Questionnaire

What month and year were you diagnosed with cancer? _____
MM/YYYY

Is this the first time you have had cancer? ☐ Yes ☐ No

If No: _____ _____
Type of Cancer *Years of Treatment*

How long did you undergo treatment?

Start: _____ End: _____
MM/YYYY *MM/YYYY*

Has your doctor indicated that you may lose most of your hair? ☐ Yes ☐ No

Have you had any surgeries?

_____ _____
Type *MM/YYYY*

_____ _____
Type *MM/YYYY*

_____ _____
Type *MM/YYYY*

Have you ever been diagnosed with Diabetes, Lupus, Fibromyalgia, Haushamotos Disease, Over Active or Under Active Thyroid, Kidney Disease, or High Blood Pressure?

_____

_____

What medications are you currently taking?

_____

_____

Have you been diagnosed with thinning hair? ☐ Yes ☐ No How Long Ago?_____

What hair loss treatments did you use? _____

Chemotherapy Hair Loss Clinical Study

Post-Chemo Medical Questionaire

There are several parameters that we must look at for the participants of this study. If you are not selected for the pre-chemo study you may still be a candidate for the post chemo treatment study. Rest assured we will not identify you publicly by first and last name in any publication. You will be identified by ID number. We will also be praying for your rapid recovery from this treatment and your cancer. Thank you for your willingness to participate.

General Information

First Name *Last Name* *Middle Initial*

Email Address *City & State of Residence*

☐ Male ☐ Female

Gender *Age* *Oncologist/Physician Name & Number*

Would you be willing to participate in this clinical study while undergoing chemo? ☐ Yes ☐ No

*If yes, please answer the next few questions.

*If no, we ask that you skip to the Questionnaire section of the form. This information will be used for data representation only but will not be presented with any identifying information.

Are you willing to submit periodic photographs of your scalp? (No faces required) ☐ Yes ☐ No

If your hair loss is dramatically diminished during your chemo treatment, would you allow BC Manufacturing to use your pictures in a medical publication and online to encourage other patients facing chemo, to utilize this product? ☐ Yes ☐ No

Would you allow BC Manufacturing to follow up with you, after your chemo treatment is completed, to continue post chemo treatment for your hair growth? ☐ Yes ☐ No

THANK YOU! You will receive an email from us as soon as your application is processed.

The questionnaire begins on the next page. We thank you for taking the time to fill out the information on the form. This information will be used in our study to better not only our product for patients, but also better those that are hurting and looking for solutions in troubling times. We at BC Manufacturing sincerely thank you for your time and help in making this possible.