

## HAIR ANALYSIS QUESTIONNAIRE

Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address

City,

Zip

List any illnesses-recent, past or present ( I.E. heart disease, cancer, high blood pressure, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Have you had surgery in the last 5 years ? If yes, what type \_\_\_\_\_

\_\_\_\_\_

List any current medications (prescription or over the counter) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you received X-ray therapy in the last 5 years \_\_\_\_\_

If so, body area treated? \_\_\_\_\_

Please check the answer that best describes your.....

Nails            Healthy    \_\_\_    Splitting    \_\_\_    Brittle    \_\_\_    Soft    \_\_\_

Skin            Normal    \_\_\_    Dry    \_\_\_    Oily    \_\_\_    Dry/oily patches    \_\_\_

Excessive wrinkles for age    \_\_\_

Weight        Normal    \_\_\_    Heavy    \_\_\_    Thin    \_\_\_    Gaining    \_\_\_    Losing

\_\_\_\_\_

Health        Above average    \_\_\_    Average    \_\_\_    Below Average    \_\_\_    Poor    \_\_\_

Diet            Well balanced    \_\_\_    Excess salt    \_\_\_    Excess Sugar    \_\_\_    Excess starch  
\_\_\_\_\_ Excess fat    \_\_\_

Recent dieting for weight loss in the last year? \_\_\_\_\_

Are        you        on        any        special        diets        now        for        any  
reason? \_\_\_\_\_

Family history of hair loss? \_\_\_\_\_

If so, what relationship? \_\_\_\_\_

**Mechanical**

Dryer: Frequency of use \_\_\_\_\_ Type Used \_\_\_\_\_

Brush: Frequency of use \_\_\_\_\_ Type Used \_\_\_\_\_  
# of times daily

Comb: Frequency of use \_\_\_\_\_ Type Used \_\_\_\_\_  
# of times daily

Hot Comb: Frequency of use \_\_\_\_\_ Type Used \_\_\_\_\_

Pick: Frequency of use \_\_\_\_\_ Type Used \_\_\_\_\_

Curlers: Frequency of use \_\_\_\_\_ Type Used \_\_\_\_\_

Curling Iron: Frequency of use \_\_\_\_\_ Type Used \_\_\_\_\_

Hair Style (Check where applicable)

Pony Tail \_\_\_\_\_

Teasing \_\_\_\_\_

Pig Tails \_\_\_\_\_

Other: \_\_\_\_\_ Explain: \_\_\_\_\_

**Chemical**

Shampoo: Frequency \_\_\_\_\_ Product \_\_\_\_\_  
# times a week

Permanent Wave: Frequency \_\_\_\_\_ Product \_\_\_\_\_

Straighteners: Frequency \_\_\_\_\_ Product \_\_\_\_\_

Setting: Frequency \_\_\_\_\_ Product \_\_\_\_\_

Bleaching: Frequency \_\_\_\_\_ Product \_\_\_\_\_

Coloring: Frequency \_\_\_\_\_ Product \_\_\_\_\_

Other Treatments: Frequency \_\_\_\_\_ Color \_\_\_\_\_

Other Products \_\_\_\_\_