

Sample #(s): \_\_\_\_\_

## Exploring Microbial Association Dynamics in Cicatricial Alopecia Patients Study Questionnaire

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1. Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Gender:

a. \_\_\_\_\_ Male

b. \_\_\_\_\_ Female

4. Racial/Ethnic Identity (as defined in the US Census). Please choose one unless you acknowledge more than one category:

a. \_\_\_\_\_ Asian/Pacific Islander

b. \_\_\_\_\_ Black/African American

c. \_\_\_\_\_ Caucasian/White

d. \_\_\_\_\_ Middle Eastern or North African

e. \_\_\_\_\_ Native American/Alaska Native

f. \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

g. \_\_\_\_\_ Some other race, ethnicity or origin (please specify) \_\_\_\_\_

5. Are you of Hispanic, Latino or Spanish Origin

a. \_\_\_\_\_ Yes

b. \_\_\_\_\_ No

6. On a scale from one (1) – ten (10), how would you rate your typical stress level? Level one is stress free and level ten is your breaking point. Please circle your answer.

1      2      3      4      5      6      7      8      9      10  
 ←—————→  
 (Everything is easy/breezy)      (I feel like I'm about to burst)

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7. Considering the hair that naturally grows from YOUR scalp, do you currently have any of the following? Select all that apply.

- a. \_\_\_\_\_ Relaxed hair (this includes a texturizer)
- b. \_\_\_\_\_ Keratin-treated hair
- c. \_\_\_\_\_ Color-treated hair (rinses, semi-, demi- or permanent color)
- d. \_\_\_\_\_ Natural and untreated hair that is free from any type of treatment mentioned above

8. What is your normal hair cleansing frequency?

- a. \_\_\_\_\_ daily
- b. \_\_\_\_\_ 4 to 6 days per week
- c. \_\_\_\_\_ 2 to 3 days per week
- d. \_\_\_\_\_ 1 day per week
- e. \_\_\_\_\_ Every 2 to 3 weeks
- f. \_\_\_\_\_ Every 4 to 5 weeks
- g. \_\_\_\_\_ Every 6 to 8 weeks
- h. \_\_\_\_\_ Every 2 to 3 months
- i. \_\_\_\_\_ Every 4 to 6 months
- j. \_\_\_\_\_ I do not shampoo my hair

9. At what place or establishment is your scalp swabbing being performed?

- a. \_\_\_\_\_ In a doctor's office
- b. \_\_\_\_\_ In the salon or barbershop
- c. \_\_\_\_\_ Other: \_\_\_\_\_

10. What is the length of the natural hair that biologically grows from your scalp when pulled straight? (Please consider the region of your head where the scalp is being swabbed.)

- a. \_\_\_\_\_ Less than half an inch
- b. \_\_\_\_\_ Between 0.5 and 2 inches
- c. \_\_\_\_\_ Between 2 and 5 inches
- d. \_\_\_\_\_ Between 5 to 8 inches
- e. \_\_\_\_\_ Longer than 8 inches

11. On a scale from one (1) – ten (10), how would you rate the density of your hair? Level one is sparse and level ten is very dense. Please circle your answer.

1      2      3      4      5      6      7      8      9      10  
 ←—————→  
 (I can readily see my scalp through my hair strands)      (I have TOO MANY hair fibers)

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## 12. Which of the following statements apply to you as it pertains to your normal grooming regimen?

Please select all that apply and if you do not know, do not select the statement.

- a. \_\_\_\_\_ I use a regular shampoo to cleanse my hair (as compared to a sulfate-free shampoo)
- b. \_\_\_\_\_ I use a sulfate-free shampoo to cleanse my hair
- c. \_\_\_\_\_ I co-wash my hair (the use of conditioners to clean the hair)
- d. \_\_\_\_\_ I use a blow-dryer to dry my hair
- e. \_\_\_\_\_ I use a hooded dryer to dry my hair
- f. \_\_\_\_\_ I let my hair air dry
- g. \_\_\_\_\_ I use a rinse-out conditioner
- h. \_\_\_\_\_ I use a leave-in conditioner
- i. \_\_\_\_\_ I use styling products on my hair after washing (styling products are oils, creams, mousse, gels, waxes, hair sprays, etc.)
- j. \_\_\_\_\_ I use an over-the-counter medicated shampoo and/or product to control scalp flaking
- k. \_\_\_\_\_ I use a prescription medication to control scalp flaking
- l. \_\_\_\_\_ I apply products directly to my scalp such as oils, ointments, creams, etc.

