MMPI®-3

Minnesota Multiphasic Personality Inventory®-3

MMPI®-3
Spinal Procedure Candidate Interpretive Report

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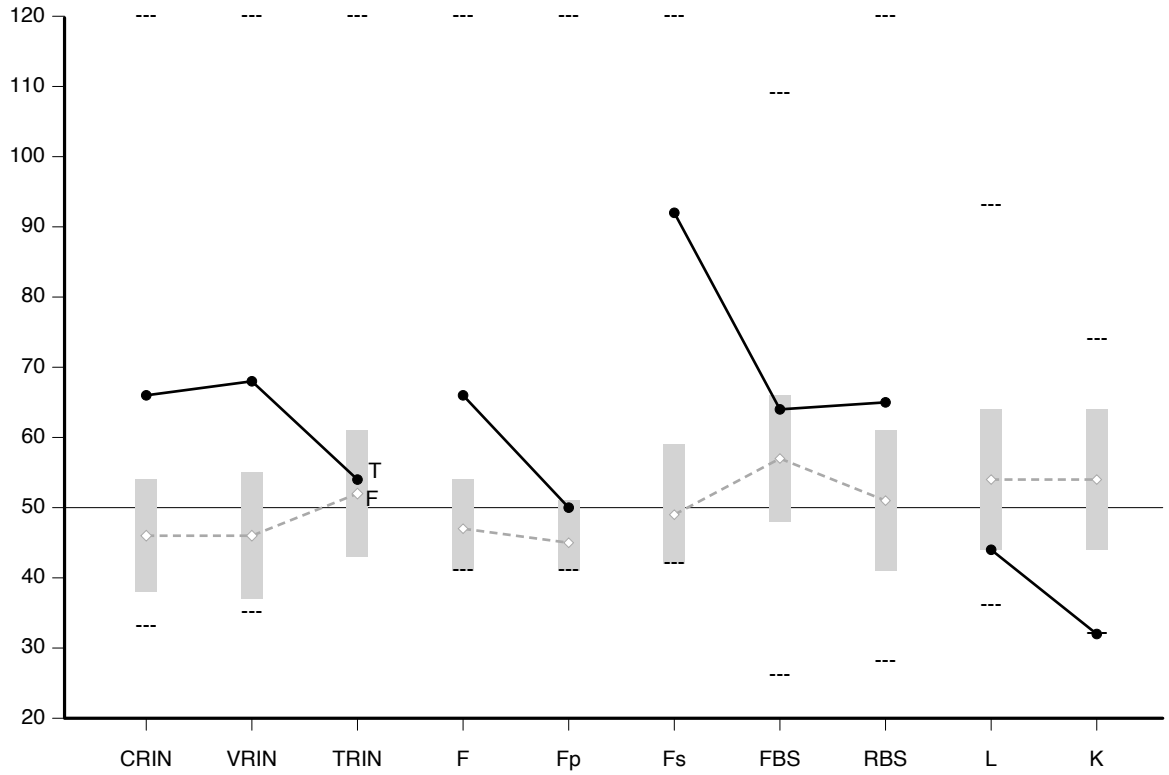
ID Number:	Ms. E
Age:	50
Gender:	Female
Marital Status:	Married
Years of Education:	20
Date Assessed:	05/09/2024

[1.9 / RE1 / QG1]

Pearson

MMPI-3 Validity Scales



	CRIN	VRIN	TRIN	F	Fp	Fs	FBS	RBS	L	K
Raw Score:	11	8	14	8	1	9	14	10	2	0
T Score:	66	68	54T	66	50	92	64	65	44	32
Response %:	100	100	100	100	100	100	100	100	100	100
Cannot Say (Raw):	0									

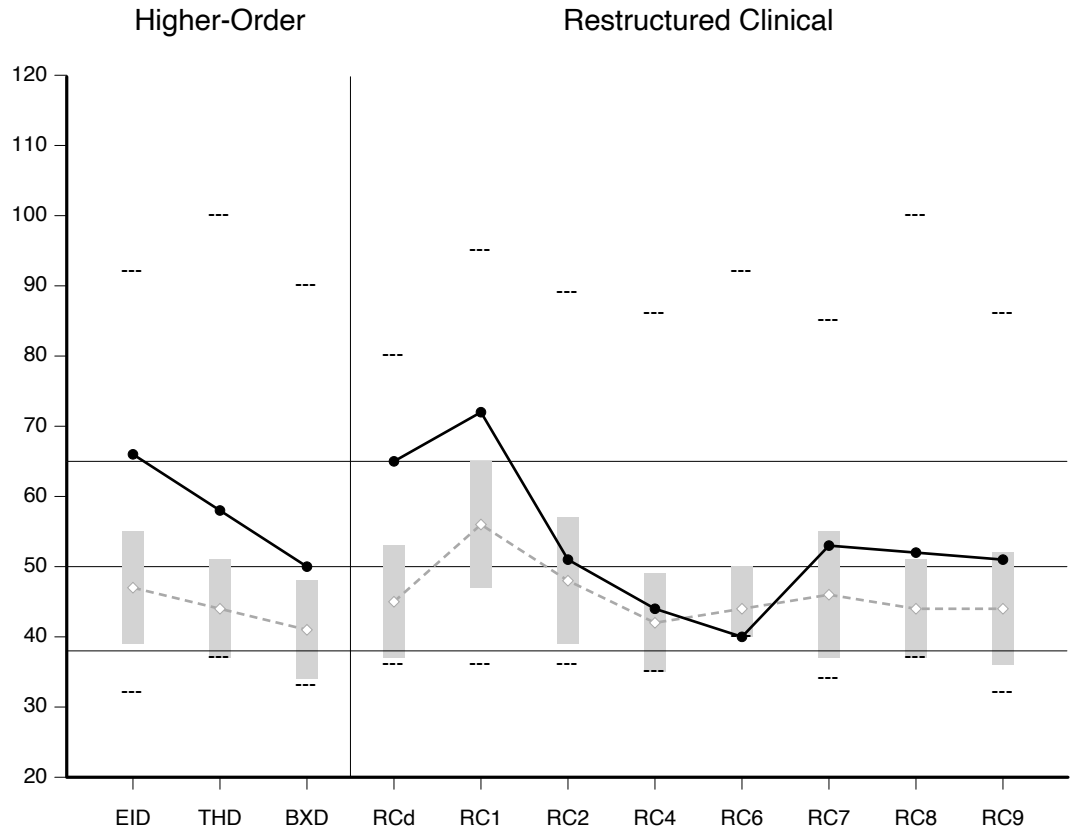
Comparison Group Data: Spinal Procedure Candidate (Women), N = 810

Mean Score (◇- - -◇):	46	46	52F	47	45	49	57	51	54	54
Standard Dev (±1 SD):	8	9	9	7	6	10	9	10	10	10
Percent scoring at or below patient:	99	99	77	98	91	99.8	86	92	25	2

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-3 T scores are non-gendered.

