



take some time
to tell us
about you

Birthday: / /

Height (cm):

Weight (kg):

Sample ID:

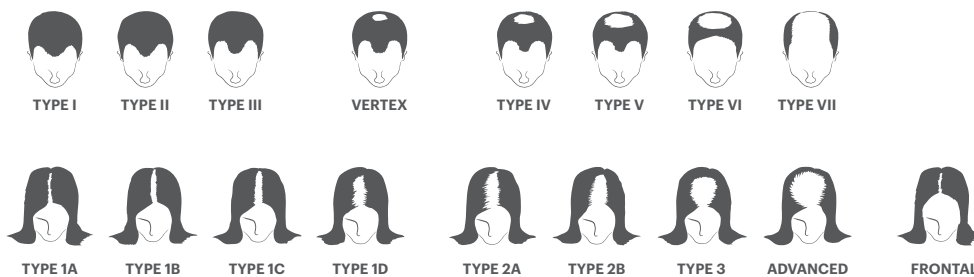


PERSONAL ASPECTS

01. Type of alopecia

- Androgenic alopecia Telogen Effluvium (seasonal) Alopecia areata

02. Grade



03. Direct family members suffering from alopecia and/or hair loss

- None Parents Siblings Both

04. For how long has your hair been falling out?

- More than a year Less than a year My hair doesn't fall out

05. Do you have hypersensitivity to caffeine?

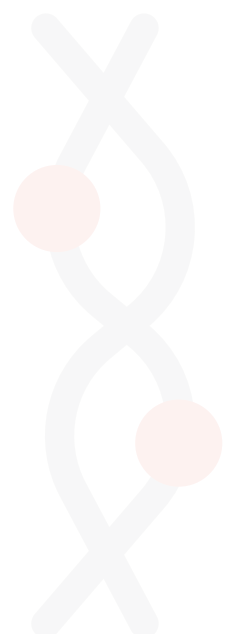
- Yes No

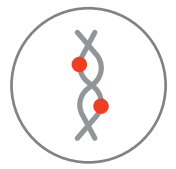
06. Hypersensitivity

- Minoxidil Latanoprost Prostaquinon Cetirizine
 17- α Estradiol Finasteride Dutasteride Cyproterone
 Spironolactone

07. Do you consume any of the following substances?

- Alcohol Tobacco Cannabis Cocaine
 LSD Benzodiazepines Barbiturates Amphetamines





questionnaire

08. Do you take any of the following medications?

- Antidepressants Contraceptives Corticoids
 Antihypertensive Anti-acne Estrogen synthesis inhibitors

09. Do you have any of these allergies or sensitivities?

- Pollen Mites Fungui Animal hair Insect bite
 NSAID Antibiotic Insulin Propylene glycol alcohol Penicillin

10. Do you have any of the following diseases?

- Hypothyroidism Hyperthyroidism Diabetes Cushing Syndrome
 Hirsutism Endometriosis Hypertension Autoimmune diseases
 Anemia Cáncer SAHA (Seborrhoea, Acne, Hirsutism & Alopecia)
 Hypotension Benign prostatic hyperplasia Cardiovascular diseases
 Oestrogenic hormonal imbalance Polycystic ovarian syndrome (PCOS)

11. Cholesterol level?

- High Normal Unknown Low

12. Level of hemoglobin?

- High Normal Unknown Low

13. Level of hematocrit?

- High Normal Unknown Low

14. Size of red blood cells?

- High Normal Unknown Low

15. Level of hemoglobin?

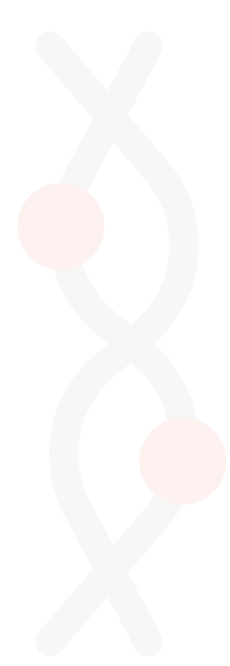
- High Normal Unknown Low

16. Level of hematocrit?

- High Normal Unknown Low

17. Size of red blood cells?

- High Normal Unknown Low





18. TSH level (thyroid)?

High Normal Unknown Low

19. T3 level?

High Normal Unknown Low

20. T4 level?

High Normal Unknown Low

21. Do you use any of these hair products?

Hair spray Gummies Hair gel Hair dryer Hair dyes Baseball cap

22. Hair length

Short Long

23. How much hair falls out?

A lot Little bit Nothing

24. Are you currently following a hypocaloric diet?

Yes No

25. Do you take testosterone (anabolic) derivatives?

Yes No

26. Do you have any of these eating disorders?

Bulimia Vigorexia Anorexia

27. Are you pregnant?

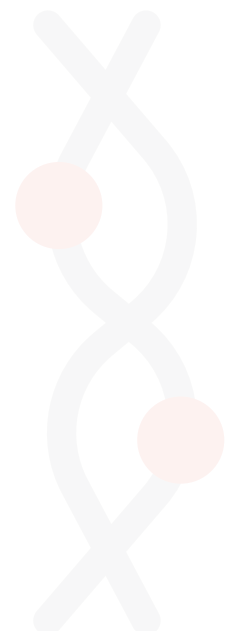
Yes No

28. Do you suffer stress?

Yes No

29. Last time you washed your hair

Less than 24 hours ago More than 24 hours ago





questionnaire

30. Do you have any of the following conditions on the scalp?

- Seborrhea Scales Scabs Irritations Psoriasis
 Seborrheic dermatitis Dandruff Dermatitis

31. Do you have alopecic plaques?

- Yes No

32. Alopecia is noticeable on your:

- Eyebrows Beard Eyelashes

33. Do you suffer stress?

- Yes No

34. Have you recently made a change of residence?

- Yes No

35. Do you have depression?

- Yes No

36. Do you rest enough?

- Yes No

37. Have you recently had a child?

- Yes No

38. Do you have post-surgical stress?

- Yes No

39. Do you have irregular menstruations?

- Yes No

40. Does menstruation come to you abundantly?

- Yes No

41. Is your work in contact with toxic / polluting materials?

- Yes No

thank you!