheri curl)?

○ Yes ○ No

7. If you currently use a relaxer, how often do you get touch-ups?

a.	**Relaxer ("lye")**	At least every	____	week(s)
b.	**Relaxer ("no-lye")**	At least every	____	week(s)
c.	**Jheri Curl**	At least every	____	week(s)
d.	**Texturizer**	At least every	____	week(s)

e. Other At least every [ ] week(s)

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8. **Are you currently using a moisturizer (oil, lotion, cream, ointment or grease) on your scalp?**
   - (•) Yes
   - ( ) No

   a. **If you are using a moisturizer, which are you using: (Mark all that apply)**
   - [ ] Oil
   - [ ] Lotion
   - [ ] Cream
   - [ ] Ointment or grease (like Vaseline)

9. **Which, if any, of the following conditions have you ever experienced? (Mark all that apply)** (If you accidentally checked 'None of the above' in error, you need to uncheck it to have other options available)
   - [ ] Adult acne
   - [ ] Facial hair
   - [x] Irregular periods
   - [ ] Difficulty getting pregnant
   - [x] Vaginal yeast infections
   - [ ] Ring worm infection (fungal)
   - [ ] Bacterial infections of the skin (e.g. impetigo)
   - [ ] Fungal infection of the scalp
   - [ ] Seborrheic dermatitis/scaling on your scalp
   - [ ] Rashes from shampoo
   - [ ] Rashes from conditioners
   - [ ] Rashes from relaxers
   - [ ] Rashes from other hair care products
   - [ ] Thick (keloid) scars
   - [ ] Eczema (atopic dermatitis)
   - [ ] Diabetes Type I (requires insulin)
   - [ ] Diabetes Type II (diet or oral pill controlled)
   - [ ] Thyroid problems
   - [ ] None of the above

10. **If you use any of these hair styles, how often do you use them?**

Hair Style	How often?	How many years used?	Age first used?
a. Twists or locks	At least every		

		week(s)		
b.	Hot comb/press (no chemical process)	At least every ___ week(s)		
c.	Hair dye	At least every ___ week(s)		
d.	Braids (hair alone)	At least every ___ week(s)		
e.	Braided with extensions	At least every ___ week(s)		
f.	Hair weaves or tracks, glued	At least every ___ week(s)		
g.	Hair weaves or tracks, sewed in	At least every ___ week(s)		
h.	Other (please specify): ___	At least every ___ week(s)		

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11. How often do you shampoo your hair? Every [5] days

12. Where do you usually do each of the following? (Mark all that apply)

	at Home	at Salon	Do Not Use This
Relax your hair	☐	☐	☑
Color your hair	☐	☐	☑
Shampoo your hair	☑	☐	

13. Thinking of your usual drying/styling routine, how do you usually dry your hair? (Mark all that apply)

- ☐ Hood or bonnet dryer at home
- ☐ Hood or bonnet dryer at the salon
- ☐ Handheld blow dryer
- ☑ None (air dry)

14. Please list any changes you have made to your hair care practices or products because of your hair loss. (Please be as specific as possible)

[ ]

15. Have you ever worn a wig?
◉ Yes ○ No

a. Do you currently wear a wig?
○ Yes ○ No

b. How long have you worn a wig? [ ] years

c. **What type of wig have you worn?** (Check all that apply)

- [ ] Wig with human hair
- [ ] Wig with synthetic hair
- [ ] Other type (please specify):

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16. **What do you think might account for your hair loss?**

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