

THE Burris Life Coach

Client Trials - Adult

Certified Burris Life Coaches-	R Clark, S Clark, K Burris	Start Date -	October 25, 2008
Administrator -	Mr. Joe Tidwell, JACMET	End Date -	October 25, 2008
Statistical Analysis –	Dr. Guy Clark, Sacramento	Follow-Up Date -	N/A

Females -	6	Sessions -	1 four hour session
Males -	4	Number of Days -	1
Average Age -	F=47.5//M=58.25//All = 51.8	Total Time -	4 hours

Emotional Checklist	Number of Clients	Percent Improvement
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1) Do you find yourself worrying about family, friends, self, future Etc?	10	3
2) Do you get self-critical and blame yourself for everything?	10	12
3) Have you been feeling resentful or angry?	10	3
4) Have you been feeling sad or down in the dumps?	10	23
5) Do you feel inadequate or inferior to others?	10	26
6) Does your future look hopeless?	10	31
7) Do you feel worthless or think of yourself as a failure?	10	16
8) Have you lost your interest in your career, hobby, family or friends?	10	17
9) Do you feel overwhelmed and have to push yourself hard to do things?	10	21
10) Do you think you look old or unattractive?	10	34
11) Have you lost your appetite?	10	29
12) Do you overeat or binge compulsively?	10	26
13) Do you find it hard to get a good night sleep?	10	22
14) Are you excessively tired and sleeping too much?	10	13
15) Have you lost interest in sex?	10	43
16) Do you have trouble making up your mind?	10	34
17) Do you have thoughts that life is not worth living?	10	17
18) Do you have feelings of hatred toward anyone, anything or yourself?	10	36
Total	10	22

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Behavior Control Checklist	Number of Clients	Percent Improvement
1) How would you rate your understanding of how the subconscious works?	10	45
2) How would you rate your ability to unlearn subconscious programming?	10	43
3) How do you rate your ability to regulate your emotional state?	10	29
4) How much control do you feel you have over your subconscious?	10	41
5) How would you rate your confidence in achieving your goals?	10	28
6) How would you rate your ability to communicate effectively with yourself and other people?	10	13
7) How would you rate the control you have over your eating habits?	10	19
8) How would you rate your ability of self-motivation?	10	6
9) How confident do you feel in making a permanent change in your food and fitness program?	10	11
Total	10	26

Relationship Satisfaction Scale	Number of Clients	Percent Improvement
1) Communication and openness with your partner?	8	0
2) Resolving conflicts and arguments?	8	6
3) Degree of affection and caring?	8	3
4) Intimacy and closeness?	8	8
5) Satisfaction with your role in the relationship?	8	6
6) Satisfaction with your partner's role in the relationship?	8	10
7) Overall satisfaction with your relationship?	8	8
Total	8	6

*** Unanswered questions were not included in statistical analysis**