



## THE AGE PRINT QUIZ

### BECOME YOUNGER WITH THE AGE PRINT QUIZ

Learn how to assess the most important part of your body: the brain. Also learn why medicine fails today, and why you may have one old part that is missed by conventional medical techniques. Many are worried about the way they look on the outside. The inside, however, is the most important part of your body, and it is the key to looking good on the outside. This quiz is going to give you the information you need to keep your body young both externally and internally. Remember, “You are only as young as your youngest part,” and this quiz is just the beginning of a journey to live longer, healthier, and happier.

#### **Change Your Future: Prevent Saying “Yes” to the Following Questions**

Are you at risk for **obesity**, chronic **fatigue syndrome**, or have an addiction to **food**, **cigarettes** or **alcohol**? Will you develop an anxiety disorder or **Alzheimer’s**? Will you get **depressed** or have **sleep problems**? Is your **heart losing pumping power** or is **valve damage occurring**? Are you developing **cancer** or autoimmune disease, losing your libido or developing a **big belly** from loss of testosterone? Will you get osteoporosis, lose your memory from **menopause**, or will your skin start to **wrinkle** or **lose your hair** before you are ready? By assessing your health today you can determine and even **REVERSE** your declining parts to achieve a future where **you will look and feel 15 years younger**.

You have all the clues, but you have been trained to neglect them all your life. Now is your chance to acknowledge the clues and stop aging. The secret to managing health care is to catch things early, so you do not end up with prolonged hospital stays, surgical interventions and near-death events.

To Your Health,

Eric R. Braverman, M.D.



## Instructions:

Please take this quiz; then, fax the **score page only** (P. 9) to **212-213-6188** for our assessment. Visit the PATH website at <http://pathmed.com/> for more information.

This quiz should not take more than 15-20 minutes, but it does require concentration. Try to take this quiz in one sitting, 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. Remember, 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** find the **score sheet** at the end of the booklet, and as you go, put your total of each section on the score sheet.

\*Further testing and a blood work up by your doctor is required to establish where other deficiencies or illnesses may be present in your body. We highly recommend consulting with your G.P. before adding any new supplements to your program.



## Group 1: The Overworked Cardio/Pulmonary System

### Cardiopause:

1. T/F I have swollen legs.
2. T/F I have experienced shortness of breath when I exercise.
3. T/F I have experienced lightheadedness or have episodes of loss of consciousness.
4. T/F I have been told I have a heart murmur.
5. T/F I have difficulty breathing when lying down.
6. T/F I have a rapid heart beat.
7. T/F I have been told that I have an abnormal heartbeat.
8. T/F I have a cough that does not go away.
9. T/F I have experienced discomfort, heaviness or pressure in my chest.
10. T/F My lips are bluish in color.

Number of "True" Responses X 10: \_\_\_\_\_ = Cardiopause Age Code \_\_\_\_\_

## Group 2: Aging Metabolism and Immunity

### Immunopause:

1. T/F I have noticed more warts on my skin.
2. T/F I have found many cysts on my body.
3. T/F Cuts or bruises seem to take longer to heal.
4. T/F My blood work shows a deficiency in T cells.
5. T/F I have a persistent cough that won't go away.
6. T/F I have frequent ear or sinus infections.
7. T/F I have bloating or fullness in my abdomen that isn't related to food.
8. T/F I have seen blood in my urine.
9. T/F I have had pain in my hips, spine, or ribs.
10. T/F I often need to regulate my bowels with laxatives.

Number of "True" Responses X 10: \_\_\_\_\_ = Immunopause Age Code \_\_\_\_\_

### Thyropause:

1. T/F I have an enlarged neck.
2. T/F I feel weak and fatigued most of the time.
3. T/F I have greater sensitivity to cold.
4. T/F I have delayed reflexes.
5. T/F I have been told that I am anemic.
6. T/F I have a slow heart beat.
7. T/F My metabolism has slowed with age.
8. T/F My menstrual cycle has changed to a heavier flow.
9. T/F I have difficulty moving my bowels.
10. T/F I am always hoarse.

Number of "True" Responses X 10: \_\_\_\_\_ = Thyropause Age Code \_\_\_\_\_

### Insulopause:

1. T/F I'm thirsty all the time.
2. T/F I have to urinate frequently throughout the day and night.
3. T/F I have a protruding belly.
4. T/F My complexion is pale.
5. T/F My fingers and/or toes tingle.
6. T/F My sexual function has diminished.
7. T/F I have low muscle tone: the skin on my upper arms is sagging.
8. T/F I have cellulite on my thighs and/or buttocks.
9. T/F I have frequent pain in my hips.
10. T/F I have frequent lower back pain.