CRIN Combined Response Inconsistency
VRIN Variable Response Inconsistency
TRIN True Response Inconsistency
F Infrequent Responses
Fp Infrequent Psychopathology Responses
Fs Infrequent Somatic Responses
FBS Symptom Validity Scale
RBS Response Bias Scale
L Uncommon Virtues
K Adjustment Validity

MMPI-3 Higher-Order (H-O) and Restructured Clinical (RC) Scales



	EID	THD	BXD	RCd	RC1	RC2	RC4	RC6	RC7	RC8	RC9
Raw Score:	25	5	7	12	12	3	2	0	9	3	7
T Score:	66	58	50	65	72	51	44	40	53	52	51
Response %:	100	100	100	100	100	100	100	100	100	100	100

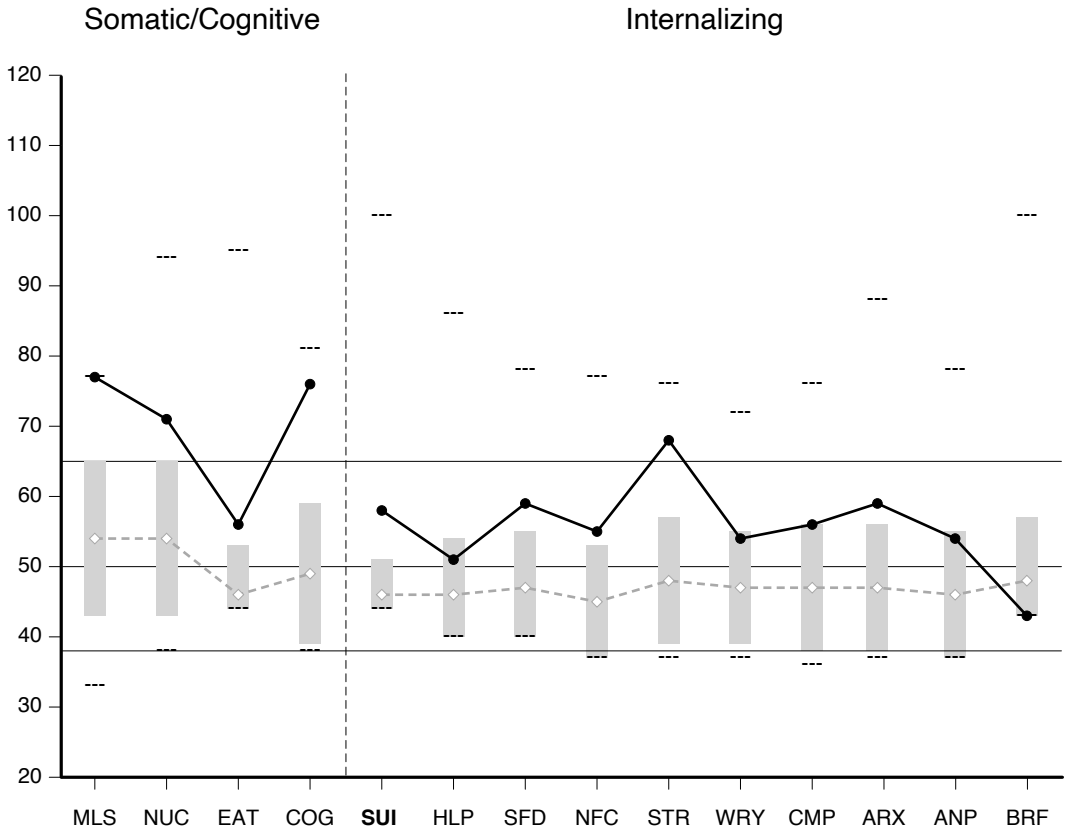
Comparison Group Data: Spinal Procedure Candidate (Women), N = 810

Mean Score (◇- - -◇):	47	44	41	45	56	48	42	44	46	44	44
Standard Dev (±1 SD):	8	7	7	8	9	9	7	6	9	7	8
Percent scoring at or below patient:	98	97	91	97	96	72	77	69	87	92	88

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-3 T scores are non-gendered.

EID Emotional/Internalizing Dysfunction
THD Thought Dysfunction
BXD Behavioral/Externalizing Dysfunction
RCd Demoralization
RC1 Somatic Complaints
RC2 Low Positive Emotions
RC4 Antisocial Behavior
RC6 Ideas of Persecution
RC7 Dysfunctional Negative Emotions
RC8 Aberrant Experiences
RC9 Hypomanic Activation

MMPI-3 Somatic/Cognitive Dysfunction and Internalizing Scales



	MLS	NUC	EAT	COG	**SUI**	HLP	SFD	NFC	STR	WRY	CMP	ARX	ANP	BRF
Raw Score:	7	6	1	10	1	1	4	5	5	5	5	7	5	0
T Score:	77	71	56	76	**58**	51	59	55	68	54	56	59	54	43
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

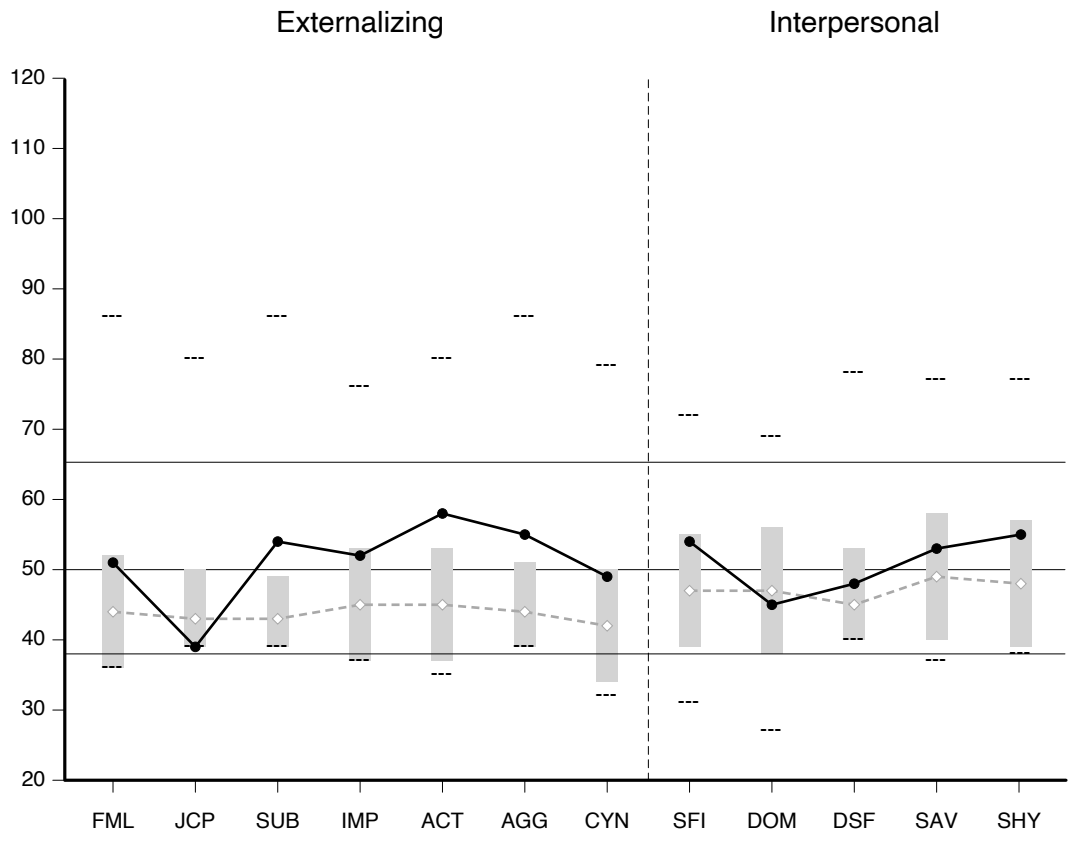
Comparison Group Data: Spinal Procedure Candidate (Women), N = 810

Mean Score (◇- - -◇):	54	54	46	49	46	46	47	45	48	47	47	47	46	48
Standard Dev (±1 SD):	11	11	7	10	5	8	8	8	9	8	9	9	9	9
Percent scoring at or below patient:	100	95	94	99	98	89	95	93	98	91	90	93	88	68

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-3 T scores are non-gendered.

