



Last Name: _____ First Name: _____

Phone #: _____ E-mail: _____

Alopecia Areata Symptom Impact Scale (AASIS)

Alopecia areata is a condition that may affect you. Please rate how severe the following symptoms of your alopecia areata have been ***in the past week***. Please select one response from 0 (symptom has not been present) to 10 (the symptom was as bad as you can imagine it could be) for each item. **Please circle the appropriate number.**

	Not Present											As bad as you can imagine
Scalp hair loss	0	1	2	3	4	5	6	7	8	9	10	
Body or eye lashes hair loss	0	1	2	3	4	5	6	7	8	9	10	
Tingling/numbness of the scalp	0	1	2	3	4	5	6	7	8	9	10	
Itchy or painful skin	0	1	2	3	4	5	6	7	8	9	10	
Irritated skin	0	1	2	3	4	5	6	7	8	9	10	
Feeling anxious or worry	0	1	2	3	4	5	6	7	8	9	10	
Feeling sad	0	1	2	3	4	5	6	7	8	9	10	

Your alopecia areata may interfere with your daily functioning. Please rate how the following items were interfered with by alopecia areata ***in the past week***. Please select one response from 0 (did not interfere) to 10 (interfered completely) for each item.

	Did not Interfere											Interfered completely
Work	0	1	2	3	4	5	6	7	8	9	10	
Enjoyment of life	0	1	2	3	4	5	6	7	8	9	10	
Interaction with others	0	1	2	3	4	5	6	7	8	9	10	
Daily activities	0	1	2	3	4	5	6	7	8	9	10	
Sexual relationships	0	1	2	3	4	5	6	7	8	9	10	
Quality of life	0	1	2	3	4	5	6	7	8	9	10	

Cognitive debriefing items: **Please circle the appropriate answer.**

Are the items easy to understand? Yes No
Do you find the response options easy to use? Yes No
Do you have other symptoms that bother you but were not asked? Yes No

If yes, please list. _____

Directions: Please circle the number (0–10) best reflecting your response to the following that describes your feelings during the past week, including today. **Please circle the appropriate number.**

How would you rate your overall **quality of life** over the past week?

As bad as As good as
it can be it can be
0 1 2 3 4 5 6 7 8 9 10

How would you rate your overall **physical** well being over the past week?

As bad as As good as
it can be it can be
0 1 2 3 4 5 6 7 8 9 10

How would you rate your overall **mental** well being over the past week?

As bad as As good as
it can be it can be
0 1 2 3 4 5 6 7 8 9 10

How would you rate your overall **emotional** well being over the past week?

As bad as As good as
it can be it can be
0 1 2 3 4 5 6 7 8 9 10

Select the current overall condition of your hair loss: Please select one.

1. Episodes of patches of hair loss on scalp or beard that last less than 6 months and completely re-grow to normal hair.
2. One or more episodes of patches of hair loss on the scalp (patchy AA) that last for more than 6 months.
3. Mostly alopecia areata, plus one or more short episodes of AT or AU, last less than 1 year.
4. 100% scalp hair loss (completely bare scalp or AT). Little or no body hair loss for 1 year or more at some time in my life.
5. 100% scalp hair loss and 100% body hair loss (AU) for 1 year or more at some time in my life.
6. None of the above - describe _____

Thank you for filling out this questionnaire for the Alopecia Areata Registry. If you have any questions or comments, we can be contacted at: Alopecia Areata Registry, M. D. Anderson Cancer Center, Department of Dermatology, Box 1452, 1400 Pressler Street, Houston, Texas 77030