

**Instructions:**

This quiz should not take more than 15-20 minutes, but it does require concentration. Try to take this quiz in one sitting, and do not think too long on any one question, but answer with how you feel most of the time. Try to eliminate all distractions, and be sure to postpone the quiz if you are feeling out of sorts. There are no right answers.

If you want real insight into your overall health, answer the questions truthfully. It would be more astounding to find out that you are not experiencing any pauses than if you found out that you were.

In each category, circle True or False. **BEFORE YOU START BE SURE TO** pull out the score sheet on pg. 17. Put your total of each section on the score sheet.

**AGE PRINT QUIZ**

**Group 1: The Aging Brain**

**Brain:**

1. **TF** I have noticed a decrease in my walking speed.
2. **TF** I have noticed that my coordination has decreased.
3. **TF** I am gaining weight without much change to my diet.
4. **TF** I have bouts of fatigue.
5. **TF** It takes me a long time to process information.
6. **TF** I don't feel my brain is working well.
7. **TF** I have heart palpitations.
8. **TF** I feel restless or edgy all the time.
9. **TF** I have difficulty concentrating.
10. **TF** Sometimes my mind just goes blank.
11. **TF** I tend to be irritable.
12. **TF** My muscles feel tense all the time.

13. **TF** I have difficulty falling and staying asleep.
14. **TF** I have a poor appetite.
15. **TF** I tend to lose my balance.
16. **TF** I have noticed my attention has decreased.
17. **TF** My orientation has decreased.
18. **TF** My ability to calculate numbers has decreased.
19. **TF** My grasp of language has deteriorated.
20. **TF** My ability to recall has decreased.
21. **TF** My long/short term memory has decreased.
22. **TF** My management skills have decreased.
23. **TF** I have difficulty making decisions.

**Mind:**

1. **TF** I tend to feel out of sorts.
2. **TF** I tend to overeat.
3. **TF** I feel more depressed and/or suicidal lately.
4. **TF** I have had a change in my appetite.
5. **TF** I experience feelings of hopelessness.
6. **TF** I experience feelings of worthlessness.
7. **TF** My sleeping patterns have changed.
8. **TF** I have a decreased libido/sex drive.
9. **TF** I have trouble concentrating or paying attention.
10. **TF** I have low self-esteem.
11. **TF** I feel nervous.
12. **TF** I have become increasingly emotional.
13. **TF** I don't socialize as much.

## Senses:

1. **TF** I have a decreased perception of high frequency sounds.
2. **TF** I have trouble hearing.
3. **TF** I have trouble distinguishing speech sounds.
4. **TF** My ears hurt with loud noise.
5. **TF** I don't notice smells as much.
6. **TF** I have lost some sensitivity in my touch.
7. **TF** My vision is becoming increasingly poor.
8. **TF** I have a decreased sense of depth perception.
9. **TF** I have decreased color sensitivity.
10. **TF** I find it more difficult to read small print.

## Group 2: Neuropause: Connectivity Between The Midbrain And The Spinal Cord

### Sleep/Wake:

1. **TF** I have had a decrease in hours of sleep.
2. **TF** My sleep is less deep.
3. **TF** I have more trouble adjusting to air travel.
4. **TF** I have painful toes.
5. **TF** I have numbness in my hands.
6. **TF** I no longer have the sensation of pain when I get hurt.
7. **TF** I have foot ulcers.
8. **TF** I have lost some of my quick reflexes.

### Hormonal/Regulatory/Age:

1. **TF** **MY BLOOD TESTS SHOW ABNORMAL** levels in my major hormone groups.

2. **TF** I have been experiencing premature symptoms of sexuality (i.e. menopause).

### Group 3: Regulatory Organs of Metabolism and the Immune System

#### Thyroid:

1. **TF** I have an enlarged neck.
2. **TF** I feel fatigued most of the time.
3. **TF** I'm experiencing cold intolerance.
4. **TF** I'm constipated.
5. **TF** I've recently gained weight.
6. **TF** I feel depressed.
7. **TF** I have dry skin.
8. **TF** I have delayed reflexes.
9. **TF** I have been told I'm anemic.
10. **TF** I have a slow heartbeat.
11. **TF** My immune system is not as strong as before.
12. **TF** I have more warts on my skin.
13. **TF** The fungus on my nails comes back faster than it used to.
14. **TF** I have many cysts on my body.

#### Immune System:

1. **TF** I have found a lump in my breast.
2. **TF** I have a persistent cough that won't go away.
3. **TF** I am always hoarse.
4. **TF** I have bloating or fullness in my abdomen that isn't related to food I've eaten.
5. **TF** I have seen blood in my urine.
6. **TF** I have had pain in my hips, spine, or ribs.

7. **TF** My bowel habits have changed, and have lasted longer than a few days.
8. **TF** I have seen blood in my stool.
9. **TF** My skin appears to be turning yellow.
10. **TF** I have been experiencing some of the symptoms of arthritis, including pain in my joints, swelling of my hands and fingers.
11. **TF** I seem to be injuring my elbows, shoulders, or ankles lately.
12. **TF** It takes a longer time for my injuries to heal.
13. **TF** I have noticed an increase in the amount of infections I get.

