MEMGRAM® ANALYSIS

Biological Immunity Research Institute
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Put your name below. Complete rest if first test or if any of the data has changed since last test.

Mr.
Mrs.
Miss _____ Sex _____ Race _____
(please print) Last First Full Middle

Address _____ City _____ State _____ Zip _____

Home phone (_____)_____ Your work # (_____)_____ Spouse work # (_____)_____

E-Mail Address: _____

Age _____ Birthdate _____/_____/_____ Height _____' _____" Weight _____ Desired weight _____
M D Y

Waist measurement (at the navel): _____ Hip measurement (females): _____ Wrist measurement (males): _____

Usual rising time: _____ Usual bedtime: _____ Usual mealtimes — Breakfast: _____ Lunch: _____ Dinner: _____

Frame size (circle one): small medium large Marital status: M S D W # of children _____ Age of youngest _____

Occupation _____ Employer _____ Spouse Name _____ Sp. Employer _____

Is your exercise routine: Strenuous (_____) Moderate (_____) Light (_____) Sedentary (_____)

Do you smoke? _____ How much? _____ How many years? _____

If you've quit, how many years did you smoke? _____ How much? _____ When quit? _____

Take prescription or non-prescription drugs? _____ For what? _____ How many months? _____

If you've quit, how many months did you take them? _____ When quit? _____

Any major surgeries? What and when? _____

What have you been medically diagnosed as having? _____

Primary reason you came to us for analysis? _____

Closest Relative Name/Address _____ Phone (_____)_____

Your doctor's name: _____

Address _____ City _____ State _____ Zip _____

Doctor's Phone #: (_____)_____ Type of Practitioner:_____

Rate each statement 0-5 according to the intensity of how you have recently felt.
0=Never 1=Rarely 2=Occasionally 3=Regularly 4=Often 5=Very Often

