


Demographics

Patient Name : Daisy Demo
 Address : PO Box 191
 Country : US

Gender : Female
 City : West Simsbury
 Background : Caucasian

DOB : Jun 01, 2013
 State : Connecticut
 Guardian Name : Daffy Demo

Introduction

Thank you for completing the Documenting Hope CHIRP™ Study questionnaire. In gratitude for the effort you have put into answering all the questions, we are giving you this Personalized Report.

Based upon your answers, this comprehensive report provides a detailed and in-depth look at multiple factors that may have influenced, or may still influence, your child's health.

The questionnaire was designed in great part to probe how our complicated modern lives may be impacting our children. We have many things in our lives that did not exist for our ancestors. How do our lifestyles and our environment influence our children's health and wellbeing?

To address this question, it is not enough to look at one or a few things at a time. Instead, we are looking at the "total load" (or "cumulative impact") of a wide range of the things that impact us.

Because most research studies on lifestyle and environmental impact have focused on one or a few factors, we are breaking new ground in taking this comprehensive approach.

How is the report organized?

The report is organized into categories.

The report presents all of the responses you gave, organized by category, so that you and your clinician partner(s) can review and evaluate which items may have implications for your child's health. The categories include:

- Health History: Parents & Family
- Conception, Prenatal, Birth & Neonatal
- General Health & Development
- Child's Healthcare & Treatment History
- Environment & Lifestyle
- Relationships, Attitudes, Experiences

Items in orange are being flagged as "stressors"

We have classified a subset of potentially impactful things as "stressors" based on science suggesting that these things may be contributors to the "total load" of stress, which we will define further below. We are merely flagging these stressors, rather than saying which ones are more or less important or impactful. As such, we have not weighted these stressors according to their severity—or whether it is easy, hard or impossible to do something about them.

By performing this inventory and flagging these stressors, we aim to come up with what may be the first actual inventory of the components of the "total load" of stressors that our children deal with in their lives, starting from before they are even conceived, all the way through conception, pregnancy, birth, infancy and childhood.

It is worth noting that the vast majority of items we have identified as "stressors" fall into the category of "new-to-nature." This applies to both new-to-nature things to which people can be exposed, and diseases/conditions/states that can be triggered by new-to-nature things in our environment.

What is a stressor and what is a support?

What is a "stressor"?

We use the term "stressor" to refer to two related but different kinds of things that increase demands on the whole body-brain-life system:

- exposures, experiences, influences that may increase demands on one or more systems of the body
- illnesses, conditions or states that may result from stressors, and/or contribute to stress themselves through the increased demands they place on one or more systems of the body.

What is a “support”?

We define “supports” as things, activities, or care and attention that give your child resources to handle demands on their system. Changes in choices you make every day or over the longer term – lifestyle changes – have the potential to increase supports. Some examples include eating high quality organic unprocessed food, having lots of good quality sleep, getting regular movement and exercise, getting outside into nature, getting plenty of sunlight, having nurturing positive relationships, and participating in communities that mean something positive to you and your child.

In this report we did not flag supports. Because this questionnaire is a work in progress that will be refined based upon our ongoing research efforts, future versions of this report may flag supports as well.

How do stressors and supports relate to each other?

A stressor may or may not, on its own, be a problem for a child who has ample supports – that is, plenty of resources to meet the demands and strains imposed by the stressor. The impact often depends on what else is going on. A stressor in a well-supported child may be a challenge that can be overcome and learned from (and this learning may happen in the mind, the immune system, and/or other systems). The same stressors may become a problem for the same child at a different point in time, if their resources are depleted – it may be too overwhelming, and the system may not be able to learn and adapt. On the other hand, some stressors that are bothering a child may become less of a problem as their resources and supports are improved.

Clinicians who deal with chronic illness have long suspected that the frequency and severity of health problems are influenced by the “total load” of stressors, and that health problems arise when there are not adequate resources to meet a combination of stressors. Many clinicians also observe that when the resources and supports for a child are increased, their challenging illnesses, conditions, and states may become less severe or even go away.

How do I use this report and its information?

Our purpose is to pull together a “big picture” of the ranges of “stressors” and “supports” that have been a part of your child’s life. We are doing this based upon the following core premises:

1. Many things can be considered “stressors,” and many things can be considered “supports.”
2. When “stressors” outweigh “supports,” or if individual stressors are particularly severe, it is harder to stay healthy; when “supports” outweigh “stressors,” it is easier to be healthy, adaptable and resilient.
3. Therefore, a basic health-improving strategy is to identify and increase “supports,” identify and reduce “stressors,” and, to the degree possible, mitigate the impact of stressors from the past.

