

BRILLIANT

Body Assessment

Concerns

| 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 | |

MY TOTAL POINTS BY BODY SYSTEM