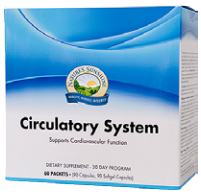
NATURE'S SUNSHINE®

For more information, contact:

BRILLIANT BODY ASSESSMENT

STEP 1. If a concern applies to you, circle all numbers in that row.
STEP 2. In each column, total the numbers you have circled.
STEP 3. Decide which Body Systems you will focus on, based on your highest scored columns (see reverse).

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										



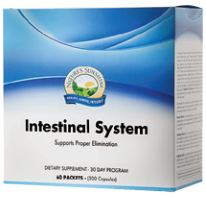
- Super Omega 3
- CO-Q 10
- Ginko and Hawthorn

- Proactazyme Plus
- Anti-Gas TCM
- Probiotic Eleven

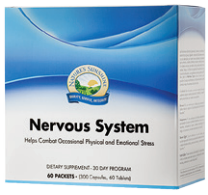
- Master Gland Formula
- Adaptamax
- Adrenal Support

- Milk Thistle Combination
- Liver Balance TCM
- Psyllium Hulls Caps.

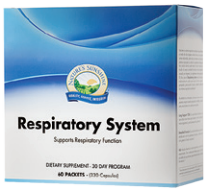
- VS-C TCM
- Immune Stimulator
- Elderberry Defense



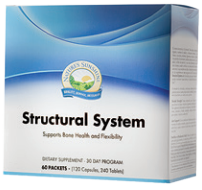
- Bowel Detox
- Psyllium Hulls Capsules
- Probiotic Eleven



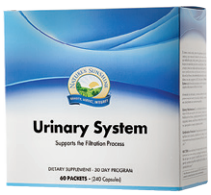
- Nutri-Calm
- Stress-J
- Adaptamax
- Nerve Eight



- Lung Support TCM
- Bronchial Formula
- ALJ



- Skeletal Strength
- Everflex with Hyaluronic Acid
- Joint Support



- Urinary Maintenance
- Combination Potassium
- KB-C TCM

STOCK NO.	QTY.	SYSTEM PACKS	QV	DIRECT COST	SUBTOTAL
5383-6		Circulatory System (30 day)	56.95	**$56.95**	
5380-0		Digestive System (30 day)	60.45	**$60.45**	
5388-7		Glandular System (30 day)	44.05	**$44.05**	
5381-1		Hepatic System (30 day)	53.85	**$53.85**	
5385-8		Immune System (30 day)	59.40	**$59.40**	
5382-9		Intestinal System (30 day)	54.85	**$54.85**	
5384-4		Nervous System (30 day)	54.85	**$54.85**	
5386-2		Respiratory System (30 day)	69.65	**$69.65**	
5389-5		Structural System (30 day)	67.65	**$67.65**	
5387-3		Urinary System (30 day)	51.95	**$51.95**	
			TOTAL QV	TOTAL	
				SALES TAX (Please contact Customer Service at 1-800-223-8225 if you have questions about sales tax in your state.)	
				SHIPPING & HANDLING (0-$99.99=$9.00, $100-$199.99=$11.00, $200-$299.99=$13.50, $300-$399.99=$16.00, $400-$499.99=$18.00, $500+=$20.00)	
				GRAND TOTAL	

PLEASE PRINT CLEARLY.

Name _____ Account No. _____

Spouse or partner _____ Phone _____

Mailing/Billing Address _____

City _____ State _____ ZIP Code _____

Shipping Address (if different from Mailing Address) _____

City _____ State _____ ZIP Code _____

ADDITIONAL SIGN-UP INFORMATION

☐ Classic ☐ Legacy Sponsor Acct. No. _____

Gender: ☐ Male ☐ Female Language preferred: ☐ English ☐ Spanish Date of birth _____

Email address (required for Sunshine Rewards) _____ SS no. (optional) _____

PAYMENT OPTIONS

Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx Card no. _____ Exp. date _____

CC Owner's signature (required for AutoShip) _____ CC Billing ZIP _____

☐ Bank Draft (if currently set up) ☐ Check or Money Order Signature _____ Date _____

SUNSHINE REWARDS

☐ Yes, I would like to sign up for the Nature's Sunshine Products Sunshine Rewards Program with the items selected above, and I acknowledge that I have read and agree with the Terms and Conditions found online at www.naturessunshine.com/SunshineRewards.

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