Number of "True" Responses X 10: \_\_\_\_\_ = Insulopause Age Code \_\_\_\_\_

## Group 3: Changes of the Skin

### Dermapause:

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

**Number of "True" Responses X 10: \_\_\_\_\_ = Dermapause Age Code \_\_\_\_\_**

## Group 4: Musculoskeletal Aging

### Osteopause:

1. T/F I experience pain in my hips and knees.
2. T/F I have been diagnosed with osteopenia or osteoporosis.
3. T/F I have lost inches off my height over the years (measure your height now to find out).
4. T/F I have broken a bone in the past.
5. T/F I have a history of either curved spine or hunchback/curved posture in my family.
6. T/F I have weighed less than 110 lbs. As an adult.
7. T/F I abused recreational steroids in the past.
8. T/F I've missed my period for more than one year.
9. T/F I have suffered from an eating disorder which caused me to lose an excessive amount of weight.
10. T/F I have fair skin and light eyes.

Number of "True" Responses X 10: \_\_\_\_\_ = Osteopause Age Code \_\_\_\_\_

### Somatopause:

1. T/F I am starting to get wrinkles.
2. T/F My hair and nails are not growing as fast as they used to.
3. T/F My friends have fewer gray hairs than me.
4. T/F My skin is thinning.
5. T/F I am not as tall as I used to be.
6. T/F I am not as agile as I used to be.
7. T/F I am not as strong as I used to be.
8. T/F I have problems opening jars or carrying heavy loads.
9. T/F I have gained body fat, especially around my waistline.
10. T/F I have been told that my cholesterol is high.

Number of "True" Responses X 10: \_\_\_\_\_ = Somatopause Age Code \_\_\_\_\_

## Group 5: The Aging Sexuality

### Menopause: For Women Only

1. T/F My nails are weaker and chip or split more often.
2. T/F My vagina is dryer than it used to be.
3. T/F I lose lots of hair each week and it feels more brittle than before.
4. T/F My breasts have begun to sag.
5. T/F I have hot flashes during the day.
6. T/F I rarely feel like having sex.
7. T/F My doctor has prescribed estrogen, progesterone, testosterone, or DHEA supplements. \*Subtract one point if these substances are natural.
8. T/F I am experiencing the beginning stages of osteoporosis or height loss.
9. T/F I can't remember details as well as I used to.
10. T/F I have begun to have night sweats.

Number of "True" Responses: \_\_\_\_\_ = Menopause Age Code \_\_\_\_\_

## Andropause: For Men Only

1. T/F When I have sex it takes me a long time to achieve an orgasm.
2. T/F I carry my excess weight directly on my abdomen.
3. T/F I have a diminished sex drive.
4. T/F I have thin arms and legs.
5. T/F I have noticed that my ejaculate has diminished.
6. T/F I do not need to shave as often as when I was younger.
7. T/F I have lost hair on my body.
8. T/F I noticed that my neck is getting wider and broader.
9. T/F My doctor has told me that my testosterone level is diminished.
10. T/F My testicles have shrunk; my scrotum is sagging; my penis is smaller.

\*Add one point for each that applies (#10)

**Number of "True" Responses:** \_\_\_\_\_ = **Andropause Age Code** \_\_\_\_\_

## Group 5: The Aging Gastrointestinal System

### Gastropause

1. T/F I often feel like I have to throw up after eating.
2. T/F I have to take antacids regularly.
3. T/F I feel full quickly.
4. T/F I have had gallstones.
5. T/F I have food intolerances to wheat.
6. T/F I am lactose intolerant.
7. T/F I have loose stools often.
8. T/F My stools have a very strong odor.
9. T/F I have specific food allergies.
10. T/F I often experience heartburn after a meal.

**Number of "True" Responses:** \_\_\_\_\_ = **Gastropause Age Code** \_\_\_\_\_



## SCORING

On the chart on the following page, give yourself **1 point** for every **TRUE** response. Then total your points at the end of each section. Add a zero to your total score of **TRUE** responses: this is your **AGE CODE** for that system.

For example, if your score in the first section is 3, your AGE CODE for Cardiopause is 30. If the AGE CODE number is higher than your chronological age, this is an area you should focus on. A high score in a category will show you where your body has a deficiency.

**Fax the following page only with your score and your information to:  
212-213-6188 for a consultation.**

The Supplement Table on the last page will help you find the supplements that may help aid what your body needs.

\*Record your Age Codes in the chart below. After six months of taking supplements, take the test again, and see if your Age Print has changed.

By following the suggestions outlined on the Supplement Table, you will be able to chart dramatic improvements in every aspect of your health.

If any one of your Age Codes is more than 20 years older than your actual age range, consider yourself in a severe health category and make an appointment to see your physician immediately.