MLS	Malaise	SUI	Suicidal/Death Ideation	WRY	Worry
NUC	Neurological Complaints	HLP	Helplessness/Hopelessness	CMP	Compulsivity
EAT	Eating Concerns	SFD	Self-Doubt	ARX	Anxiety-Related Experiences
COG	Cognitive Complaints	NFC	Inefficacy	ANP	Anger Proneness
		STR	Stress	BRF	Behavior-Restricting Fears

MMPI-3 Externalizing and Interpersonal Scales



	FML	JCP	SUB	IMP	ACT	AGG	CYN	SFI	DOM	DSF	SAV	SHY
Raw Score:	3	0	3	3	5	2	7	8	6	1	4	4
T Score:	51	39	54	52	58	55	49	54	45	48	53	55
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

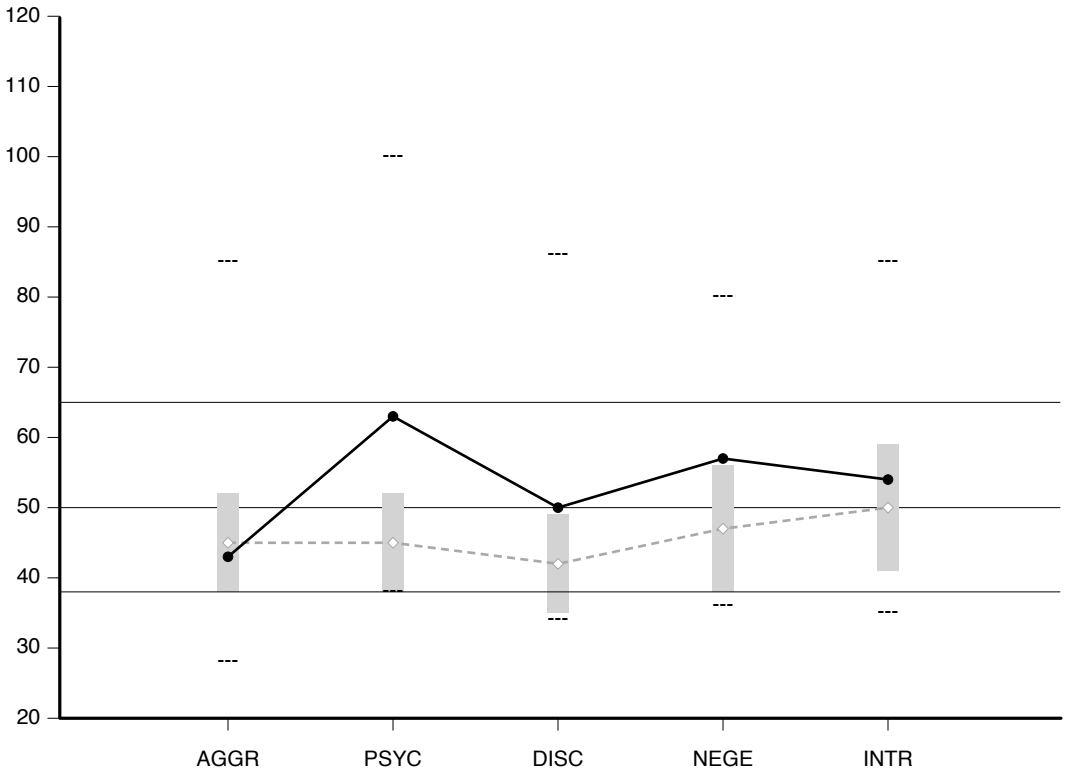
Comparison Group Data: Spinal Procedure Candidate (Women), N = 810

	FML	JCP	SUB	IMP	ACT	AGG	CYN	SFI	DOM	DSF	SAV	SHY
Mean Score (◇----◇):	44	43	43	45	45	44	42	47	47	45	49	48
Standard Dev (±1 SD):	8	7	6	8	8	7	8	8	9	8	9	9
Percent scoring at or below patient:	88	63	97	88	95	97	86	89	63	78	78	89

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-3 T scores are non-gendered.

FML	Family Problems
JCP	Juvenile Conduct Problems
SUB	Substance Abuse
IMP	Impulsivity
ACT	Activation
AGG	Aggression
CYN	Cynicism
SFI	Self-Importance
DOM	Dominance
DSF	Disaffiliativeness
SAV	Social Avoidance
SHY	Shyness

MMPI-3 PSY-5 Scales



	AGGR	PSYC	DISC	NEGE	INTR
Raw Score:	6	5	5	9	6
T Score:	43	63	50	57	54
Response %:	100	100	100	100	100

Comparison Group Data: Spinal Procedure Candidate (Women), N = 810

	AGGR	PSYC	DISC	NEGE	INTR
Mean Score (◇- - -◇):	45	45	42	47	50
Standard Dev (±1 SD):	7	7	7	9	9
Percent scoring at or below patient:	50	99.5	91	91	80

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-3 T scores are non-gendered.

AGGR Aggressiveness
PSYC Psychoticism
DISC Disconstraint
NEGE Negative Emotionality/Neuroticism
INTR Introversion/Low Positive Emotionality

MMPI-3 T SCORES (BY DOMAIN)

PROTOCOL VALIDITY

Content Non-Responsiveness	0	66	68	54 T				
	CNS	CRIN	VRIN	TRIN				
Over-Reporting	66	50		**92**	64	65		
	F	Fp		**Fs**	FBS	RBS		
Under-Reporting	44	32						
	L	K						

SUBSTANTIVE SCALES

Somatic/Cognitive Dysfunction	**72**	**77**	**71**	56	**76**				
	RC1	**MLS**	**NUC**	EAT	**COG**				
Emotional Dysfunction	**66**	**65**	**58**	51	**59**	55			
	EID	**RCd**	**SUI**	HLP	**SFD**	NFC			
		51	54						
		RC2	INTR						
		53	**68**	54	56	**59**	54	43	57
		RC7	**STR**	WRY	CMP	**ARX**	ANP	BRF	NEGE
Thought Dysfunction	**58**	40							
	THD	RC6							
		52							
		RC8							
		63							
		PSYC							
Behavioral Dysfunction	50	44	51	39	**54**				
	BXD	RC4	FML	JCP	**SUB**				
		51	52	**58**	55	49			
		RC9	IMP	**ACT**	AGG	CYN			
		50							
		DISC							
Interpersonal Functioning	54	45	43	48	53	55			
	SFI	DOM	AGGR	DSF	SAV	SHY			

Scale scores shown in bold font are interpreted in the report. Some bold scores fall below the *MMPI-3 Manual for Administration, Scoring, and Interpretation* cutoffs for clinically significant elevation but are substantially higher than the Spinal Procedure Candidate Comparison Group mean.

