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 feel 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.