Based on these core premises, we are organizing your responses in a way that will help you identify stressors, and also think about ways to shift the balance toward “more supports” and “fewer stressors.”

With this big picture in hand, you – together with your family, your health care providers and others in your child’s life (even your child her/himself!) – can identify concrete ways to improve or sustain your child’s health.

We hope that seeing the range of issues that are flagged in this report will inspire you to examine the influences on your child, increase supports, reduce stressors, and continue to promote your child’s overall wellbeing.

Thank you for helping this important research effort

The CHIRP™ questionnaire is Version 1.0, the first generation of a tool that will evolve over time. Your participation and efforts are already helping us to achieve that evolution, and we thank you.

With this Documenting Hope CHIRP™ project, we hope to provide information that will help each child whose parents have filled out this questionnaire. One of the goals of this project is to help today’s children more broadly, and to help create a better world and better health for the children of the future. Your de-identified answers will be pooled with the answers of others and will fuel intensive research efforts.

You can take great pride in knowing that your participation in this research may positively impact the lives of children for generations to come. We encourage you to consult with your child’s health care practitioner(s) to

explore the information in this report.

Terms of Use

*Epidemic Answers is a 501(c)(3) nonprofit organization and the sponsor of the CHIRP™ Questionnaire. Epidemic Answers makes no representations, warranties or guarantees as to the accuracy of information provided in this report. Information found in this report should always be verified. Epidemic Answers does not endorse any provider, information, treatment, opinion, recommendation, or perceived advice expressed herein, and expressly disclaims any and all liability in connection with any such information. **The contents of this report do not constitute legal or medical advice, counseling, or other professional services and are not a substitute for professional diagnosis or treatment.** You should always seek advice from a qualified health provider regarding a medical condition. If you have an emergency, you should contact 911 or your doctor immediately. Do not disregard medical advice or delay seeking such advice based on the information found in this report. The transmission and receipt of content, of any sort, to or from Epidemic Answers via the internet, download, email or other means does not constitute a doctor-patient, therapist-patient or other health care professional relationship between you and Epidemic Answers. By using this report, you agree that reliance on the information provided by Epidemic Answers is solely at your own risk.*

CHIRP™ is an unregistered Trademark of Epidemic Answers and is the property of Epidemic Answers. You agree that you will not use such property without the prior written permission of Epidemic Answers. Epidemic Answers does not permit the use of its name, trademarks, graphics or logo in advertising as an endorsement for any product, service, treatment, or for any purpose, commercial or otherwise, without Epidemic Answers prior written approval.

Health History: Parents & Family

Extended Family Health History

Research increasingly shows a potential health impact on a child of events, experiences, and health conditions that occurred several generations back in a child's family. The questions in this section aim to put together a fuller picture of familial health conditions that *might* be relevant to a child's health vulnerabilities and learning opportunities.

Why is this information important?

Extended family member history of nutrition, status, traumatic experiences, and/or disease may turn out to be influential in setting a child's predisposition(s). While genetics have long been assumed to hold the key to an understanding of health, recent research points to the interplay of genes and environment as determinants of health status. Moreover, research shows that "epigenetic" changes – changes to gene expression acquired during a lifetime from stressors and exposures – can be passed on to subsequent generations. An extended family health history can provide important clues into a child's possible predisposition as it relates to current health status.

Example: A history of autoimmune disease in a grandparent might hold clues about possible genetic or hereditary vulnerabilities in a related grandchild, especially with respect to the potential impacts of environmental stressors.