Note. This information is provided to facilitate interpretation following the recommended structure for MMPI-3 interpretation in Chapter 5 of the *MMPI-3 Manual for Administration, Scoring, and Interpretation*, which provides details in the text and an outline in Table 5-1.

This interpretive report is intended for use by a professional qualified to interpret the MMPI-3 in the context of a presurgical psychological evaluation (PPE) of spinal procedure candidates. The information it contains should be considered in the context of the patient's background, the psychosocial risk factors for adverse procedural outcomes, the clinical interview, findings from supplemental tests, and other relevant information.

Some sections of the report interpret the patient's scores in reference to the general population norms. Other sections rely on the Spinal Procedure Candidate Comparison Group data. Interpretive statements in the Comparison Group Findings, Preprocedural Psychological Risk Factors, Postprocedural Outcomes, and Treatment Recommendations sections are based on comparisons with the Spinal Procedure Candidate Comparison Group (Women). Statements in the remaining sections of the report are based on T scores derived from the general MMPI-3 normative sample.

The report includes extensive annotation that appears as superscripts following each statement in the narrative. The annotation is keyed to endnotes with accompanying research references that appear in the final two sections of the report. Additional information about the annotation features is provided in the headnotes to these sections and in the MMPI-3 User's Guide for the Spinal Procedure Candidate Interpretive Report.

SYNOPSIS

Scores on the MMPI-3 Validity Scales raise concerns about the possible impact of over-reporting (specifically, of somatic symptoms) on the validity of this protocol. With that caution noted, scores on the Substantive Scales indicate somatic and cognitive complaints, and emotional dysfunction. Somatic complaints include preoccupation with poor health, malaise, and neurological symptoms. Cognitive complaints include difficulties in memory and concentration. Emotional-internalizing findings include **suicidal ideation**, demoralization, and stress.

Comparison group findings point to possible concerns about somatic complaints including preoccupation with health and neurological complaints, cognitive complaints, emotional problems including unhappiness and dissatisfaction, suicidality, self-doubt, stress, and anxiety, unusual thoughts including odd perceptions and beliefs, substance use, and activation.

Possible preprocedural psychological risk factors are identified in the Demoralization and Depression, Pain and Somatic Sensitivity, Pain Coping, Health Orientation and Medical Adherence, Anxiety and Stress, Fear/Avoidance, Interpersonal, Substance Abuse, and Recovery Disincentive domains.

PROTOCOL VALIDITY

Content Non-Responsiveness

The patient produced scorable responses to all the MMPI-3 items. She also responded relevantly to the items on the basis of their content.

Over-Reporting

The patient reported a much larger than average number of somatic symptoms rarely reported by individuals with genuine medical conditions[1]. This level and type of infrequent responding may occur in individuals with substantial medical problems who report credible symptoms, but it could also reflect exaggeration. In individuals with no history or other corroborating evidence of physical health problems this likely indicates non-credible reporting of somatic symptoms[2]. Scores on the Somatic Complaints (RC1), Malaise (MLS), and Neurological Complaints (NUC) scales should be interpreted in light of this caution[3].

Under-Reporting

There are no indications of under-reporting in this protocol.

SUBSTANTIVE SCALE INTERPRETATION

Clinical symptoms, personality characteristics, and behavioral tendencies of the patient are described in this section and organized according to an empirically guided framework. (Please see Chapter 5 of the MMPI-3 Manual for Administration, Scoring, and Interpretation *for details.) Statements containing the word "reports" are based on the item content of MMPI-3 scales, whereas statements that include the word "likely" are based on empirical correlates of scale scores. Specific sources for each statement can be viewed with the annotation features of this report.*

The following interpretation needs to be considered in light of cautions noted about the possible impact of over-reporting (specifically, of somatic symptoms) on the validity of this protocol.

Somatic/Cognitive Dysfunction

The patient reports multiple somatic complaints including gastrointestinal symptoms[4] and vague neurological complaints[5]. She likely perceives her physical problems as life-interfering[6]. She also reports a general sense of malaise manifested in poor health, and feeling tired, weak, and incapacitated[7]. Indeed she is very likely preoccupied with poor health[8] and complains of sleep disturbance[9], fatigue[10], low energy[11], and sexual dysfunction[11]. She also likely is prone to developing physical symptoms in response to stress[12].

She reports a diffuse pattern of cognitive difficulties including memory problems, difficulties with attention and concentration, and possible confusion[13]. Indeed she very likely complains about memory problems[14], has low tolerance for frustration[15], does not cope well with stress[16], and experiences difficulties in attention and/or concentration[17].

Emotional Dysfunction

The patient responded to one of the seven Suicidal/Death Ideation (SUI) scale items in the keyed direction[18]. The content of this item is provided in the Critical Responses section later in this report. She may be at risk for self-harm[19], preoccupied with suicide and death[20], and at risk for current suicidal ideation and attempts[21].

Her responses indicate significant emotional distress[22]. More specifically, she reports feeling sad and unhappy and being dissatisfied with her current life circumstances[23]. She likely complains of feeling depressed[24] and experiences sadness and despair[25].

The patient reports an above average level of stress[26]. She likely complains about stress[27] and feels incapable of controlling her anxiety level[28].

Thought Dysfunction

There are no indications of disordered thinking in this protocol.

Behavioral Dysfunction

There are no indications of maladaptive externalizing behavior in this protocol.

Interpersonal Functioning Scales

These scales provide no evidence of dysfunction.

DIAGNOSTIC CONSIDERATIONS

This section provides recommendations for psychodiagnostic assessment based on the patient's MMPI-3 results if her score reaches or exceeds the recommended cutoff in the MMPI-3 Manual for Administration, Scoring, and Interpretation. *It is recommended that she be evaluated for the following**, bearing in mind possible threats to protocol validity noted earlier in this report**:*

Somatic/Cognitive Disorders

- Somatic symptom disorder[29], if physical origins for malaise[30] and neurological complaints[31] have been ruled out
- Disorders related to attention difficulties[32]

Emotional-Internalizing Disorders

- Depression-related disorder[33]
- Generalized anxiety disorder[34]

COMPARISON GROUP FINDINGS

This section describes the MMPI-3 substantive scale findings in the context of the Spinal Procedure Candidate Comparison Group (Women). Specific sources for each statement can be accessed with the annotation features of this report. ***Preprocedural psychological risk factors, postprocedural outcomes, and treatment recommendations associated with these results, if any, are provided in subsequent sections of this report.***

The comparison group means reported on pages 2 through 6 of this report show that spinal procedure candidates score differently from the general MMPI-3 normative sample on several scales. Problems discussed earlier in the Substantive Scale Interpretation section are based on clinically elevated normative T scores of 65 and above. Potential difficulties identified in this section are based on scores that are unusually high in relation to the Spinal Procedure Candidate Comparison Group (Women), and thus may differ from those discussed earlier. If multiple risk factors are identified, the possibility of poor spinal procedure results increases but may be mitigated with psychological intervention.

