



# Lisa Akbari.COM

## STRAND READING QUESTIONNAIRE

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Race:  Black  White  Hispanic  Other

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Does a family member have a history of balding?  Yes  No If Yes:  Mom  Dad  Other family member

Does any family member have a history of dry scalp or dandruff problems?  Yes  No

If Yes: explain \_\_\_\_\_  Mom  Dad  Other family member

Do you have a chemical treatment in your hair?  Yes  No

Type:  permanent color  semi-color/rinse  relaxer  Permanent wave

How often is your hair chemically treated? \_\_\_\_\_

Is your hair Natural?  Yes  No

If yes are you wearing?  Braids  Locks  Twist  Other. Please explain \_\_\_\_\_

How often is your hair shampooed? in salon \_\_\_\_\_ at home \_\_\_\_\_

Hair Products used: Salon/ professional \_\_\_\_\_

Over-the-counter \_\_\_\_\_

When hair is styled, do you use a  blow-dryer  curling iron  wet set rollers  heat rollers

other \_\_\_\_\_

Do you sleep on a:  cotton pillow case  satin pillow case  other

Does your scalp:  itch  flake  feel tender to the touch  have bumps

Does your hair:  break (when you comb)  look dull  feel dry

When you hair is chemically treated, does your scalp:  burn  tingle  itch

---

### Along with this completed Questionnaire, please send:

**1)** Strand samples of your hair in a small zip lock bag; **2)** a picture of the damaged area (if balding is present); **3)** a brief letter to Mrs. Akbari telling her about your hair and scalp problems; **4)** a self-addressed stamped envelope (No results will be returned without a stamped envelope) or e-mail address; **5)** and your payment of \$59.00.

Send Check, Money Order, or Credit Card. You may also pay online via PayPal or the Online Store. If you choose to pay through PayPal, please enclose a copy of your payment receipt for faster service.

---

If paying by Credit Card, complete this section:

Card Type:  Visa  Master Card  American Express  Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### Mail to:

Lisa Akbari  
World Trichology Institute  
Attn: SHS Studies  
1288 Sycamore View  
Memphis TN 38134