

Participant General Information Questionnaire

Please fill out the following questions.

1. What is your age?

- 16-20 years
- 21-25 years
- 26-30 years
- 31-35 years
- 36-40 years
- 41-45 years
- 46-50 years
- 51 + years

2. What is your Gender?

- Male
- Female
- Prefer not to say

3. Which country are you from?

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Trichotillomania Diagnostics Questionnaire

The following questions are about Trichotillomania.

Please select all that options that apply (or have previously applied) to you.

- I have repeatedly pulled out or plucked out my hair resulting in visible hair loss.
- I have attempted to decrease or stop hair pulling.
- My hair pulling causes clinically significant distress.
- My hair pulling causes impairment in social, work, or other important areas of my life.
- My hair pulling is not the result/side effect of medication or other drugs (e.g., cocaine).
- My hair pulling is not a response to a medical condition (e.g., scabies).
- My hair pulling is not an attempt to improve a perceived defect or flaw in my appearance.
- My hair pulling is not the result of a stereotypic movement disorder.
- My hair pulling is not an intention to harm myself.
- I have been diagnosed with Trichotillomania.

Therapy Questionnaire

The following questionns are refer to the vrious types of therapy used to treat Trichotillomania.

1.How old were you when you first noticed the signs of hair pulling?

2.Can you describe what you were thinking and feeling at this time in your life?

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3.Have you engaged in any of the following methods of therapy before?

1. **Hypnotherapy** YES NO

If 'YES', on a scale of 1-10 (1 = not very effective, 10 = very effective), how effective were these methods in reducing hair pulling or urges to pull?

1 2 3 4 5 6 7 8 9 10

Please provide details of which elements of the therapy you found to be the most and least effective and why

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2. **Habit Reversal Therapy** YES NO

If 'YES', on a scale of 1-10 (1 = not very effective, 10 = very effective), how effective were these methods in reducing hair pulling or urges to pull?

1 2 3 4 5 6 7 8 9 10

Please provide details of which elements of the therapy you found to be the most and least effective and why

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3. **Cognitive Behavioural Therapy** YES NO

7. If you selected question 6, did you partake in any other 'self-help' methods (e.g. social support, will power, self motivation etc.)? YES NO

If 'YES' please specify below

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On a scale of 1-10 (1 = not very effective, 10 = very effective), how effective were these methods in reducing hair pulling or urges to pull?

1 2 3 4 5 6 7 8 9 10

Please provide details of which elements of the therapy you found to be the most and least effective and why

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