The following interpretation needs to be considered in light of cautions noted about the possible impact of over-reporting (specifically, of somatic symptoms) on the validity of this protocol.

The patient reported suicidal thoughts. These are very uncommon responses that require immediate follow-up. Only 9.0% of comparison group members responded this way[18]. Please see the Critical Responses section later in this report for details.

Somatic/Cognitive Complaints

The patient reports a comparatively high level of somatic complaints for a spinal procedure candidate. Only 6.0% of comparison group members convey this or a greater level of somatic preoccupation[4]. More specifically, her responses indicate a level of malaise reflecting a sensitivity to physical symptoms that may negatively affect spinal procedure results[35]. This level of self-perceived physical debilitation and poor health is uncommon in this population. Only 9.0% of comparison group members give evidence of this level of perceived poor health[7]. She also reports a relatively high level of neurological complaints for a spinal procedure candidate. Only 11.0% of comparison group members convey this or a greater level of neurological complaints[5].

Her responses indicate a level of cognitive complaints that may negatively affect spinal procedure results[32]. This level of symptoms—such as memory problems, difficulty concentrating, and confusion—is very uncommon in this population. Only 4.0% of comparison group members demonstrate this or a greater number of cognitive complaints[13].

Emotional/Internalizing Problems

The patient's responses indicate a level of emotional dysfunction that may negatively affect spinal procedure results[36]. This level of emotional difficulties is very uncommon among spinal procedure candidates. Only 4.0% of comparison group members give evidence of this or a greater level of emotional dysfunction[37]. In particular, she reports a comparatively high level of unhappiness and dissatisfaction for this population. Only 4.0% of comparison group members convey this or a greater level of poor morale[23]. More specifically, she reports a relatively high level of self-doubt for a spinal procedure candidate. Only 9.0% of comparison group members convey this or a greater lack of confidence[38].

Her responses indicate a level of stress that may negatively affect spinal procedure results[39]. This level of stress reactivity is uncommon among this population. Only 7.0% of comparison group members demonstrate this or a greater level of stress[26]. She reports a comparatively high level of problems with pervasive anxiety for a spinal procedure candidate. Only 10.0% of comparison group members convey this or a greater level of anxiety[40].

Unusual Thoughts, Perceptions, and Beliefs

The patient reports a comparatively high level of unusual thinking for a spinal procedure candidate. Only 5.0% of comparison group members convey such thoughts at this or a higher level[41]. In particular, her responses indicate a level of disconnection from reality that may negatively affect spinal procedure results[42]. This level of eccentric thinking is very uncommon in this population. Only 2.0% of comparison group members give evidence of this or a greater level of peculiar thinking and/or unusual perceptual experiences[43].

Behavioral/Externalizing Problems

The patient reports a comparatively high level of activation for a spinal procedure candidate. Only 9.0% of comparison group members convey this or a greater level of activation[44].

She reports a comparatively large number of problems with substance use for this population. Only 6.0% of comparison group members convey this or a greater level of misusing substances[45].

PREPROCEDURAL PSYCHOLOGICAL RISK FACTORS

Psychological risk factors associated empirically with diminished spinal procedure results are described in this section and organized according to nine problem domains identified in the professional literature as relevant to spinal procedure outcomes. (Please see the MMPI-3 User's Guide for the Spinal Procedure Candidate Interpretive Report *for details.) Specific sources for each statement can be accessed with the annotation features of this report.*

The following interpretation needs to be considered in light of cautions noted about the possible impact of over-reporting (specifically, of somatic symptoms) on the validity of this protocol.

Demoralization and Depression Problems

Compared with other spinal procedure candidates, the patient is more likely to be experiencing depressive affect[46] and to have a low energy level and feel exhausted[47]. She is also likely to have greater levels of self-perceived disability[48].

Pain and Somatic Sensitivity Problems

Compared with other spinal procedure candidates, the patient is more likely to have a history of multiple somatic complaints[49]; to convey a general sense of experiencing poor health[50]; and to perceive herself as deserving and needing assistance from others[51]. She is also likely to display higher levels of pain behavior (e.g., down time, facial grimacing, stationary movement)[52] and to report greater functional disability associated with pain[53].

Pain Coping Problems

Compared with other spinal procedure candidates, the patient is more likely to catastrophize when experiencing pain[54]. She is also likely to be less self-reliant[55].

Health Orientation and Medical Adherence Problems

Compared with other spinal procedure candidates, the patient is less likely to seek out information about health[56]; to feel confident in obtaining information from the physician[56]; and to be able to continue with exercise/diet recommendations when under stress[56]. She is also less likely to be engaged in overall health maintenance and improvement[56].

Anxiety and Stress Problems

Compared with other spinal procedure candidates, the patient is more likely to be diagnosed with an anxiety disorder[57]. She is also likely to report higher levels of anxiety[58] and to experience higher levels of current stress[59].

Fear/Avoidance Problems

Compared with other spinal procedure candidates, the patient is likely to express higher levels of fear and avoidance of work activities[60] and of physical activities[61] and to report more hours resting per day[62]. She is also more likely to have been out of work for more than 2 months[63].

Interpersonal Problems

Compared with other spinal procedure candidates, the patient is likely to report higher levels of anger[64].

Substance Abuse Problems

Compared with other spinal procedure candidates, the patient is likely to take more opioid medications for pain[65] and to be at increased risk for opioid abuse[66].

Recovery Disincentive Problems

Compared with other spinal procedure candidates, the patient is more likely to overreport physical symptoms[67] and to express a desire to remain off work[68].

POSTPROCEDURAL OUTCOMES

The postprocedural outcome statements listed here are based on empirical correlates and prospective empirical studies indicating that, relative to other candidates, this patient is at increased risk for these specific adverse results. Inclusion of an adverse outcome does not imply that it will occur, nor can other negative outcomes be definitively ruled out. Specific sources for each statement can be accessed with the annotation features of this report.

The following interpretation needs to be considered in light of cautions noted about the possible impact of over-reporting (specifically, of somatic symptoms) on the validity of this protocol.

Compared to other spinal procedure candidates, postprocedure this patient is likely to:

- Report higher levels of pain[69]
- Report greater levels of disability[70]
- Experience more negative affect and higher levels of psychological distress[71]
- Take Schedule II opioid medication[72]
- Not return to work[73]
- Report greater interference of pain with their lifestyle[74]
- Have lower levels of satisfaction with the results of the procedure[75]
- Convey strong feelings that procedure results did not meet expectations[76]

- Report a more negative overall outcome[77]

TREATMENT RECOMMENDATIONS

This section contains inferential treatment-focused recommendations specifically for spinal procedure candidates based on the patient's MMPI-3 scores. Sources for each statement can be accessed with the annotation features of this report. These recommendations should be considered in light of all the information collected as part of the PPE.

The following interpretation needs to be considered in light of cautions noted about the possible impact of over-reporting (specifically, of somatic symptoms) on the validity of this protocol.

