

Psychiatric Institute Trichotillomania Scale (PITS)

1. Please enter the client's information.

Client's First Name:

Client's Last Name

Date of Birth:

Psychiatric Institute Trichotillomania Scale (PITS)

Assessment of Sites

The score for this item should be based on both interview and direct inspection. In order to orient the interviewer to the scope of the problem, these questions should be asked first. However, it is recommended that direct examination be conducted at the end of the interview.

Scoring this item should be done after the direct exam. However, the following questions should be asked because of the relative inaccessibility of some anatomical sites in the course of a standard interview and because some individuals may hide hair pulling from certain sites, but not others.

2. From what parts of your body do you pull hair?

Do you ever pull hairs on your arms or legs, or other places like your torso or from pubic areas?

Yes No

If yes, where:

Any other places?

Some people pull hair from areas they find embarrassing to talk about. Do you feel that way?

Yes No

Which sites do you feel embarrassing to discuss?

Assessment of Duration

The subject should be encouraged to provide an answer in minutes or hours. If the subject has difficulty answering, or does not answer quantitatively, try using one of the following probes:

"Is it closer to a few minutes or a few hours?"

"Would you say that it's more or less than _____ minutes/hours per day?"

3. On an average day this past week, how much time would you say you spent pulling your hair or thinking about it? You should include the time you spend thinking about pulling hair, even if you were not actually pulling.

Assessment of Resistance

4. When the urge to pull is present, are you ever able to resist? _____

Yes No

How much of the time can you resist the urge and not pull?

Some of the time? A lot of the time?

If Necessary: More than half of the time? Less than half of the time?

Assessment of Interference

5. Does it keep you from doing anything? For example, is there anything you avoid doing, even just sometimes, because of your hair pulling? _____

Yes No

What/Where:

Does it ever affect you work? (School/Business) _____

Yes No

How:

What about social things? Does it ever affect things that you do socially? Does it have any impact on your dating habits or your relationship with your (wife/ husband/ boyfriend/ girlfriend/ significant other)? _____

Yes No

How:

If the individual avoids any activities because of hair pulling concerns:

How often would you say this happens that you might avoid _____ ? Frequently? Only sometimes?

Assessment of Distress

6. Is pulling your hair something that you think about much?

Yes No

Does it bother you that you do this?

Yes No

Does it bother you a lot?

Yes No

What do you worry about?

Are you ever worried that this problem will keep you from doing important things in life, or that it will make life harder?

Yes No

Do you worry that it may have any effect on your work?

Yes No

What about things like dating or marriage? Are you concerned that your hair pulling will effect those things?

Yes No

Assessment of Severity

7. The score for this item should also be based on direct inspection. If several areas are involved, the score should be determined on the basis of the most severely affected area. If hair pulling is present in a region that cannot be reasonably inspected in the course of the interview, then scores should be based on what is available to observation.

SUMMARY SHEET

8. Subject Name:

Date of Assessment:

Assessment Period:

Subject ID #:

Interviewer:

9.

AREA	SCORE
Site	
Severity	
Duration	
Resistance	
Interference	
Distress	