

Trichotillomania (Hair Pulling Disorder)

1. **Do you repeatedly pull out your hair, such that it causes hair loss?** A S P
 Tell me more about this. How often do you pull? For how long do you pull? Once you start pulling, can you stop? Which parts of your body do you pull hair from? Has it caused you any bald spots? If so, where? Do you have any special activities or rituals with the hair before or afterwards? ☒ ☒
- [NOTES:]
2. **Have you repeatedly tried to cut down or stop the hair pulling but not been able to?** A S P
 How many times have you tried to stop? ☒ ☒
3. [CLINICALLY SIGNIFICANT DISTRESS AND/OR IMPAIRMENT IS PRESENT. IF NOT KNOWN, ASK:] A S P
☒ ☒
 Is it very upsetting for you that you have these symptoms?
 Have the symptoms interfered with your ability to carry out daily activities? In what ways have they interfered? Have they made it hard for you to work, socialize, go to school, or take care of things at home?
- [NOTES:]
4. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY A MEDICAL CONDITION. IF A MEDICAL CONDITION IS PRESENT, THE SYMPTOMS ARE EXCESSIVE. IF NOT KNOWN, ASK:] A P
☒
 Did you have any medical conditions just before these symptoms began? Do you think this may have caused your symptoms or made them worse?
5. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY ANOTHER MENTAL DISORDER] A P
☒

DIAGNOSTIC IMPRESSION:
TRICHOTILLOMANIA (HAIR PULLING DISORDER)

A S P
☒

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER

WITH PANIC ATTACKS ☐

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,
SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

6. **How old were you when these symptoms first began?** _____
7. **How old were you when these symptoms began to be a problem for you?** _____
8. **On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms?** _____