Anxiety Disorders Center

Institute of Living
A Division of Hartford Hospital

Please complete this form and show it to your doctor or other healthcare professional.

Do you have Trichotillomania?

1.	Do you repeatedly pull out your hair?	**YES**	**NO**
2.	Has hair pulling resulted in noticeable hair loss?	**YES**	**NO**
3.	Do you feel an increasing sense of tension immediately before pulling out the hair or when attempting to resist pulling?	**YES**	**NO**
4.	Do you fee pleasure, gratification, or relief when pulling out the hair?	**YES**	**NO**
5.	Does hair pulling (or hair loss) cause you to feel very distressed or upset?	**YES**	**NO**
6.	Does hair pulling (or hair loss) impair your social, occupational, or other important areas of functioning?	**YES**	**NO**

You ***might*** have Trichotillomania if **all** of the following are **true**:

- You answered YES to items 1, 2, 3 and 4
- You answered YES to at least one of items 5 and 6

Note: This questionnaire is for informational purposes only and is not intended to function as a psychological or psychiatric assessment. Diagnosis of psychiatric disorders requires a careful evaluation by a trained professional.

To get help for this condition or to receive a comprehensive assessment, please call The Institute of Living's Anxiety Disorders Center at (860) 545-7685.

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