Recommendation Based on Elevated Suicidal/Death Ideation Scale

Risk for suicide should be assessed immediately[78].

Recommendations Based on Elevated Somatic/Cognitive Dysfunction Scales

The patient has a heightened sensitivity to pain and somatic symptoms. Behavioral intervention, with minimal attention directed toward minor complaints, along with reinforcement of functional improvements, may be most effective postprocedure[79].

She is also preoccupied with poor health and may feel fatigued and experience sleep disturbance and sexual dysfunction. Treatment techniques aimed at viewing spinal procedures as a component of overall health improvement may be most effective. Structured techniques for behavioral change, such as weight loss, diet control, smoking cessation, sexual adaptation, and sleep hygiene, may help the patient achieve the best possible outcomes[35].

In addition, she is reporting vague neurological complaints. She may have issues associated with balance and gait, numbness, weakness or "paralysis," and dizziness. Intervention should include symptom management techniques such as biofeedback, hypnosis, or meditation[31].

Recommendations Based on Elevated Emotional Dysfunction Scales

The patient is significantly demoralized, feels overwhelmed, and may be quite dissatisfied with life circumstances. She may have difficulty becoming motivated and following treatment recommendations. Helping the patient recognize positive aspects of her situation, and focusing on each improvement, however small, may help build momentum for recovery[80].

ITEM-LEVEL INFORMATION

Unscorable Responses

The patient produced scorable responses to all the MMPI-3 items.

Critical Responses

Seven MMPI-3 scales—Suicidal/Death Ideation (SUI), Helplessness/Hopelessness (HLP), Anxiety-Related Experiences (ARX), Ideas of Persecution (RC6), Aberrant Experiences (RC8), Substance Abuse (SUB), and Aggression (AGG)—have been designated by the test authors as having critical item content that may require immediate attention and follow-up. Items answered by the individual in the keyed direction (True or False) on a critical scale are listed below if her T score on that scale is 65 or higher. However, any item answered in the keyed direction on SUI is listed. The percentage of the MMPI-3 normative sample (NS) and of the Spinal Procedure Candidate Comparison Group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Suicidal/Death Ideation (SUI, T Score = 58)

Item number and content omitted. (True; NS 22.2%, CG 5.6%)

User-Designated Item-Level Information

The following item-level information is based on the report user's selection of additional scales, and/or of lower cutoffs for the critical scales from the previous section. Items answered by the patient in the keyed direction (True or False) on a selected scale are listed below if her T score on that scale is at the user-designated cutoff score or higher. The percentage of the MMPI-3 normative sample (NS) and of the Spinal Procedure Candidate Comparison Group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Infrequent Somatic Responses (Fs, T Score = 92)

Item number and content omitted. (False; NS 7.3%, CG 12.7%)
Item number and content omitted. (True; NS 5.0%, CG 7.0%)
Item number and content omitted. (True; NS 9.4%, CG 6.9%)
Item number and content omitted. (False; NS 21.4%, CG 15.8%)
Item number and content omitted. (True; NS 18.2%, CG 11.1%)
Item number and content omitted. (True; NS 15.4%, CG 7.7%)
Item number and content omitted. (True; NS 14.9%, CG 11.9%)
Item number and content omitted. (False; NS 11.9%, CG 18.0%)
Item number and content omitted. (True; NS 3.0%, CG 4.9%)

Emotional/Internalizing Dysfunction (EID, T Score = 66)

Item number and content omitted. (False; NS 17.9%, CG 14.9%)
Item number and content omitted. (True; NS 11.3%, CG 6.4%)
Item number and content omitted. (True; NS 44.5%, CG 28.4%)
Item number and content omitted. (True; NS 14.9%, CG 8.4%)
Item number and content omitted. (True; NS 18.8%, CG 12.7%)
Item number and content omitted. (False; NS 26.7%, CG 22.6%)
Item number and content omitted. (True; NS 13.2%, CG 8.4%)
Item number and content omitted. (True; NS 41.0%, CG 33.3%)
Item number and content omitted. (False; NS 15.7%, CG 8.0%)
Item number and content omitted. (True; NS 38.0%, CG 21.6%)
Item number and content omitted. (True; NS 31.6%, CG 26.2%)
Item number and content omitted. (False; NS 14.6%, CG 18.9%)
Item number and content omitted. (True; NS 31.9%, CG 23.3%)
Item number and content omitted. (True; NS 21.5%, CG 7.3%)
Item number and content omitted. (True; NS 58.0%, CG 39.3%)
Item number and content omitted. (False; NS 59.7%, CG 89.8%)
Item number and content omitted. (True; NS 27.8%, CG 11.7%)
Item number and content omitted. (False; NS 46.0%, CG 31.4%)
Item number and content omitted. (False; NS 58.8%, CG 63.3%)
Item number and content omitted. (True; NS 21.5%, CG 23.2%)
Item number and content omitted. (True; NS 35.8%, CG 27.3%)
Item number and content omitted. (True; NS 32.0%, CG 19.5%)
Item number and content omitted. (False; NS 16.9%, CG 14.1%)
Item number and content omitted. (True; NS 40.6%, CG 41.7%)
Item number and content omitted. (True; NS 22.0%, CG 7.2%)

Thought Dysfunction (THD, T Score = 58)

Item number and content omitted. (True; NS 35.7%, CG 21.9%)
Item number and content omitted. (True; NS 18.2%, CG 11.1%)

Note

Test items are included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

Item number and content omitted. (True; NS 5.4%, CG 1.1%)
Item number and content omitted. (True; NS 15.4%, CG 7.7%)
Item number and content omitted. (True; NS 7.0%, CG 4.0%)

Demoralization (RCd, T Score = 65)

Item number and content omitted. (True; NS 11.3%, CG 6.4%)
Item number and content omitted. (True; NS 44.5%, CG 28.4%)
Item number and content omitted. (True; NS 14.9%, CG 8.4%)
Item number and content omitted. (True; NS 41.0%, CG 33.3%)
Item number and content omitted. (False; NS 15.7%, CG 8.0%)
Item number and content omitted. (True; NS 23.9%, CG 10.4%)
Item number and content omitted. (True; NS 21.5%, CG 7.3%)
Item number and content omitted. (True; NS 58.0%, CG 39.3%)
Item number and content omitted. (True; NS 27.8%, CG 11.7%)
Item number and content omitted. (False; NS 46.0%, CG 31.4%)
Item number and content omitted. (True; NS 32.0%, CG 19.5%)
Item number and content omitted. (True; NS 22.0%, CG 7.2%)

Somatic Complaints (RC1, T Score = 72)

Item number and content omitted. (True; NS 5.0%, CG 7.0%)
Item number and content omitted. (False; NS 25.3%, CG 16.3%)
Item number and content omitted. (False; NS 21.9%, CG 28.6%)
Item number and content omitted. (False; NS 37.3%, CG 63.7%)
Item number and content omitted. (True; NS 8.8%, CG 10.2%)
Item number and content omitted. (False; NS 21.0%, CG 36.9%)
Item number and content omitted. (False; NS 18.8%, CG 17.5%)
Item number and content omitted. (True; NS 10.7%, CG 7.7%)
Item number and content omitted. (False; NS 24.2%, CG 46.7%)
Item number and content omitted. (True; NS 12.5%, CG 14.3%)
Item number and content omitted. (False; NS 38.2%, CG 92.3%)
Item number and content omitted. (True; NS 18.6%, CG 50.5%)

