

BRILLIANT BODY ASSESSMENT

CONCERNS	DIGESTIVE	HEPATIC	INTESTINAL	CIRCULATORY	NERVOUS	IMMUNE	RESPIRATORY	URINARY	GLANDULAR	STRUCTURAL
Illness More Than Twice A Year						3	3			
Body Odor And/Or Bad Breath	1		3				1	1		
Difficulty Digesting Certain Foods	3	2				1				
Less Than 3 Servings of Fruits And Veggies Daily	1		2	1		2		1		
Monthly Female Concerns		2	1					1	3	
Recent Or Frequent Use of Antibiotics			2			3	1			
Regular Consumption of Alcohol		5			1				1	
Gum Problems Or Redness on Nose				2						
Food Allergies	3	2				1	2			
Puffiness Under Eyes								3		
Smoking		1		3	2	2	5			
Poor Concentration Or Memory				2	1				1	
Heavy Coating On Tongue	3		1			1	1			
Belching Or Gas After Meals	3		1							
Stressful Lifestyle				3	2	2			1	
Skin/Complexion Problems		2	2					2	1	2
Cravings For Sweets Or Junk Food						1			2	
Daily Consumption of Dairy Products			2				2			
Feeling Down, Uninterested Or Moody		3	1		3				1	
Difficulty Getting To Sleep, Lack Of Sleep		2			1				1	
Menopausal Concerns		1			1				1	2
Frequent Urination Or Urinary Concerns								4		
Age-Related Health Problems	1			2		1			1	2
Sore Or Painful Joints			1			1		1		3
Difficulty Maintaining Ideal Weight	1				1			1	1	
Lack of Energy Or Endurance				1		2	1		1	
Diet High In Meat And Grains	1		2	1				3		1
Heavy Mucus Production Or Feeling Congested	1		1				2			
Fewer Than Two Bowel Movements Per Day	1	1	3		1		1			
Weak Knees, Ankles Or Back								2		3
Low Sex Drive				1	1				2	
Brittle Or Easily Broken Fingernails	1									2
Dry, Damaged Or Dull Hair	1								1	2
Daily Consumption Of Fried Foods	1	2		3	1					
Frequently Feeling Fearful Or Timid					2			2	1	
Cold Hands And Feet				3					1	
Muscle Cramps Or Spasms					2					1
Exposure To Air Pollution Daily						1	2			
Daily Consumption Of Caffeinated Beverages					1				1	2
Shallow or Difficult Breathing						1	2			
Restless Sleep or Waking Up Frequently		2			1			1	1	
Recurrent Yeast Or Fungal Infections	1		2			2	1	1		
Weak Bones, Teeth Or Cartilage	1							2		3
Feeling Anxious Or Worried	1				3				1	
Feeling Irritable Or Easily Angered		2		1	1				2	
Don't Exercise Regularly				2						2
Respiratory Concerns			1			1	3			
TOTAL POINTS POSSIBLE	25	27	25	25	25	25	27	25	25	25

YOUR TOTALS

Brilliant Body Assessment Instructions

- Circle ALL of the numbers across the row if the statement applies to you.
- Add up the numbers you have circled in each column and write the total at the bottom in the space provided.
- Focus on the two weakest systems (systems with the highest number) for 90 days and retake assessment.
- You can support your weak systems by beginning with a system product pack and by working with an NSP Herb Specialist to determine which products may offer you additional support.

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