## Your Score

	Initial Age Code	6 months Later	One Year later
<b>Cardiopause</b> HEART			
<b>Immunopause</b> IMMUNE SYSTEM			
<b>Thyropause</b> THYROID			
<b>Insulopause</b> WEIGHT/METABOLISM			
<b>Dermatopause</b> SKIN/HAIR			
<b>Osteopause</b> BONES			
<b>Somatopause</b> AGING			
<b>Menopause</b> FEMALE-OVARIES			
<b>Andropause</b> MALE-TESTICLES			
<b>Gastropause</b> STOMACH/LIVER			

## Your Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

**Fax this sheet ONLY to: 212-213-6188**

(Sent Via the Web)

Causative Factor	Natural Approach	
<b>Heart</b> <i>Valve disease, hypertension, coronary artery disease, weak heart muscle/cardiomyopathy, arrhythmias</i>	<ul style="list-style-type: none"> <li>• Heart formula – blood pressure</li> <li>• Cinnamon – blood pressure</li> <li>• Niacin – cholesterol</li> <li>• Cholestene – cholesterol</li> <li>• D-ribose</li> <li>• Magnesium</li> </ul>	<ul style="list-style-type: none"> <li>• Policosanol – heart health</li> <li>• Omega-3 fish oil – heart health</li> <li>• Taurine</li> <li>• Garlic</li> <li>• Carnitine</li> </ul>
<b>Immune System</b> <i>Cancers, cysts, lumps, bumps, family history of cancer</i>	<ul style="list-style-type: none"> <li>• Vitamin C</li> <li>• Zinc</li> <li>• NAC</li> </ul>	<ul style="list-style-type: none"> <li>• Vitamin E</li> <li>• Echinacea</li> <li>• Antioxidant</li> </ul>
<b>Weight Loss/Metabolism</b> <i>Pear shaped body, abdominal obesity, large hips, large gut, visceral fat</i>	<ul style="list-style-type: none"> <li>• Green tea</li> <li>• Slim Pak</li> <li>• Slim Fiber</li> <li>• Sceletium Tortuosum</li> <li>• Pregnenolone</li> </ul>	<ul style="list-style-type: none"> <li>• Integra Lean</li> <li>• CLA</li> <li>• Citrin and Chromium</li> <li>• DHEA 25mg and 50mg</li> <li>• 7-keto DHEA</li> </ul>
<b>Thyroid</b> <i>Metabolic disorders, obesity, memory loss, weight change</i>	<ul style="list-style-type: none"> <li>• Iodoral</li> <li>• Zinc</li> </ul>	
<b>Skin/Hair</b> <i>Menopause male and female</i>	<ul style="list-style-type: none"> <li>• Vitamin E</li> <li>• Vitamin C</li> <li>• Zinc</li> <li>• Omega-3 fish oil</li> </ul>	<ul style="list-style-type: none"> <li>• Biotin</li> <li>• AM/PM Brain Cream Formulas</li> <li>• “any time” Brain Mood formula</li> <li>• Ageless Pak</li> </ul>
<b>Bones</b> <i>Osteoporosis</i>	<ul style="list-style-type: none"> <li>• Osteo Pak</li> <li>• Vitamin D 5,000 IU</li> </ul>	<ul style="list-style-type: none"> <li>• Calcium</li> <li>• Strontium</li> </ul>
<b>Aging/Genetics</b> <i>Family history</i>	If you said “yes” to any of the cancer questions: <ul style="list-style-type: none"> <li>• DIM</li> <li>• Prostate Formula</li> </ul>	
<b>Ovaries</b> <i>Thinning hair, dry hair/skin/ vagina, drooping breasts</i>	<ul style="list-style-type: none"> <li>• Estroflavone</li> <li>• Menopause Support</li> </ul>	<ul style="list-style-type: none"> <li>• DIM – Breast cancer prevention</li> <li>• PMS Pak</li> </ul>
<b>Testicles</b> <i>Poor sex drive, abdominal fat, w/weak hips</i>	<ul style="list-style-type: none"> <li>• Super Miraforte</li> <li>• Tribulis Terrestris</li> </ul>	<ul style="list-style-type: none"> <li>• Prostate Formula</li> </ul>
<b>Stomach/GI</b> <i>Indigestion, GERD, Crohn’s disease, colitis, IBS</i> <b>Liver</b> <i>Fatty liver, liver cysts, liver tumors, hepatitis</i>	<ul style="list-style-type: none"> <li>• Cease fire – reflux</li> <li>• Fiber</li> <li>• N-acetyl cysteine</li> </ul>	<ul style="list-style-type: none"> <li>• Ultrazyme</li> <li>• Lipoic acid</li> <li>• Vitamin E – 1,600</li> <li>• Green tea</li> </ul>