Malaise (MLS, T Score = 77)

Item number and content omitted. (True; NS 68.2%, CG 24.7%)
Item number and content omitted. (False; NS 47.0%, CG 62.3%)
Item number and content omitted. (False; NS 16.5%, CG 26.7%)
Item number and content omitted. (False; NS 59.7%, CG 89.8%)
Item number and content omitted. (True; NS 49.7%, CG 59.1%)
Item number and content omitted. (False; NS 28.6%, CG 60.0%)
Item number and content omitted. (False; NS 43.3%, CG 59.8%)

Neurological Complaints (NUC, T Score = 71)

Item number and content omitted. (False; NS 21.9%, CG 28.6%)
Item number and content omitted. (False; NS 21.0%, CG 36.9%)
Item number and content omitted. (False; NS 18.8%, CG 17.5%)
Item number and content omitted. (False; NS 21.4%, CG 15.8%)
Item number and content omitted. (False; NS 24.2%, CG 46.7%)
Item number and content omitted. (True; NS 18.6%, CG 50.5%)

Cognitive Complaints (COG, T Score = 76)

Item number and content omitted. (True; NS 27.0%, CG 31.5%)
Item number and content omitted. (True; NS 24.8%, CG 21.5%)
Item number and content omitted. (True; NS 15.7%, CG 22.1%)
Item number and content omitted. (False; NS 14.8%, CG 19.5%)

Note

Test items are included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

Item number and content omitted. (True; NS 31.1%, CG 21.9%)
Item number and content omitted. (True; NS 23.6%, CG 19.8%)
Item number and content omitted. (True; NS 28.3%, CG 23.8%)
Item number and content omitted. (True; NS 26.2%, CG 20.2%)
Item number and content omitted. (True; NS 28.6%, CG 25.7%)
Item number and content omitted. (True; NS 51.0%, CG 46.0%)

Self-Doubt (SFD, T Score = 59)

Item number and content omitted. (True; NS 11.3%, CG 6.4%)
Item number and content omitted. (True; NS 41.0%, CG 33.3%)
Item number and content omitted. (True; NS 11.8%, CG 8.5%)
Item number and content omitted. (True; NS 32.0%, CG 19.5%)

Stress (STR, T Score = 68)

Item number and content omitted. (False; NS 31.7%, CG 30.1%)
Item number and content omitted. (False; NS 26.7%, CG 22.6%)
Item number and content omitted. (True; NS 31.6%, CG 26.2%)
Item number and content omitted. (True; NS 31.9%, CG 23.3%)
Item number and content omitted. (False; NS 58.8%, CG 63.3%)

Anxiety-Related Experiences (ARX, T Score = 59)

Item number and content omitted. (True; NS 31.2%, CG 21.6%)
Item number and content omitted. (True; NS 16.9%, CG 12.5%)
Item number and content omitted. (True; NS 9.4%, CG 6.9%)
Item number and content omitted. (True; NS 27.3%, CG 26.5%)
Item number and content omitted. (True; NS 14.9%, CG 11.9%)
Item number and content omitted. (True; NS 35.8%, CG 27.3%)
Item number and content omitted. (True; NS 39.8%, CG 42.8%)

Substance Abuse (SUB, T Score = 54)

Item number and content omitted. (False; NS 31.9%, CG 10.9%)
Item number and content omitted. (True; NS 8.1%, CG 1.4%)
Item number and content omitted. (True; NS 14.4%, CG 1.2%)

Activation (ACT, T Score = 58)

Item number and content omitted. (True; NS 71.2%, CG 55.9%)
Item number and content omitted. (True; NS 17.5%, CG 8.5%)
Item number and content omitted. (True; NS 45.7%, CG 31.9%)
Item number and content omitted. (True; NS 49.0%, CG 31.4%)
Item number and content omitted. (True; NS 28.0%, CG 19.6%)

Psychoticism (PSYC, T Score = 63)

Item number and content omitted. (True; NS 35.7%, CG 21.9%)
Item number and content omitted. (True; NS 18.2%, CG 11.1%)
Item number and content omitted. (True; NS 5.4%, CG 1.1%)
Item number and content omitted. (True; NS 15.4%, CG 7.7%)
Item number and content omitted. (True; NS 7.0%, CG 4.0%)

Note

Test items are included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

Critical Follow-up Items

This section contains a list of items to which the patient responded in a manner warranting follow-up. The items were identified by preprocedural assessment experts as having critical content. Clinicians are encouraged to follow up on these statements with the patient by making related inquiries, rather than reciting the item(s) verbatim. Each item is followed by the patient's response, the percentage of Spinal Procedure Candidate Comparison Group members who gave this response, and the scale(s) on which the item appears.

Item number and content omitted. (True; 6.4%; VRIN, TRIN, F, EID, RCd, SFD)
Item number and content omitted. (True; 12.1%; AGG)
Item number and content omitted. (True; 21.6%; VRIN, ARX, NEGE)
Item number and content omitted. (True; 8.4%; TRIN, F, EID, RCd)
Item number and content omitted. (True; 7.0%; Fs, FBS, RC1)
Item number and content omitted. (False; 16.3%; RC1)
Item number and content omitted. (True; 12.5%; TRIN, ARX, NEGE)
Item number and content omitted. (True; 15.8%; FBS, RC7)
Item number and content omitted. (True; 8.4%; VRIN, F, EID, RC2, INTR)
Item number and content omitted. (True; 10.2%; TRIN, FBS, RBS, RC1)
Item number and content omitted. (False; 8.0%; TRIN, EID, RCd)
Item number and content omitted. (True; 10.4%; IMP)
Item number and content omitted. (True; 10.4%; VRIN, RCd, NFC)
Item number and content omitted. (True; 42.8%; FBS, RBS, L, BXD, RC4)
Item number and content omitted. (True; 7.3%; VRIN, EID, RCd)
Item number and content omitted. (False; 15.8%; Fs, NUC)
Item number and content omitted. (True; 7.7%; FBS, RC1)
Item number and content omitted. (False; 10.9%; BXD, SUB, DISC)
Item number and content omitted. (True; 1.4%; BXD, RC4, SUB, DISC)
Item number and content omitted. (True; 9.8%; VRIN, RC7, ANP)
Item number and content omitted. (True; 1.2%; BXD, SUB, DISC)
Item number and content omitted. (True; 7.2%; EID, RCd)

Note

Test items are included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

ENDNOTES

This section lists for each statement in the report the MMPI-3 score(s) that triggered it. In addition, each statement is identified as a Test Response, if based on item content, a Correlate, if based on empirical correlates, or an Inference, if based on the report authors' judgment. (This information can also be accessed on-screen by placing the cursor on a given statement.) For correlate-based statements, research references (Ref. No.) are provided, keyed to the consecutively numbered reference list following the endnotes.

