



---

BSI®  
Brief Symptom Inventory  
Interpretive Report  
*Leonard R. Derogatis, PhD*

---

ID Number: 505050505  
Age: 44  
Gender: Male  
Date Assessed: 03/27/2005

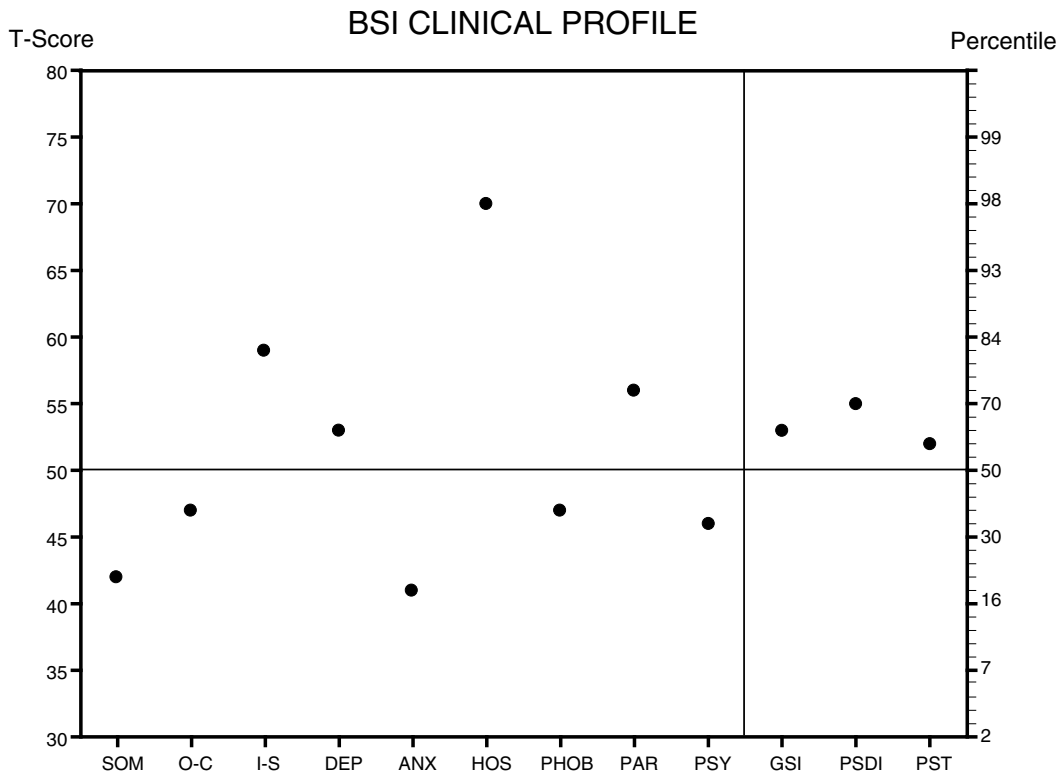
**Adult Nonpatient Norms**



Copyright © 1992 NCS Pearson, Inc. All rights reserved.  
Copyright © 1982, 1992 Leonard R. Derogatis, PhD. All rights reserved.  
"BSI" is a registered trademark of Leonard R. Derogatis, PhD.

**TRADE SECRET INFORMATION**

Not for release under HIPAA or other data disclosure laws that exempt trade secrets from disclosure.



T-Score: (Nonpatient)	42	47	59	53	41	70	47	56	46	53	55	52
Raw Score:	0.00	0.17	0.50	0.17	0.00	1.40	0.00	0.40	0.00	0.25	1.30	10.00
T-Score 2: (Outpatient)	38	35	42	36	30	55	39	46	34	35	39	35
T-Score 3: (Inpatient)	37	41	48	40	34	59	41	47	38	42	45	42

## **CLINICAL INTERPRETATION**

Overall, the respondent's BSI symptom profile is not of a nature or magnitude to be considered in the clinical range. Nevertheless, noteworthy aspects of the record may be mentioned below.

Symptomatic distress levels are moderate to high-moderate for the respondent. Scores in certain areas are approaching, or have already penetrated the clinical range.

Overall intensity of distress is at normative mean levels and he has endorsed a moderate number of symptoms.

The respondent reveals little evidence of psychological distress associated with somatic symptoms, or psychosomatic problems.

Levels of obsessive-compulsive symptoms in this respondent's profile are at normative mean levels, and are essentially unremarkable.

There is some evidence to suggest that the respondent is experiencing difficulties with feelings of personal inadequacy and considerations about devalued self-worth; however, distress is not of a clinical magnitude.

There are a few isolated signs and symptoms of depression in the respondent's test protocol, but they appear to represent nothing out of the ordinary, and are not remarkable clinically.

There is little or no evidence of clinical anxiety in the protocol.

The respondent reports levels of conscious anger and manifest hostility that appear to be clinical in nature. He seems to be struggling with substantial levels of unresolved conflict and frustration at the moment.

There is no clinically significant evidence of phobic anxiety present in the client's protocol.

Paranoid ideation is slightly elevated in this individual's record, but not of sufficient magnitude to be clinically noteworthy.

There is some evidence of mild social alienation in this record.

## **SYMPTOMS OF NOTE**

No items were endorsed "Extremely" distressed.

The patient endorsed "Quite a Bit" distressed for the following:

41. Having urges to break or smash things.

**End of Report**

---

NOTE: This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts trade secret information from release). Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.

---

## ITEM RESPONSES

1: 0	2: 0	3: 0	4: 0	5: 0	6: 1	7: 0	8: 0	9: 0	10: 0
11: 0	12: 0	13: 1	14: 0	15: 0	16: 0	17: 0	18: 0	19: 0	20: 0
21: 1	22: 0	23: 0	24: 0	25: 0	26: 0	27: 1	28: 0	29: 0	30: 0
31: 0	32: 0	33: 0	34: 0	35: 0	36: 0	37: 0	38: 0	39: 0	40: 2
41: 3	42: 1	43: 0	44: 0	45: 0	46: 0	47: 0	48: 1	49: 0	50: 1
51: 1	52: 0	53: 0							