1. _____ I use prescription, non-prescription, or recreational drugs.
2. _____ I consume alcoholic beverages.
3. _____ I use tobacco products (cigarettes, cigars, etc.).
4. _____ I get excited easily.
5. _____ I sigh or sob.
6. _____ I have little strength.
7. _____ I just don't care.
8. _____ I am aroused sexually.
9. _____ I get cold sweats.
10. _____ I have hot flashes.
11. _____ I have excessive reactions.
12. _____ I protect what is mine.
13. _____ I won't take no for an answer.
14. _____ I over exert myself.
15. _____ I am assertive.
16. _____ I am fatigued.
17. _____ I wish I were braver.
18. _____ I am anxious.
19. _____ I feel worn out by others.
20. _____ I prefer not discussing my symptoms.
21. _____ I am un-accepting of others.
22. _____ I need a breath of fresh air.
23. _____ I have been traumatized.
24. _____ People easily provoke me.
25. _____ I have difficulty breathing in rhythm.
26. _____ I am not receptive to the opinions of others.
27. _____ I am heartbroken.
28. _____ I am deprived of love.
29. _____ I am very codependent.
30. _____ I feel unwanted.
31. _____ My situation angers me.
32. _____ I use bad language.
33. _____ I am critical of others.
34. _____ I have little patience.
35. _____ I lose control of my anger.
36. _____ I feel unappreciated.
37. _____ I am offended by the achievements of others.
38. _____ I feel entitled to what others have.
39. _____ I don't get the recognition I deserve.
40. _____ I feel no longer needed.
41. _____ I harbor grievances.
42. _____ I strongly hold to my opinions.
43. _____ My problems are caused by others.
44. _____ I let people get under my skin.
45. _____ I hate my circumstances.
46. _____ I have wet palms.
47. _____ I am unable to relax after the least amount of exercising.
48. _____ I lack confidence.
49. _____ I have been laid off or fired.
50. _____ Someone close to me is missing.
51. _____ I am slow to learn new things.
52. _____ Life is difficult for me.
53. _____ I see only the good things.
54. _____ I am not pleased.
55. _____ My stomach feels distended.
56. _____ I have dreadful thoughts.
57. _____ I think too much.
58. _____ I need answers.
59. _____ The unfamiliar disturbs me.
60. _____ Things concern me.
61. _____ I lack body warmth.
62. _____ My blood pressure runs high.
63. _____ My head aches when I think.
64. _____ I have trouble remembering things.
65. _____ I wake frequently at night to urinate.
66. _____ I feel out of harmony.
67. _____ I need to be the one in charge.
68. _____ I feel manipulated.
69. _____ I feel heaviness in my upper body.
70. _____ My arms and legs move slowly.
71. _____ I feel overwhelmed and stressed out.
72. _____ I suffer from low endurance.
73. _____ I have unknown health concerns.
74. _____ It's not easy to "laugh it off".
75. _____ My facial expressions are unique.
76. _____ I am easily annoyed.
77. _____ I don't like being alone.
78. _____ I feel gloomy.
79. _____ I feel fatigued after meals.
80. _____ I feel down in the dumps.
81. _____ I have a lack of interest.
82. _____ I would like to experience a change.
83. _____ It is difficult to put things in perspective order.
84. _____ Situations seem to run together making it difficult to separate them.
85. _____ I get the shakes and quivers.
86. _____ I would like to feel more energetic.
87. _____ I am aging too quickly.
88. _____ I feel drained.
89. _____ I have reactions to radiation (i.e., sun, heat microwaves, x-rays, etc.).
90. _____ It is difficult for me to stay focused.
91. _____ I feel trapped.
92. _____ I am bored with my usual schedule.
93. _____ I feel like I'm suffocating.
94. _____ I have obstacles in my way.
95. _____ Sometimes I have difficulty breathing.
96. _____ I startle easily.
97. _____ I am not relaxed.
98. _____ I do not have peace of mind.
99. _____ I am easily awakened.
100. _____ I have unfinished business.
101. _____ I wish I could disappear.
102. _____ I suffer from unexplained worries.
103. _____ I put excess consideration into what I eat.
104. _____ I am bashful, withdrawn or inhibited.
105. _____ I feel queasy when under pressure.
106. _____ I feel hindered.
107. _____ I am sensitive to changes in temperature.
108. _____ I keep my problems to myself.
109. _____ I feel stressed from work.
110. _____ I don't voice my opinion.
111. _____ I am sexually inadequate.
112. _____ I have poor equilibrium.
113. _____ I feel a continuous desire for food.
114. _____ I don't feel like myself lately.
115. _____ I need more stability in my life.
116. _____ I am worried.
117. _____ I am absent minded.
118. _____ I feel woozy or faint.
119. _____ I am afraid.
120. _____ I don't deal well with pressure.

Rate each statement 0-5 according to the intensity of how you have recently felt.

0=Never 1=Rarely 2=Occasionally 3=Regularly 4=Often 5=Very Often

(The ▭ items do not need to be answered.)