[1] Test Response: Fs=92
[2] Correlate: Fs=92, Ref. 7, 10, 12, 13, 14, 15, 16, 25, 28, 30, 33, 34, 49, 57, 58, 59, 60, 62, 66, 67, 75, 76, 82, 86, 87, 90, 91, 96, 97
[3] Correlate: Fs=92, Ref. 5, 13, 57, 83, 91
[4] Test Response: RC1=72
[5] Test Response: NUC=71
[6] Correlate: RC1=72, Ref. 5
[7] Test Response: MLS=77
[8] Correlate: RC1=72, Ref. 4, 5, 9, 11, 13, 21, 22, 23, 32, 36, 52, 73, 74, 77, 83, 85, 92; MLS=77, Ref. 5, 9, 11; NUC=71, Ref. 5, 13
[9] Correlate: MLS=77, Ref. 5, 40, 81
[10] Correlate: RC1=72, Ref. 6, 81, 83; MLS=77, Ref. 5, 40, 52, 81
[11] Correlate: MLS=77, Ref. 5
[12] Correlate: RC1=72, Ref. 23, 83; NUC=71, Ref. 17, 92
[13] Test Response: COG=76
[14] Correlate: COG=76, Ref. 5, 11, 13, 24, 52, 92
[15] Correlate: COG=76, Ref. 83
[16] Correlate: RCd=65, Ref. 83; COG=76, Ref. 83
[17] Correlate: COG=76, Ref. 5, 11, 13, 52, 92
[18] Test Response: SUI=58
[19] Correlate: SUI=58, Ref. 5, 37, 42, 54, 65
[20] Correlate: SUI=58, Ref. 2, 5, 27, 29, 37, 38, 40, 52, 54, 55, 63, 65, 79, 83, 92
[21] Correlate: SUI=58, Ref. 2, 5, 27, 29, 37, 38, 40, 54, 55, 65, 79, 80, 83, 92
[22] Correlate: EID=66, Ref. 5, 11, 41, 64, 83
[23] Test Response: RCd=65
[24] Correlate: RCd=65, Ref. 1, 3, 4, 5, 8, 9, 11, 13, 18, 19, 21, 22, 23, 32, 35, 36, 40, 51, 52, 68, 70, 73, 74, 77, 78, 81, 83, 84, 88, 94, 98
[25] Correlate: RCd=65, Ref. 5, 40
[26] Test Response: STR=68
[27] Correlate: STR=68, Ref. 4, 5, 39
[28] Correlate: STR=68, Ref. 5, 11
[29] Correlate: RC1=72, Ref. 44, 45, 53, 89, 92
[30] Correlate: MLS=77, Ref. 44, 53, 92
[31] Inference: NUC=71
[32] Inference: COG=76
[33] Correlate: RCd=65, Ref. 5, 31, 43, 50, 56, 69, 78, 83, 89, 92
[34] Correlate: STR=68, Ref. 5
[35] Inference: MLS=77
[36] Inference: EID=66
[37] Test Response: EID=66
[38] Test Response: SFD=59
[39] Inference: STR=68
[40] Test Response: ARX=59
[41] Test Response: THD=58
[42] Inference: PSYC=63
[43] Test Response: PSYC=63

[44] Test Response: ACT=58
[45] Test Response: SUB=54
[46] Correlate: RCd=65, Ref. 3, 46, 71
[47] Correlate: RCd=65, Ref. 32, 46; MLS=77, Ref. 32, 46
[48] Correlate: RCd=65, Ref. 3, 20, 21, 46; MLS=77, Ref. 3, 20, 21, 46
[49] Correlate: RC1=72, Ref. 26, 32, 46, 48, 95; MLS=77, Ref. 26, 32, 46, 48, 95; NUC=71, Ref. 26, 32, 46, 48, 95
[50] Correlate: RC1=72, Ref. 32; MLS=77, Ref. 32; NUC=71, Ref. 32; COG=76, Ref. 32
[51] Correlate: MLS=77, Ref. 3; NUC=71, Ref. 3; COG=76, Ref. 3
[52] Correlate: RC1=72, Ref. 46, 73; NUC=71, Ref. 46, 73
[53] Correlate: RC1=72, Ref. 46, 73; MLS=77, Ref. 46, 73; NUC=71, Ref. 46, 73
[54] Correlate: RCd=65, Ref. 3, 46; RC1=72, Ref. 3, 46; MLS=77, Ref. 3, 46; STR=68, Ref. 3, 46
[55] Correlate: RCd=65, Ref. 3
[56] Correlate: EID=66, Ref. 46, 78; MLS=77, Ref. 46, 78
[57] Correlate: RC1=72, Ref. 46, 73
[58] Correlate: RC1=72, Ref. 3, 46
[59] Correlate: STR=68, Ref. 46, 73
[60] Correlate: RCd=65, Ref. 3, 46; MLS=77, Ref. 3, 46
[61] Correlate: RC1=72, Ref. 3, 46; MLS=77, Ref. 3, 46
[62] Correlate: MLS=77, Ref. 73
[63] Correlate: RCd=65, Ref. 3, 46; RC1=72, Ref. 3, 46; MLS=77, Ref. 3, 46; NUC=71, Ref. 3, 46
[64] Correlate: RCd=65, Ref. 20
[65] Correlate: SUI=58, Ref. 32
[66] Correlate: MLS=77, Ref. 3, 26, 73
[67] Correlate: Fs=92, Ref. 72
[68] Correlate: RC1=72, Ref. 32, 46
[69] Correlate: RCd=65, Ref. 20, 21, 46, 47, 48, 53, 61, 93, 95; RC1=72, Ref. 20, 21, 46, 47, 48, 53, 61, 93, 95; MLS=77, Ref. 20, 21, 46, 47, 48, 53, 61, 93, 95; NUC=71, Ref. 20, 21, 46, 47, 48, 53, 61, 93, 95
[70] Correlate: RCd=65, Ref. 20, 21, 46, 47, 61, 93; RC1=72, Ref. 20, 21, 46, 47, 61, 93; NUC=71, Ref. 20, 21, 46, 47, 61, 93
[71] Correlate: RCd=65, Ref. 20, 21, 46, 47; MLS=77, Ref. 20, 21, 46, 47
[72] Correlate: RCd=65, Ref. 20, 21, 26; MLS=77, Ref. 20, 21, 26
[73] Correlate: EID=66, Ref. 20, 21; RCd=65, Ref. 20, 21; MLS=77, Ref. 20, 21
[74] Correlate: RC1=72, Ref. 20, 46, 47, 48, 61, 74, 93; NUC=71, Ref. 20, 46, 47, 48, 61, 74, 93
[75] Correlate: RCd=65, Ref. 20, 74; MLS=77, Ref. 20, 74
[76] Correlate: RCd=65, Ref. 20, 74; RC1=72, Ref. 20, 74; MLS=77, Ref. 20, 74
[77] Correlate: RCd=65, Ref. 20, 47, 61; RC1=72, Ref. 20, 47, 61; MLS=77, Ref. 20, 47, 61
[78] Inference: SUI=58
[79] Inference: RC1=72
[80] Inference: RCd=65

RESEARCH REFERENCE LIST

The following studies are sources for empirical correlates identified in the Endnotes section of this report.

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End of Report

ITEM RESPONSES

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