Dr. Nasha Inc.

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New 05/30/2019

Terrain Questionnaire

(Answer yes or no and give details if yes)

	Yes/No	If yes, provide details
Genetics and Epigenetics:		
Have you been tested for BRCA1 or 2 mutation or Lynch syndrome and what were the results?		
Have you tested positive for other types of cancer genes/molecular markers such as p53, MSH2, EPCAM, EGFR, VEGF, MLH1, MSH6, MEK, epCAM, etc.?		
Are you heterozygous or homozygous for MTHFR mutation?		
Are you heterozygous or homozygous for VDR, COMT, CYP1B1, GST mutations?		
Do you have a family history of cancer?		
Were your parents or grandparents impacted by the Great Depression, other natural disasters, famine, or major stressful periods (like concentration camps or being put on a reservation?)		
Were your parents exposed to any amount of stress, environmental, occupational toxins? And where did they grow up before they conceived you?		
Did your mother smoke or take any types of medications or drugs during her pregnancy with you?		
Did you experience any type of trauma in childhood		
Are you on any pharmaceutical drugs, including over the counter medications such as NSAIDS, TUMS, Benadryl?		

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	Yes/No	If yes, provide details
Do you have evidence or history of low blood pressure? If yes, please describe (occasional, frequent, etc.):		
Do you have evidence or history of orthostatic hypotension (dizziness/lightheadedness when suddenly standing or stretching)? If yes, is it occasional or frequent?		
Do you have a history of migraines? If yes, please describe (severity, frequency, duration, triggers):		
Do you have evidence or history of exercise-induced asthma? If yes, please describe:		
Do you have evidence or history of sulfur food sensitivities (like garlic, onions (cooked or raw), red wine, or dried fruit)? If yes, please describe reaction and list which foods:		
Can you tolerate cheese, pickled foods, chocolate, shellfish, citrus foods, red or sparkling wine, smoked meats? If no, please describe reaction and list which foods:		
Can you tolerate alcohol? If no, please describe reaction:		
Do you have evidence or history of seasonal allergies or chronic allergies? If yes, please describe:		
How do you feel after exercise (Invigorated, fatigued, etc)? How long does it take for your muscles to recover/soreness to improve?		
(Childbearing Females) Did you experience postpartum depression? If yes, please describe:		
 **Blood Sugar Balance:**		
Do you have a self-professed sweet tooth?		

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	Yes/No	If yes, provide details
Do you find it difficult to fall asleep without an evening or late night snack or wake in the night hungry?		
Do you get “hangry” if you skip or delay a meal?		
Do you regularly skip breakfast?		
Do you crave and regularly eat carbohydrates (breads, potatoes, pasta?)		
Do you consume more than 25g of sugar per day?		
Is your body fat content over 25%?		
Do you feel tired after a meal?		
Do you or any family members have a history or diagnosis of metabolic syndrome, hypoglycemia, prediabetes, insulin resistance, polycystic ovarian disease, fatty liver, pancreatic cancer, and pancreatitis, Type I or Type II Diabetes?		
Do you consume alcoholic beverages more than 3 times per week? And what kind do you drink?		
 **Toxic Burden:**		
Do you currently or were you raised near any agriculture, toxic waste, factories, busy roadways, military bases, industries or airports golf courses, gas stations, landfill, mining?		
Do you feel sensitive to odors such as perfume and diesel fumes?		
Do you use a microwave, cell phone, cell towers, Wi-Fi, laptop computer more than 3 hours/day and, or have a Smart Meter? Or had recent or past x-rays, scans, and mammography, DEXA or radiation treatment?		

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Do you use herbicides, pesticides, insecticides in, on or around your home and on your pets?		
Do you use commercial body care products and household cleaning products, fabric softeners, hair dyes, canned foods, and artificial sweeteners?		
Do you have your clothes dry-cleaned?		
Do you use Teflon/non-stick cookware? Do you drink RO filtered water? If not, what is, if any, your water filtration system?		
Do you have mercury fillings, eat fish more than 3 times per week, been exposed to heavy metals or any other industrial metals/toxins?		
Do you find it difficult to sweat?		
Microbiome and Digestive Function:		
Were you born C-Section?		
Were you fed infant formula before the age of 1?		
Have you ever tested positive for a parasite, c.diff, or H.pylori infection?		
Have you ever or do you now use hand sanitizer and antimicrobial soap?		
Do you have any digestive symptoms including gas, bloating, diarrhea, constipation, SIBO, colitis, diverticulitis, reflux? And please describe the quality of your stools (soft, firm, pebbles, odor, color and how often?)		
Do you currently use Round Up near your home and eat non-organic grains?		