1. _____ I need prescription, non-prescription, or recreational drugs.
2. ▭ I consume alcoholic beverages.
3. ▭ I use tobacco products (cigarettes, cigars, etc.).
4. _____ I am emotionally unbalanced.
5. ▭ I sigh or sob.
6. ▭ I have no physical strength.
7. _____ My periods are irregular (female).
8. _____ My crotch itches.
9. ▭ I have cold sweats.
10. ▭ I get hot flashes.
11. _____ I have festering or phlegm.
12. _____ I feel swollen.
13. _____ I have pains in particular places.
14. _____ I have pain, redness or swelling.
15. _____ I get sick easily.
16. ▭ I am worn out.
17. _____ I can't stay focused or concentrate.
18. ▭ I am concerned or worried.
19. _____ I am slowly losing energy.
20. ▭ I don't enjoy talking about my problems.
21. _____ I suffer from asthmatic attacks.
22. ▭ I need a breath of fresh air.
23. ▭ I have been traumatized.
24. _____ I suffer from bronchitis.
25. ▭ I have difficulty breathing in rhythm.
26. _____ My chest hurts.
27. _____ I have tightness in my chest.
28. _____ I have thrombosis.
29. _____ I have heart tremors.
30. _____ My temples throb.
31. _____ I have decayed teeth and bones.
32. _____ I suffer from arthritic changes.
33. _____ I have seizures or convulsions.
34. _____ Cataracts obstruct my vision.
35. _____ My bones are brittle.
36. _____ I have bleeding piles or hemorrhoids.
37. _____ I have itching piles or hemorrhoids.
38. _____ I have fissures of the anus.
39. _____ I have piles or hemorrhoids.
40. _____ I have bulging leg veins.
41. _____ I have loose bowel movements.
42. _____ I have an irritated and spastic colon.
43. _____ My stool contains mucous.
44. _____ I use bowel stimulants.
45. _____ Bowel movements cause weakness.
46. ▭ I have wet palms.
47. ▭ I am unable to relax after physical activity.
48. _____ I have sticky perspiration.
49. _____ I have excess perspiration.
50. _____ My body is odor is strong.
51. _____ I have digestive disorders.
52. _____ I burp, belch or have gas after eating.
53. _____ I get a sour stomach or heartburn.
54. _____ I have stomach pain after eating.
55. _____ I feel bloated.
56. ▭ I think something bad will happen.
57. _____ I get congested (ears, sinus, head).
58. _____ I get earaches.
59. _____ I get severe headaches.
60. _____ I have radiating nerve pain.
61. ▭ I lack body warmth.
62. ▭ My blood pressure is high.
63. ▭ My head hurts when I think.
64. ▭ I have difficulty remembering.
65. ▭ I wake up to urinate at night.
66. _____ I suffer from influenza.
67. _____ My arms and legs hurt.
68. _____ I get sinus congestion.
69. _____ I feel pressure in my chest.
70. ▭ My arms and legs are stiff.
71. ▭ I feel stressed out.
72. ▭ I lack endurance.
73. ▭ I have unknown health concerns.
74. _____ I am susceptible to colds.
75. _____ My glands are swollen.
76. _____ I complain and am easily irritated.
77. _____ I always want to eat.
78. _____ I have dark urine or yellow skin.
79. ▭ Eating makes me tired.
80. _____ I have problems with my gallbladder.
81. _____ I have skin problems.
82. _____ My skin is irritated (itches).
83. _____ I have problem fingernails (eruptions, outbreaks).
84. _____ I get sores around my ears.
85. ▭ I get the shakes.
86. ▭ I don't have enough memory.
87. ▭ I feel old.
88. ▭ I feel exhausted.
89. ▭ I react to sun, heat, microwaves, x-rays, etc.
90. _____ I have skin disorders (warts, moles, etc.).
91. _____ I have coughing spells.
92. _____ My voice is strained or hoarse.
93. _____ I have seasonal allergies (hay fever).
94. _____ I feel like I am being strangled.
95. ▭ I can't breathe.
96. _____ I can't sleep.
97. ▭ I am uneasy.
98. ▭ I have mental tension that lasts a long time.
99. ▭ I wake easily.
100. _____ I wake up tired even after a good nights sleep.
101. _____ I have sharp low back pain.
102. _____ I have sharp bladder pain.
103. _____ I have bladder problems (incontinence).
104. _____ It hurts to urinate.
105. ▭ I lack body warmth.
106. ▭ My neck and/or shoulders are stiff.
107. _____ I am sensitive to temperate changes.
108. _____ I have chronic lower back condition.
109. _____ I suffer from arthritic changes.
110. _____ I have pain in my lower back.
111. ▭ I am sexually inadequate.
112. _____ I have poor digestion.
113. _____ I have high blood sugar (diabetes).
114. _____ I have low blood sugar (hypoglycemia).
115. _____ I am allergic.
116. _____ Walking is not easy for me.
117. ▭ I have difficulty remembering things.
118. ▭ I get dizzy or faint.
119. _____ I have anxiety or fear.
120. ▭ I'm unable to cope.