#### Group 4: Musculoskeletal Aging

##### Muscle Mass:

1. **TF** I am not as strong as I used to be.
2. **TF** I have increased body fat.
3. **TF** I have been told that I have elevated LDL cholesterol.
4. **TF** I have been told that I have decreased HDL cholesterol.
5. **TF** My energy is low.
6. **TF** At times I feel very "blue" or down.
7. **TF** I find it harder to concentrate and remember things.
8. **TF** I have noticed it takes longer time for me to heal from an injury or accident.
9. **TF** I am starting to get wrinkles.
10. **TF** I have a decrease in my hair and nail growth.
11. **TF** I notice my skin is thinning.
12. **TF** I have reduced bone density.
13. **TF** I have mood swings.
14. **TF** My sex drive has decreased.



15. **TF** I get sick more often.
16. **TF** I have decreased body fat.
17. **TF** I have been told that I am osteoporotic.
18. **TF** I have noticed more wrinkles.
19. **TF** I have noticed my skin is dry and scaly.
20. **TF** My eyebrows are thinning.

### **Bone Health:**

1. **TF** I have experienced pain in my weight-bearing joints.
2. **TF** My bones break easily.
3. **TF** I had many bone fractures as a child.
4. **TF** I am shorter than I used to be.
5. **TF** I have a history of scoliosis in my family.
6. **TF** I have weighed less than 135 pounds as an adult.
7. **TF** My parents have lost height.
8. **TF** I currently or previously smoked.
9. **TF** I have taken steroid medications.
10. **TF** I've abused recreational steroids.
11. **TF** I don't get much sun.
12. **TF** I've missed my period for more than a year.
13. **TF** I have been anorexic.
14. **TF** I have experienced premature menopause.
15. **TF** I have a hunchback.
16. **TF** I've been placed on bed rest for six months or more.
17. **TF** I am unable to conceive.
18. **TF** I have taken anticonvulsant medication.

19. **TF** I have taken thyroid medication.
20. **TF** I have been told I have osteoporosis.
21. **TF** I feel anxious more frequently.
22. **TF** I have blurry vision.
23. **TF** I have cataracts.
24. **TF** I am not as sharp as I was before.

### Group 5: The Overworked Cardio/Pulmonary System

#### Heart:

1. **TF** I have experienced chest pains.
2. **TF** I have experienced discomfort, heaviness or pressure in my chest.
3. **TF** I have experienced shortness of breath.
4. **TF** I have experienced palpitations.
5. **TF** I have experienced lightheadedness.
6. **TF** I have been told I have a heart murmur.
7. **TF** I have difficulty breathing when lying down.
8. **TF** I have experienced dizziness.
9. **TF** I have experienced fainting.
10. **TF** I have a rapid heartbeat.
11. **TF** I have been told I have an abnormal heart rhythm.

#### Circulation/Limbs:

1. **TF** I have had blood clots.
2. **TF** I tend to faint.
3. **TF** I have lost hair on my lower legs.
4. **TF** I have cold feet.

5. **TF** I have poor circulation.
6. **TF** I don't see as many veins in my feet as I used to.
7. **TF** My ankles swell on occasion.
8. **TF** I bruise easily.
9. **TF** My wounds do not heal well.
10. **TF** I have dry, flaky skin.
11. **TF** My nails are soft and brittle.
12. **TF** My feet are cold and occasionally very white.
13. **TF** My hands are cold and are occasionally blue.
14. **TF** The skin on my lower legs has turned a darker shade.

#### Lungs:

1. **TF** I cough.
2. **TF** I wheeze.
3. **TF** I have shortness of breath.
4. **TF** I occasionally spit blood.
5. **TF** My back hurts when I breathe.
6. **TF** My chest hurts when I breathe.
7. **TF** I cough up phlegm.

#### Group 6: The Digestive System

##### Stomach/GI Tract:

1. **TF** I have a decreased amount of saliva.
2. **TF** I have a decrease in my sense of taste.
3. **TF** I am more constipated.
4. **TF** I have heartburn.



5. **TF** I have frequent stomach problems.
6. **TF** I am occasionally nauseous.
7. **TF** I occasionally vomit.
8. **TF** I have abdominal pain.
9. **TF** I have diarrhea.
10. **TF** I have blood in my stool.
11. **TF** I have painful or irregular bowel movements.
12. **TF** I have difficulty swallowing.
13. **TF** I am bloated.
14. **TF** I frequently belch.
15. **TF** I often have hiccups.
16. **TF** I am wasting away.
17. **TF** I have sweet smelling urine.