If yes, please specify: \_\_\_\_\_

## 13. Primary hair style: (the way that you wear your hair most of the time)

- a. \_\_\_\_\_ Loose without much tension or pulling
- b. \_\_\_\_\_ Pulled back into a pony-tail(s), buns, or rolls
- c. \_\_\_\_\_ Braids or twists along the scalp such as cornrolls/French braids
- d. \_\_\_\_\_ Loose with some braids or twists along the scalp such as cornrolls/French braids
- e. \_\_\_\_\_ Individual braids or twists
- f. \_\_\_\_\_ Extensions, weaves, or wigs that require the use of purchased hair to add to your existing hair
- g. \_\_\_\_\_ Bantu knots
- h. \_\_\_\_\_ Partial shave/buzz
- i. \_\_\_\_\_ Other: \_\_\_\_\_

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14. Secondary hair style: (the second most frequently worn style)

- a. \_\_\_\_\_ Loose without much tension or pulling
- b. \_\_\_\_\_ Pulled back into a pony-tail(s), buns, or rolls
- c. \_\_\_\_\_ Braids or twists along the scalp such as cornrolls/French braids
- d. \_\_\_\_\_ Loose with some braids or twists along the scalp such as cornrolls/French braids
- e. \_\_\_\_\_ Individual braids or twists
- f. \_\_\_\_\_ Extensions, weaves, or wigs that require the use of purchased hair to add to your existing hair
- g. \_\_\_\_\_ Bantu knots
- h. \_\_\_\_\_ Partial shave/buzz
- i. \_\_\_\_\_ Other: \_\_\_\_\_

15. Consider the following hair accessories and select the ones you use occasionally or daily as a part of your normal grooming regimen. If you do not know what an item is, please do not select it.

- |   |                               |
|---|-------------------------------|
| a. _____ Rubber Bands                     | e. _____ Hair Pins/Bobby Pins |
| b. _____ Scrunchies                       | f. _____ Barrettes            |
| c. _____ Hair Bands/Head Bands            | g. _____ Ribbons              |
| d. _____ Hair Clips                       | h. _____ Rollers              |
| i. _____ Other: _____                     |                               |
| j. _____ I don't use any hair accessories |                               |

16. Do you wear a scarf, bandana, cap or other head covering on a regular basis (for at least 6 hours daily)?

- a. \_\_\_\_\_ Yes      If so, indicate the material of the head covering on the following line.

\_\_\_\_\_

- b. \_\_\_\_\_ No

17. Do you take supplements for hair growth and enhancement?

- a. \_\_\_\_\_ Yes      If so, provide the name and brand on the following line.

\_\_\_\_\_

- b. \_\_\_\_\_ No

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18. On a scale from one (1) – ten (10), please rate the amount of scalp flaking (dandruff) you experience. Level one means that you don't have a problem and level ten represents the highest degree of uncontrollability. Please circle your answer.

19. Do you currently have or are you experiencing any of the following? (choose all that apply)

- \_\_\_\_\_ open sores, puss and/or injury on the scalp
- \_\_\_\_\_ skin cancer
- \_\_\_\_\_ chemotherapy treatments
- \_\_\_\_\_ total baldness

20. What is the current state of your hair?

- a. \_\_\_\_\_ I have a style where I add additional hair to my existing hair in the form of a weave, extensions, wig, hair piece or implants. **(If selected, go to question #21)**
- b. \_\_\_\_\_ I have a hair style where I DO NOT add additional hair to my existing hair. Thus, I do not wear weaves, extensions, wigs, hair pieces or hair implants. **(If selected, go to question #25)**

21. Considering the current state of your hair and your current styling preference, do you have or use any of the following? Please select all that apply.

- a. \_\_\_\_\_ 100% human hair weave (according to what is written on the label/package)
- b. \_\_\_\_\_ 100% synthetic hair weave (according to what is written on the label/package)
- c. \_\_\_\_\_ Individual braids
- d. \_\_\_\_\_ Cornrolls or French braids
- e. \_\_\_\_\_ Glue on the scalp to hold the weave tracks or weft
- f. \_\_\_\_\_ 100% human hair piece
- g. \_\_\_\_\_ Synthetic hair piece
- h. \_\_\_\_\_ Hair implants from different areas of my scalp

22. Type and brand of hair that you use: \_\_\_\_\_

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23. Length of time you have had the CURRENT prosthesis in your hair ("CURRENT" refers to the last time additional hair was added to the hair that grows from your scalp. In other words, please consider the time your hair was loose before having hair added and it was *freshly* done).

