

MASSACHUSETTS GENERAL HOSPITAL HAIR-PULLING SCALE

INSTRUCTIONS:

For each question, pick the one statement that most accurately describes your behaviour during the past week. If you cannot recall having done or done, try to estimate the average for the past week. Be sure to read all the statements in each group before making your choice.

QUESTIONS

1. I pulled my hair out.

2. I pulled my hair out a lot.

3. I pulled my hair out a little.

4. I pulled my hair out a great deal.

5. I pulled my hair out a great deal.

6. I pulled my hair out a great deal.

7. I pulled my hair out a great deal.

8. I pulled my hair out a great deal.

9. I pulled my hair out a great deal.

10. I pulled my hair out a great deal.

11. I pulled my hair out a great deal.

12. I pulled my hair out a great deal.

13. I pulled my hair out a great deal.

14. I pulled my hair out a great deal.

15. I pulled my hair out a great deal.

16. I pulled my hair out a great deal.

17. I pulled my hair out a great deal.

18. I pulled my hair out a great deal.

19. I pulled my hair out a great deal.

20. I pulled my hair out a great deal.

21. I pulled my hair out a great deal.

APPENDIX A

MASSACHUSETTS GENERAL HOSPITAL  
HAIR-PULLING SCALE

## MASSACHUSETTS GENERAL HOSPITAL HAIR-PULLING SCALE

### INSTRUCTIONS:

For each question, pick the one statement in that group which best describes your behaviours and/or feelings over the past week. If you have been having ups and downs, try to estimate the average for the past week. Be sure to read all the statements in each group before making your choice.

NAME: .....

FOR THE FIRST THREE QUESTIONS, RATE ONLY THE URGES TO PULL YOUR HAIR.

#### 1. Frequency and urges:

On an average day, how often did you feel the urge to pull your hair?

- 0 This week I felt no urges to pull my hair.
- 1 This week I felt the occasional urge to pull my hair.
- 2 This week I felt an urge to pull my hair often.
- 3 This week I felt an urge to pull my hair very often.
- 4 This week I felt near constant urges to pull my hair.

#### 2. Intensity of urges:

On an average day, how intense or how "strong" were the urges to pull your hair?

- 0 This week I felt no urges to pull my hair.
- 1 This week I felt the occasional urge to pull my hair.
- 2 This week I felt an urge to pull my hair often.
- 3 This week I felt an urge to pull my hair very often.
- 4 This week I felt near constant urges to pull my hair.

#### 3. Ability to control the urges:

On an average day, how much control do you have over the urges to pull your hair?

- 0 This week I could always control the urges, or I did not feel urges to pull my hair.
- 1 This week I was able to distract myself from the urges to pull my hair most of the time.
- 2 This week I was able to distract myself from the urges to pull my hair some of the time.
- 3 This week I was able to distract myself from the urges to pull my hair rarely.
- 4 This week I was never able to distract myself from the urges to pull my hair.

FOR THE NEXT THREE QUESTIONS RATE ONLY THE ACTUAL HAIR PULLING.

4. Frequency of hair pulling:

On an average day, how often did you actually pull your hair?

- 0 This week I did not pull my hair.
- 1 This week I pulled my hair occasionally.
- 2 This week I pulled my hair often.
- 3 This week I pulled my hair very often.
- 4 This week I pulled my hair so often it felt like I was always doing it.

5. Attempts to resist hair pulling:

On an average day, how often did you make an attempt to stop yourself from actually pulling your hair?

- 0 This week I felt no urges to pull my hair.
- 1 This week I tried to resist the urge to pull my hair almost all of the time.
- 2 This week I tried to resist the urge to pull my hair some of the time.
- 3 This week I tried to resist the urge to pull my hair rarely.
- 4 This week I never tried to resist the urge to pull my hair.

6. Control over hair pulling:

On an average day, how often were you successful at actually stopping yourself from pulling your hair?

- 0 This week I did not pull my hair.
- 1 This week I was able to resist pulling my hair almost all of the time.
- 2 This week I was able to resist pulling my hair most of the time.
- 3 This week I was able to resist pulling my hair some of the time.
- 4 This week I was rarely able to resist pulling my hair.

FOR THE LAST QUESTION, RATE THE CONSEQUENCES OF YOUR HAIR PULLING.

