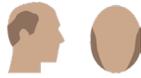


1) When did you first notice your hair loss?

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[®] procedure and previous forms of hair transplantation procedures?

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