Extended Family Health History

Family members diagnoses

	Maternal grandmother	Maternal grandfather	Paternal grandmother	Paternal grandfather	Maternal aunt(s)	Maternal uncle(s)	Paternal aunt(s)	Paternal uncle(s)	Child's cousin(s)	Sibling	Other family member(s)
acne	✓	✓	✓	✓	✓	-	-	✓	-	✓	-
addiction—other	-	-	-	-	✓	✓	✓	✓	✓	-	✓
addiction--prescription medications	-	-	-	✓	-	-	✓	-	-	✓	-
ADHD/ADD	-	-	-	-	-	-	-	-	-	✓	✓
alcoholism	-	✓	-	✓	-	-	-	-	-	-	-
Alzheimer's Disease	✓	-	-	-	-	-	-	-	-	-	-
anaphylactic allergy (life-threatening)	-	-	-	-	-	-	-	-	-	-	✓
anxiety	-	-	-	-	-	-	✓	-	✓	-	-
arthritis—osteoarthritis	✓	-	✓	-	-	-	-	-	-	-	✓
arthritis—other	-	✓	-	-	-	-	-	-	-	-	-
arthritis—rheumatoid	-	-	-	✓	✓	-	-	-	-	-	-
asthma	-	-	-	-	-	-	-	-	-	-	✓
autoimmune condition	-	-	-	-	-	-	-	-	-	-	✓
cancer	-	✓	✓	-	✓	-	-	-	-	-	-
dementia	-	✓	-	-	-	-	-	-	-	-	-
depression	-	-	-	-	-	-	-	✓	-	-	✓
diabetes (type I)	-	-	-	-	✓	-	-	-	-	-	-
eczema	-	-	-	-	-	-	-	-	-	✓	✓
heart attack	-	-	✓	-	-	-	-	-	-	-	-
heart disease	-	-	-	✓	-	-	-	-	-	-	-
hypertension	-	-	-	-	-	-	✓	-	-	-	-
migraines	-	-	-	-	-	-	-	-	-	-	✓
obesity	-	-	-	-	-	-	✓	✓	-	-	-
osteoporosis	✓	-	-	-	-	-	-	-	-	-	-
stroke(s)	-	-	✓	-	-	-	-	-	-	-	-

Sample

Grandparent adverse experiences

	Maternal grandmother	Maternal grandfather	Paternal grandmother	Paternal grandfather
lived in a war zone	✓	✓	-	-
victim of discrimination	✓	✓	✓	✓
served in combat	-	✓	-	-
witnessed extreme violence	-	✓	-	-
religious or ethnic persecution	✓	✓	-	-

Birth Mother & Father Health History

The questions in this section aim to compile a robust picture of parental health influencers, both positive and negative. In addition, this section helps to identify any possible exposome (environmental exposures) influencers present during especially critical periods of the child's growth and development: preconception, prenatal, neonatal and infancy.

Why is this information important?

Current research supports the conclusion that a child's health can be significantly impacted by the lifetime health of both parents. An understanding of the child's total health history, including the mother and father's health history, can lead to more personalized prevention and treatment approaches. An understanding of the quality and character of a child's total body burden or "total load" as potentially acquired from parents in utero and at critical periods of development may reveal therapeutic or treatment opportunities.

Example: Maternal microbiome disruption often occurs with frequent use of antibiotics, proton-pump inhibitors, birth control pills, or other steroid or hormone medications. Microbiome repair, rebuilding and/or balancing may be indicated for a child born to a mother with such a medication history.

Birth Mother & Father Health History: Part 1 Of 2

Birth Mother & Birth Father: Infancy And Childhood

Birth mother and birth father's health: infancy and childhood

	Mother	Father
was delivered via c-section	✓	-
learning disability: dyslexia	-	✓
learning disability: other	-	✓
vision impairment	✓	-
eyeglasses	✓	-
was circumcised	-	✓

Birth Mother & Birth Father: General Health

Birth mother's general health history

	Very healthy	Healthy	Average health	Poor health	Very poor health
childhood	-	✓	-	-	-
teen years	-	✓	-	-	-
young adulthood	-	-	✓	-	-
year prior to conception	-	✓	-	-	-
prenatal	-	✓	-	-	-
since child was born	-	✓	-	-	-

Birth father's general health history

	Very healthy	Healthy	Average health	Poor health	Very poor health
childhood	-	-	✓	-	-
teen years	-	-	✓	-	-
young adulthood	-	-	✓	-	-
year prior to conception	-	-	✓	-	-
prenatal	-	-	-	-	-
since child was born	-	-	✓	-	-

Birth mother's weight history

	Very underweight	Underweight	Healthy weight	Overweight	Very overweight	Obese	Fluctuating weight
childhood	-	-	✓	-	-	-	-
teen years	-	-	-	✓	-	-	-
young adulthood	-	-	-	✓	-	-	-
year prior to conception	-	-	✓	-	-	-	-
prenatal	-	-	-	✓	-	-	-
since child was born	-	-	-	✓	-	-	-