- a. \_\_\_\_\_ Less than a week
- b. \_\_\_\_\_ Between 1 week and 2 weeks
- c. \_\_\_\_\_ Between 2 weeks and 4 weeks
- d. \_\_\_\_\_ Between 4 weeks and 6 weeks
- e. \_\_\_\_\_ Between 6 weeks and 8 weeks
- f. \_\_\_\_\_ Between 8 and 10 weeks
- g. \_\_\_\_\_ Between 10 and 12 weeks
- h. \_\_\_\_\_ Longer than 12 weeks

24. How many times have you cleansed your hair since you have installed your CURRENT weave, extensions, wig, or hair piece?

- a. \_\_\_\_\_ Zero (0)
- b. \_\_\_\_\_ 1 – 2
- c. \_\_\_\_\_ 3 – 4
- d. \_\_\_\_\_ 5 – 6
- e. \_\_\_\_\_ 6 – 8
- f. \_\_\_\_\_ More than 8
- g. \_\_\_\_\_ I don't know

25. What was your age when you first started experiencing hair loss? (Please select one)

- a. \_\_\_\_\_ Before the age of 11
- b. \_\_\_\_\_ 11 – 15 years old
- c. \_\_\_\_\_ 16 – 20 years old
- d. \_\_\_\_\_ 21 – 25 years old
- e. \_\_\_\_\_ 26 – 30 years old
- f. \_\_\_\_\_ 31 – 35 years old
- g. \_\_\_\_\_ 36 – 40 years old
- h. \_\_\_\_\_ 41 – 45 years old
- i. \_\_\_\_\_ 46 – 50 years old
- j. \_\_\_\_\_ 51 – 55 years old
- k. \_\_\_\_\_ 56 – 60 years old
- l. \_\_\_\_\_ 61 – 65 years old
- m. \_\_\_\_\_ 65 – 70 years old
- n. \_\_\_\_\_ 71 – 75 years old
- o. \_\_\_\_\_ Over the age of 75

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26. If you are aware of close family members who also have hair loss, please indicate how they are related to you. Choose all that apply.

- |                               |                                  |
|-------------------------------|----------------------------------|
| a. _____ Mother               | f. _____ Paternal Grandmother    |
| b. _____ Father               | g. _____ Maternal Grandfather    |
| c. _____ Sister               | h. _____ Paternal Grandfather    |
| d. _____ Brother              | i. _____ I'm not aware of family |
| e. _____ Maternal Grandmother | members who have hair loss       |

27. What methods do you use to resolve your hair loss problem? (choose all that apply)

- e. \_\_\_\_\_ Physician/Dermatologist
- f. \_\_\_\_\_ Licensed hair professional such as a barber or stylist
- g. \_\_\_\_\_ Trichologist (a professional who has received specialized education in hair and scalp health after receiving his/her beauty license)
- h. \_\_\_\_\_ Chiropractic
- i. \_\_\_\_\_ Internet searches
- j. \_\_\_\_\_ Self-administered natural remedies
- k. \_\_\_\_\_ Spiritual or religious guidance
- l. \_\_\_\_\_ Other (please specify): \_\_\_\_\_
- m. \_\_\_\_\_ I do not seek help

28. Please indicate the type of hair loss you have. If you don't know, please select "I don't know."

- a. \_\_\_\_\_ Scarring (if selected, which type?) \_\_\_\_\_
- b. \_\_\_\_\_ Non-scarring (if selected, which type?) \_\_\_\_\_
- c. \_\_\_\_\_ I don't know

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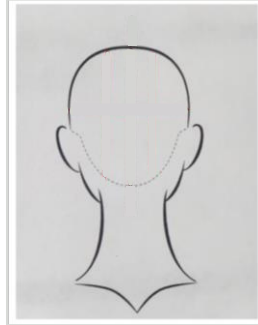
29. Using the diagrams below, please indicate where you have hair loss on your scalp by drawing circles. If there is more than one area, please draw multiple circles.



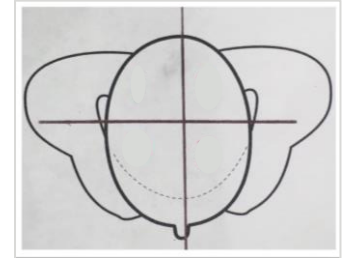
Left View



Right View



Back View



Top View

**The questionnaire is COMPLETE. Thank you for your time!**