



GREETINGS....Have you enjoyed receiving the bright colored envelopes intended to expand your knowledge on natural care with your Young Living products? This mailing is a little different. Enclosed is a self-assessment for you to complete. No, not for you to send to me but for YOU to evaluate and prioritize which of your body systems needs targeted support first. You are probably already thinking, I don't know anything about body

systems much less how to support my personal or family's needs. Now that's where I can help you!

I have a resource book that is broken down into body systems along with the essential oils and essential oil infused products to support each system. After all, we are part of the wellness industry, not sick care. By supporting YOUR body's systems you may find you have no need for sick care because you feel AMAZING!

Call or text me that you want this simple to follow guide and are willing to take a few minutes once you receive it to chat with me on how to use the guide. I am here to help you succeed in your wellness goals.

I understand, we all have a budget we need to honor. I can help you maximize what you need to order to get the most bang for your hard-earned dollars. As we have more birthdays, many people "wish" they had taken better care of themselves. Even if you feel fabulous now, trust me, the day will come you will "wish" you had established a foundation for maintaining your wellness.

So, what are the different body systems?

- | | |
|----------------------------|-----------------|
| Cardiovascular/Circulatory | Musculoskeletal |
| Digestive/Excretory | Nervous System |
| Endocrine/Women/Men | Renal/Urinary |
| Integumentary/Exocrine | Reproductive |
| Lymphatic/Immune | Respiratory |

This valuable resource also includes sections on ***emotional health, anti-aging, antioxidant support, roller ball recipes, diffuser recipes, sleep support, kids support, energy/stamina, brain health, baby support, summer fun plus MORE!!*** I am excited to walk alongside you as you take the leap forward to optimal health and wellness for you and YOUR family! I will be waiting anxiously for your text or better yet your call. Until next time...BE WELL ☺ BevMcClendon www.joyfuloilers.net <website> www.facebook.com/joyfuloilers

SELF ANALYSIS BODY SYSTEMS MINI SURVEY

NAME _____ AGE _____ DATE _____

Score at the end each statement with presently applies the most. **ADD** each SYSTEM. Mark below to make graph:

ALMOST NEVER = 1 Occasionally = 2 OFTEN = 3 MOST OF THE TIME = 4

# 1 CIRCULATORY	1A. Cold hands and/or feet, brain fog	+	_____
	1B. High or low blood pressure or known heart problems	+	_____
	1C. Fried or high-fat foods 3X a week or more	+	_____ = _____
# 2 DIGESTIVE	2A. Stomach ulcers, gallstones, heart burn, or excessive burning	+	_____
	2B. Intestinal and/or stomach gas (burp, etc.)	+	_____
	2C. Pains/upset in abdomen or heavy feeling in stomach after meals	+	_____ = _____
# 3 ELIMINATIVE	3A. Less than 3 bowel movements each day, and/or low fiber diet	+	_____
	3B. Constipation, and/or hard stools or very loose stools	+	_____
	3C. Intestinal gas, flatulence, and/or bloating	+	_____ = _____
# 4 GLANDULAR	4A. Sugars, foods containing sugars; sodas, etc. 3X's week or more	+	_____
	4B. Caffeine; coffee, tea, chocolates, colas 3X's week or more	+	_____
	4C. Low body temperature upon arising in A.M. (below 97.4)	+	_____ = _____
# 5 INTEGUMENTARY (hair, Skin, nails)	5A. Dry, brittle nails and/or dry hair or thinning hair	+	_____
	5B. Acne, rough and/or problem skin	+	_____
	5C. Dry skin that flakes and/or cracks	+	_____ = _____
# 6 LYMPH/IMMUNE	6A. Lack of energy, chronic fatigue, or depression	+	_____
	6B. Catch illness easily (2 more colds, flu, allergies per year)	+	_____
	6C. Exercise less than 2X's per week, or have slow or fast metabolism	+	_____ = _____
# 7 MUSCULAR	7A. Have ever been exposed to pesticides, chemicals (in environment or medical and/or street drugs), or mercury amalgams in teeth	+	_____
	7B. Muscle cramps, pains or "charlie horse" sensations	+	_____
	7C. Muscle weakness, flaccid, "wasting," or hard & tense areas	+	_____ = _____
# 8 NERVOUS	8A. Insomnia or restless sleep patterns	+	_____
	8B. Stress and/or pressure in life	+	_____
	8C. Shaky feelings in limbs or elsewhere, sadness, feel like crying	+	_____ = _____
# 9 REPRODUCTIVE	9A. PMS, menstrual Irregularities, miscarriages, sterility (female only)	+	_____
	9B. Impotence or prostate problems (males only)	+	_____
	9C. Lack of interest in sexual activity	+	_____
	9D. Hot flashes, sweats or intermittent low grade temperature	+	_____ = _____
# 10 RESPIRATORY	10A. Congestion in sinuses and/or lungs	+	_____
	10B. Sough, sinusitis, asthma, or other breathing condition	+	_____
	10C. Breathe polluted air and/or smoke cigarettes, cigars or pipe	+	_____ = _____
# 11 SKELETAL	11A. Subluxations, or spinal malalignments (can't hold adjustment)	+	_____
	11B. Pain in bones or joints anywhere in the body or arthritis	+	_____
	11C. Osteoporosis, rickets, growth problems, mineral depletion	+	_____ = _____
# 12 URINARY	12A. Kidney or bladder problems or stones	+	_____
	12B. Pain, strong odor, or unusual color when urinate	+	_____
	12C. Fluid retention, edema or dropsy	+	_____ = _____

BODY SYSTEM	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	
Score of 11-12 >>>>													<< HIGH PRIORITY
Score of 9-10 >>>>													<< MEDIUM PRIORITY
Score of 7-8 >>>>													<< LOW PRIORITY
Score of 5-6 >>>>													
Score of 3-4 >>>>													
Score of 0-2 >>>>													

NOTE: (IF OVER 40, add 1 point to LYMPH/IMMUNE, 1 point to CIRCULATORY, and 1 point to DIGESTIVE systems.)