Birth father's weighthistory

	Very underweight	Underweight	Healthy weight	Overweight	Very overweight	Obese	Fluctuating weight
childhood	-	✓	-	-	-	-	-
teen years	-	✓	-	-	-	-	-
young adulthood	-	✓	-	-	-	-	-
year prior to conception	-	✓	-	-	-	-	-
prenatal	-	✓	-	-	-	-	-
since child was born	-	✓	-	-	-	-	-

Birth mother's stress levels

	Stress: very low	Stress: low	Stress: average	Stress: high	Stress: very high
childhood	-	-	✓	-	-
teen years	-	-	✓	-	-
young adulthood	-	-	✓	-	-
year prior to conception	-	-	✓	-	-
prenatal	-	-	✓	-	-
since child was born	-	-	✓	-	-

Birth father's stress levels

	Stress: very low	Stress: low	Stress: average	Stress: high	Stress: very high
childhood	-	-	-	✓	-
teen years	-	-	-	✓	-
young adulthood	-	-	-	✓	-
year prior to conception	-	-	-	✓	-
prenatal	-	-	-	✓	-
since child was born	-	-	-	✓	-

Birth Mother & Birth Father: Postural & Structural

Birth mother's postural/constructural

	Childhood	Teen years	Adult (pre-child)	Yr prior to conception	Prenatal period	During child's life	Currently
broken bone	-	✓	-	-	-	-	-

Birth father's postural/constructural

	Childhood	Teen years	Adult (pre-child)	Yr prior to conception	Prenatal period	During child's life	Currently
broken bone	✓	-	-	-	-	-	-
hypermobility in joints	-	-	-	-	-	-	✓

Birth Mother & Father: Mood And Behavior
Birth mother's mood/behavior

	Childhood	Teen years	Adult (pre-child)	Yr prior to conception	Prenatal period	During child's life	Currently
significant anxiety	-	-	-	-	-	✓	-
significant depression	-	-	-	-	-	✓	-

Birth father's mood/behavior

	Childhood	Teen years	Adult (pre-child)	Yr prior to conception	Prenatal period	During child's life	Currently
significant anger	-	-	-	-	-	✓	-
feeling extremely overwhelmed, panicked or worried	-	-	-	-	-	✓	-

Birth Mother & Birth Father: Brain/Nervous System
Birth mother's brain/nervous system

	Childhood	Teen years	Adult (pre-child)	Yr prior to conception	Prenatal period	During child's life	Currently
headaches	-	-	-	✓	✓	✓	-

Birth Mother & Birth Father: Dental/Oral

Birth mother dental/oral

	Childhood	Teen years	Adult (pre-child)	Yr prior to conception	Prenatal period	During child's life	Currently
dental decay (more than two cavities)	✓	-	-	✓	-	-	✓
had dental amalgams (silver fillings) placed	✓	✓	-	✓	-	-	-
oral surgery	-	✓	-	-	-	-	-
wore dental appliance	✓	-	-	-	-	-	-
wore braces	✓	-	-	-	-	-	-
dental x-ray	✓	✓	✓	✓	-	✓	✓
dental cleaning	✓	✓	✓	✓	✓	✓	✓
fluoride treatment	✓	✓	-	-	-	-	-
tooth extraction	-	✓	-	-	-	-	✓
dental whitening	-	-	-	✓	-	✓	-

Birth father dental/oral

Sample

	Childhood	Teen years	Adult (pre-child)	Yr prior to conception	Prenatal period	During child's life	Currently
dental decay (more than two cavities)	✓	✓	✓	-	-	-	-
had dental amalgams (silver fillings) placed	✓	✓	✓	-	-	-	-
root canal(s)	-	-	-	-	✓	-	-
wore dental appliance	✓	-	-	-	-	-	-
wore braces	✓	-	-	-	-	-	-
dental x-ray	✓	-	✓	-	✓	-	-
dental cleaning	✓	✓	✓	✓	-	-	✓
fluoride treatment	✓	✓	-	-	-	-	-

Birth Mother & Birth Father: Head, Neck, ENT

Birth father's head, neck, ent

	Childhood	Teen years	Adult (pre-child)	Yr prior to conception	Prenatal period	During child's life	Currently
chronic stuffy nose or post-nasal drip	✓	-	-	-	-	-	-

Birth Mother & Birth Father: Heart/Cardiovascular

Birth father's heart/cardiovascular

	Childhood	Teen years	Adult (pre-child)	Yr prior to conception	Prenatal period	During child's life	Currently
high blood pressure	-	-	-	-	-	✓	✓

Birth Mother & Birth Father: Breathing

Birth father's breathing