**Metabolism:**

1. **TF** I have frequent urination.
2. **TF** I am frequently drinking water.
3. **TF** I have a dry mouth.
4. **TF** I am losing muscle mass.
5. **TF** I have high blood pressure.
6. **TF** I feel full after eating very little.
7. **TF** I have vomited blood.
8. **TF** My moods fluctuate more with stimulants like coffee, or carbohydrates.
9. **TF** I can no longer tolerate an abundance of sugar.
10. **TF** I have excessive urination.
11. **TF** I have excessive thirst.

12. **TF** I have recently experienced weight loss without dieting.
13. **TF** I have a history of gestational diabetes.
14. **TF** I have relatives with diabetes.
15. **TF** I have recurrent urinary tract infections.
16. **TF** I have recurrent genital infections.
17. **TF** I have recurrent skin infections.
18. **TF** I have a history of abnormal glucose levels.
19. **TF** I have high blood pressure.
20. **TF** I have high cholesterol.
21. **TF** I am obese.

### Group 7: Aging Sexuality

#### Adrenal Issues:

1. **TF** I have trouble handling stress.
2. **TF** I have been told I have Lupus.
3. **TF** I have low energy.
4. **TF** I feel like running away when under stress.
5. **TF** I have painful joints.
6. **TF** I am experiencing symptoms of chronic inflammation.
7. **TF** My hair is going gray.
8. **TF** My sex drive has diminished.

#### Testicles/Erectile Issues:

1. **TF** My testicles have shrunk.
2. **TF** My penis seems smaller.

3. **TF** I have abdominal obesity.
4. **TF** I have no sex drive.
5. **TF** I have no sexual urges.
6. **TF** I have premature ejaculation.
7. **TF** I have lost facial hair.
8. **TF** I have lost hair on my body.
9. **TF** I have lost hair on my legs.
10. **TF** I don't think as clearly as I used to.
11. **TF** I notice that my neck is getting wider and broader.

#### Female/Ovaries:

1. **TF** My teeth appear weaker.
2. **TF** My nails are weaker and chip or split more often.
3. **TF** My vagina is dryer than it used to be.
4. **TF** My hair has gotten thinner.
5. **TF** The lines on my face have gotten bigger.
6. **TF** My face has begun to sag.
7. **T / F** My breasts are very nodular, cystic or thick.
8. **T / F** My breasts have begun to sag.
9. **T / F** I have begun to have hot flashes.
10. **T / F** The size of my breasts has begun to decrease.
11. **T / F** I have been told that I have osteoporosis.
12. **T / F** I get frequent urinary tract infections or vaginitis.
13. **T / F** I experience frequent mood swings.
14. **T / F** I often have pain during sexual intercourse.

15. T / F I have night sweats.

### Group 8: Cleansing the Body

#### Kidneys:

1. **TF** I have been told that I have hypertension.
2. **TF** I have been told that I have kidney stones.
3. **TF** I have frequent or nighttime urination.
4. **TF** I have experienced urinary retention/incontinence.
5. **TF** I have swollen legs.
6. **TF** I have puffy eyes.
7. **TF** I urinate too much.
8. **TF** I urinate less often.

#### Genitals, Male:

1. **TF** I have found blood in my urine.
2. **TF** I have urinary frequency, urgency.
3. **TF** I have painful urination.
4. **TF** I have decreased force of stream.
5. **TF** I have painful erections.
6. **TF** I have seen blood when I ejaculate.
7. **TF** I have cloudy urine.
8. **TF** I have genital sores.
9. **TF** I have scrotal enlargement/swelling.
10. **TF** I have been told that my prostate is enlarged.

## Genitals, Female:

1. T / F I have pain with my period.
2. T / F I have irregular periods.
3. T / F I have vaginal discharge.
4. T / F I have painful urination.
5. T / F I have genital sores.
6. T / F I have cloudy urine.
7. T / F I have incontinence.
8. T / F I have urinary frequency, urgency.
9. T / F I have blood in my urine.
10. T / F I have frequent urinary tract infections.

## Group 9: The Aging Skin: Dermatopause

### SKIN:

1. **TF** I have many wrinkles.
2. **TF** My skin is beginning to sag.
3. **TF** My skin does not appear as supple as it used to.
4. **TF** I have age spots.
5. **TF** I have skin discolorations. Add one point for each cyst, lump, bump, spider vein, or red spot.
6. **TF** My skin has lost its glow.
7. **TF** I have been diagnosed with skin cancer.
8. **TF** I have developed a 'turkey neck'.
9. **TF** I have jowls.
10. **TF** I have spent much of my life in the sun without proper protection.

## Group 10: Genetic Aging

1. **T F** I use steroids.
2. **T F** I take non-bioidentical hormones (i.e. birth control).
3. **T F** I've had cancer.
4. **T F** I have a family history of cancer.
5. **T F** I have a lot of cysts, growths or lumps.
6. **T F** I developed abnormally as a child.
7. **T F** I have a family history of obesity.
8. **T F** I have had family members die at an early age.
9. **T F** I have a family history of depression.
10. **T F** I have a family history of alcoholism.