7. Associated distress:

Hair pulling can make people feel moody, "on edge," or sad. During the past week, how uncomfortable did your hair pulling make you feel?

- 0 This week I did not feel uncomfortable about my hair pulling.
- 1 This week I felt vaguely uncomfortable about my hair pulling.
- 2 This week I felt noticeably uncomfortable about my hair pulling.
- 3 This week I felt significantly uncomfortable about my hair pulling.
- 4 This week I felt intensely uncomfortable about my hair pulling.

STRUCTURED CASE HISTORY INTERVIEW

APPENDIX B

CASE HISTORY FORMAT FOR  
STRUCTURED CLINICAL INTERVIEW

Name:

Age:

Sex:

Presenting Problem:

What was the age when first you became aware of the problem? How long has it been there? How would you describe it?

How did you first become aware of the problem?

How long has it been there?

How would you describe it?

History:

What was your first contact with alcohol? How long has it been there? How would you describe it?

How long has it been there?

How would you describe it?

What was the most difficult time? How long has it been there? How would you describe it?

How long has it been there? How would you describe it?

How would you describe it?

Development:

Stages of development:

1. How old were you when you could walk without aid?

2. How old were you when you learned to talk?

3. At what age did you start walking?

4. At what age did you start talking?

5. How old were you when you were fully toilet trained?

6. At what age did you start your potting/potty?

## STRUCTURED CASE HISTORY INTERVIEW

Name:

Age:

Sex:

Marital status:

Education:

Occupation:

### Presenting Problem

1. When was the first time that you became aware of the symptoms, that you noticed a change from your earlier behaviour?
2. When did you first realise this was a problem?
3. Is there anything that could have contributed to the situation?
4. Have you ever sought help for the problem? Describe.

### Natal history

5. What was your mother's emotional state like during her pregnancy and your birth? Were there any factors causing trauma?
6. How did your parents feel about the pregnancy (planned or unplanned)?
7. What was the manner of birth (caesarean, epidural, natural)?
8. Were there any complications during birth process (medical, social)?
9. What was your mother's method of feeding (breast or bottle)?

### Early Development

#### 10. Milestones of development:

- 10.1 How old were you when you could sit without support?
- 10.2 How old were you when you started crawling?
- 10.3 At what age did you start walking?
- 10.4 At what age did you start talking?
- 10.5 How old were you when you were fully potty trained?
- 10.6 At what age did you reject your bottle/dummy?

11. Describe your health as a child:

- 11.1 Were you ever hospitalised?
- 11.2 Were you involved in any serious accidents?
- 11.3 Did you experience any head trauma?
- 11.4 Were there long separations that you remember? (i.e. holidays, hospitalisations)

12. Did you experience any of the following? If yes, describe the circumstances.

- 12.1 Did you suck your thumb?
- 12.2 Did you have temper tantrums?
- 12.3 Did you walk in your sleep?
- 12.4 Did you wet your bed?
- 12.5 Did you chew your nails? Do you pick at scabs?
- 12.6 Were you extremely afraid of something?
- 12.7 Did you regularly have nightmares?
- 12.8 Did you have any particular food fads?
- 12.9 Did you stutter when you spoke?
- 12.10 Would you describe yourself as a model child or a rebel?

#### Education

- 13. How old were you when you started school?
- 14. Did you ever change schools?
- 15. Describe your academic performance (mostly A's (80%), B's (70%), C's (60%), D's (50%), E's (40%))
- 16. Did you ever fail a grade?
- 17. What grade did you reach when you left school? How old were you?
- 18. Did you partake in extramural activities (sports, & hobbies) at school? If yes, what and at what level?
- 19. Did you further your training after school? If yes, describe.

#### Family History:

- 20. Describe your siblings in terms of their age, highest level of education, and occupation.
- 21. Describe your biological parents in terms of their age, highest level of education, occupation and marital status.
- 22. If you had to rate your relationship with your mother on a scale from 1 (very poor) to 5 (extremely close), how would you rate it? Motivate.

