

THE BURRIS

# LIFE COACH

A PROVEN PROCESS TO CONTROL  
THE POWER OF YOUR SUBCONSCIOUS

## THE BURRIS LIFE COACH CLINICAL STUDY

Page 1

**Administrator** - RJ Koval, MD, BSP

**Statistical Analysis** - Jason Pharmaceuticals

Patient Trials

Group 2 Assumptions

A) 3 sessions scheduled 2 days apart for a total of 5 days

B) 22 Patients

C) All 22 patients attended at least 2 sessions

19 Female, Average Age 45

2 Males, Average Age 46

### Emotional Checklist

# Patients % Improvement

1) Have you been feeling sad or down in the dumps?	20	53.3
2) Does the future look hopeless?	20	70.2
3) Do you feel worthless or think of yourself as a failure?	20	71.4
4) Do you feel inadequate or inferior to others?	20	66.2
5) Do you get self-critical and blame yourself for everything?	21	51.4
6) Do you have trouble making up your mind?	20	31.7
7) Have you been feeling resentful or angry?	20	51.0
8) Have you lost your interest in your career, hobby, family or friends?	15	56.0
9) Do you feel overwhelmed and have to push yourself hard to do things?	21	29.5
10) Do you think you look old or unattractive?	19	45.9
11) Have you lost your appetite or do you overeat or binge compulsively?	20	61.5
12) Do you suffer from insomnia or find it hard it hard to get a good night sleep? Or are you excessively tired and sleeping too much?	21	51.4
13) Have you lost interest in sex?	20	57.1
14) Do you find yourself worrying about family friends, self, future Etc?	22	46.0
15) Do you have thoughts that life is not worth living and you would be better off dead?	20	95.7
16) Do you ever have feelings of hatred toward anyone, anything or yourself?	16	52.6

**AVERAGE IMPROVEMENT**

**55.7%**

2505 ANTHEM VILLAGE DRIVE SUTIE E-547, HENDERSON, NV 89052, [WWW.KELLYBURRIS.COM](http://WWW.KELLYBURRIS.COM)

EMAIL - [TBLC@KELLYBURRIS.COM](mailto:TBLC@KELLYBURRIS.COM), PHONE - 702-897-7755 FAX 866-334-4933

THE BURRIS

# LIFE COACH

THE ONLY CLINICALLY PROVEN PROCESS TO MEASURE  
MONITOR & CONTROL THE POWER OF YOUR SUBCONSCIOUS

## THE BURRIS LIFE COACH CLINICAL STUDY

Page 2

### Behavior Control Checklist # Patients\*| Improvement %

1) How would you rate your understanding of how a behavior works?	18	16.6
2) How would you rate your ability to unlearn behaviors that do not work for you?	17	44.3
3) How do you rate your ability to regulate your emotional state?	18	17.0
4) How much control do you feel you have over your thoughts?	17	35.4
5) How much would you rate your confidence in achieving your goals?	16	9.2
6) How would you rate your ability to communicate effectively with yourself and other people?	16	36.0
7) How would you rate the control you have over your eating habits?	12	77.8
8) How would you rate your ability of self-motivation for exercise?	16	44.6
9) How confident do you feel in making a permanent change in your diet and exercise program?	16	21.0

### Relationship Satisfaction Scale # Patients % Improvement

1) Communication and openness?	16	19.5
2) Resolving conflicts and arguments?	16	17.0
3) Degree of affection and caring?	16	07.5
4) Intimacy and closeness?	16	40.0
5) Satisfaction with your role in the relationship?	16	46.4
6) Satisfaction with your partners role in the relationship?	16	09.7
7) Overall satisfaction with your relationship?	16	25.3

**Average Improvement 23.0%**

**\*Unanswered questions were excluded from statistical analysis**