



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 \$39.00.

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:

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