23. If you had to rate your relationship with your father on a scale from 1 (very poor) to 5 (extremely close), how would you rate it? Motivate.
24. Do you have any adoptive, foster or stepparents? How old were you when the relationship started? If you had to rate your relationship with them on a scale from 1 (very poor) to 5 (extremely close), how would you rate it? Motivate
25. If you had to rate your relationship with your grandparents on your mother's side on a scale from 1 (very poor) to 5 (extremely close), how would you rate it? Motivate
26. If you had to rate your relationship with your grandparents on your father's side on a scale from 1 (very poor) to 5 (extremely close), how would you rate it? Motivate
27. Did any of your family members experience serious medical problems? If yes, describe.
28. Did any of your family members have a psychiatric condition? If yes, describe.

Sexual Inclinations and Practices:

29. What is your sexual orientation?
30. How often are you sexually active?
31. At what age were your first exposure to people's sexuality and how did it happen?

Marriage / Relationship/Friendships

32. Do you have friends? How often do you see them? What do you do together?
33. With whom are you currently living and how do you find it?
34. Describe your partner in terms of his/her age, highest level of education, and occupation.
35. How long were you and your partner friends before you started a relationship?
36. Is your relationship a committed one? If so, for how long has it been?

Occupation

37. How old were you when you started working?
38. What were your dreams when you thought about a career?
39. How often have you changed jobs since you started working? On average, how long did you remain with a specific employer?
40. What were your reasons for resigning?
41. Are you currently satisfied in your job? If no, describe your dissatisfaction.

DEMOGRAPHICS SHEET

Hobbies & Habits

42. What do you do in your leisure time? (hobbies, sport)
43. Do you practice any religion? If yes, how often? What was your parents' attitude towards religion?
44. Do you smoke? If yes, how often?
45. What is your preferred alcohol and how often do you drink? How does it affect you?
46. Do you use any drugs? If yes, which drugs and how regularly?
47. How long do you sleep at night?
48. Describe your eating patterns (appetite, food fads, weight loss)

Medication

49. What medication are you currently using and how long have you been using it?

Previous Illness

50. Provide a detailed account of all illnesses experienced
- Medical (including illnesses, operations, accidents)
  - Psychiatric (include dates, duration, symptoms, where treated)
51. Have you received psychotherapy before? If yes, when and what for?

Significant Life Events:

52. When you think back on your life there must be some things which you regard as important influences; things that have had an impact on your life, or shaped your personality and values -
- Things that happened to you
  - Difficulties you had to overcome
  - People that played an important role
  - Other major influences.

Would you care to share some of these with me now?

53. Is there something of importance that I have not asked, or is there anything you would like to ask me?



## DEMOGRAPHICS SHEET

Please mark the appropriate answer with an 'X':

NAME & SURNAME:

CONTACT NUMBER:

Area code: (            )      Tel no.: \_\_\_\_\_

H	W	Cell
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POSTAL ADDRESS

Code: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION:

AGE:

(            ) Years      (            ) Months

SEX:

Male	Female
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MARITAL STATUS:

Single	Married	Divorced Separated	Widow/er
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LANGUAGES

	SPEAK	READ	WRITE
1. _____	Good / Fair / Poor	Good / Fair / Poor	Good / Fair / Poor
2. _____	Good / Fair / Poor	Good / Fair / Poor	Good / Fair / Poor
3. _____	Good / Fair / Poor	Good / Fair / Poor	Good / Fair / Poor

Have you ever before received psychotherapy?

YES	NO
-----	----

If yes, when and what for?  
\_\_\_\_\_

Have you ever received a formal psychiatric diagnosis?

YES	NO
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If yes, for what condition(s)?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you ever been admitted to a psychiatric hospital?

YES	NO
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If yes, when?  
\_\_\_\_\_

What medication do you currently use?

	DOSAGE	TIMES PER DAY
1. _____		
2. _____		
3. _____		
4. _____		

At what age did you start pulling your hair?

(            ) Years

From which site(s) do you pull hair from?

Scalp	Arm(s) / Underarm	Leg(s)
Eyelashes	Eyebrows	Pubic area
Other: _____		

Does your hair pulling result in noticeable hair loss?

YES	NO
-----	----

Do you feel mounting tension before you pull or when you try to resist pulling?

YES	NO
-----	----

Do you experience pleasure, gratification, or a sense of relief when pulling?

YES	NO
-----	----

Does your pulling cause distress or impact on your functioning at work or socially?

YES	NO
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Do you want to be notified of the outcome of the study?

YES	NO
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Are you interested in a self-help support group for trichotillomania sufferers?

YES	NO
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