



## 1) When did you first notice your hair loss?

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## 2) On the chart below, where do you see:

1		2		3		4		5		6	
_____	Yourself currently	_____	Father	_____	Maternal Grandfather						

  

1		2		3		4		5		6		7		8		9	
_____	Yourself currently	_____	Mother	_____	Maternal Grandmother												

## 3) What first drew your attention to your hair loss?

- Negative comments from family & friends
- I saw pictures of myself
- I've been seeing excessive loss of hair in the shower
- Other \_\_\_\_\_

## 4) What bothers you most about losing your hair?

- Thinning hair makes me look older
- I feel less attractive
- Thinning hair makes me feel insecure
- Other \_\_\_\_\_

## 5) What are you currently experiencing with hair loss?

- Thinning
- Complete void
- A lot of shedding
- I'm a cue ball
- Other \_\_\_\_\_



### 6) Where are you experiencing the loss (what areas concern you the most)?

- Temples       Front 1/3       Back of my head (crown)       Some in front & some in back       Everywhere

### 7) What concerns do you have about hair transplantation?

- Pain       Scarring       Cost       Other \_\_\_\_\_

### 8) Have you tried other options?

- Topical Solutions (i.e. Rogaine)       Oral Supplements (i.e. Propecia, Viviscal/Nutrafol)       PRP       Alternative Solutions (i.e. Fibers, Wigs, Hair Dye)       Other Hair Transplant Procedures (i.e. FUT, Hair Plugs)

### 9) What would be the best thing about having your hair back?

- I'd feel younger and more attractive.       I'd feel more confident and less insecure.       I'd feel like myself again.       Other \_\_\_\_\_

### 10) What is your goal?

- Get my hair back       Full head of hair       Make it fuller       Stop thinning

### 11) Do you know the difference between the NeoGraft<sup>®</sup> procedure and previous forms of hair transplantation procedures?

- Yes       No       If yes, what research have you done? \_\_\_\_\_