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Do you eat non-organic meat and dairy products?		
Do you take NSAIDS (Tylenol, aspirin, ibuprofen) or antacids more than a few times per year?		
Do you eat less than 25g/d of fiber?		
Have you ever taken the recommended oral prep for colonoscopy?		
 **Immune Function:**		
Have you had a vitamin D3 tested in the past and was the level under 50?		
Do you have a personal or family history of autoimmune disease, including thyroid disease?		
Do you experience fevers when you are ill and do you suppress or let them run wild?		
Do you have a history of mono, HPV, STDs, parasites, infections, and herpes?		
Do you have seasonal allergies, asthma, hives or a childhood history of ear infections? If yes, please tell us which.		
Have you been diagnosed with Celiac or gluten intolerance? And how were you diagnosed/tested?		
Have you had all of your recommended vaccinations? Example - flu shots, shingles shots, travel vaccines? Or received immunotherapies i.e., allergy shots, checkpoint inhibitors?		
Have you ever taken steroids? (Topical, inhaled or oral?) of any kind for any duration and why?		

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Do you have a child under the age of 5 or an elder over the age of 75 living in your home; or work in a school, hospital or medical setting?		
 **Inflammation:**		
Any history of eczema, psoriasis, acne, flushing or rashes?		
Every diagnosed or suspicious of arthritis?		
Any physical pain patterns that are constant or Any physical pain patterns that are constant or intermittent and where?		
Do you have inflammatory bowel disease (IBS, Ulcerative Colitis, Crohn's?)		
Do you eat fried or fast foods? Do you have known food allergies or sensitivities?		
Do you have any injuries or wounds that are or were difficult to heal?		
Do you rely on NSAIDS for pain management?		
Do you experience high amounts of stress?		
Do you often incorporate vigorous exercise into your daily routine?		
Are you overweight, consume alcohol or eat less than 5 servings of vegetables per day?		
 **Blood Circulation and Angiogenesis:**		
Do you bruise easily?		

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Have you ever been diagnosed with a clotting disorder?		
Have you ever been diagnosed or your family members, with hemochromatosis or elevated ferritin (iron storage?)		
Do you have a history of deep vein thrombosis?		
Do you have a history of pulmonary emboli?		
Do you have high or low blood pressure and do you take any blood pressure medication?		
Are you anemic? And if so, what form of anemia as there are dozens?		
Do you take any pharmaceutical blood thinners like Coumadin or a daily aspirin?		
Do you exercise less than 30 minutes three times per week and do you spend more than a few hours sitting each day?		
 **Hormone Balance:**		
Do you have a history of Birth control pills, bio- identical or hormone replacement therapy, steroids, fertility treatment or hormone blockade therapies?		
For women: Do you have a history of irregular periods, PMS, fibrous breasts or menopausal symptoms?		
Female: Describe your menstrual history (age of onset, length of cycle, # of days of flow, clots, color of blood, PMS, breast tenderness, other symptoms like mood and food cravings?)		
Female: Circle all that apply: Any history of hysterectomy, D&C, tubal ligation, ablation, irregular PAP, fibroids, irregular bleeding, vaginal discharge, herpes, yeast infections, interstitial cystitis, infertility, pain with intercourse, dryness		

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with intercourse, mastectomy, breast augmentation, breast reconstruction, lumpectomy		
Pregnancy Hx: Number of pregnancies? Termination? Miscarriage? Difficulty conceiving? Complications with pregnancy, delivery, lactation? Describe?		
If menopausal: age of onset and was this natural, medical or surgically induced? Any symptoms associated with this? Describe?		
For men: Do you have issues with sexual function, erectile function, nighttime urination, and/or difficult urination?		
Do you have a low libido (sex drive?)		
Any history of fertility issues?		
Ever diagnosed with a thyroid disorder?		
Any weight fluctuations?		
Do you handle receipts, drink out of plastic water bottles, store food in plastic containers, eat non-organic animal protein?		
Do you now or have you ever followed a low fat diet?		
 **Stress and Biorhythms:**		
Did any of your symptoms, labs or diagnosis change after a stressful period of time?		
Are you a night owl, ever work a nightshift job or had multiple sleepless nights?		
Do you travel through time zones often?		

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Do you have streetlights, TV or computer screen exposure after sunset?		
Are you easily fatigued?		
Do you crave salt?		
Do you sleep less than eight hours and/or go to bed after 11pm at night (what time do you go to bed and wake up?)		
Do you have problems falling asleep or staying asleep? And if you do wake up—do you note the time		
Do you spend less than 15 minutes outdoors daily?		
Do you feel you experience a high level of stress regularly?		
 **Mental and Emotional Health:**		
Do you experience irritability, mood swings or unstable emotions?		
Have you been diagnosed with a mental disorder such as bipolar, depression or anxiety? And have you been treated?		
Are you easily offended?		
Are you sensitive to other people's energy and reactions?		
Do you experience racing, repetitive thoughts?		
Do you find it difficult to speak your truth in certain situations?		
Have you ever self-medicated with drugs, sex, alcohol, shopping, TV, gambling or Internet?		
Do you feel you have a good support system?		

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Do you have a spiritual practice?		

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