

## Symptom Assessment-45 Questionnaire

*Magellan CBHS Holdings, Inc.*

### Profile Report

<b>Name:</b>	<b>Susan Thomas</b>
Age:	18
Gender:	Female
Duration:	2 Minutes 36 Seconds
Administration Date:	August 25, 2004

**NOTE:** Comparisons in this report are relative to **Nonpatient Norms** and are based on **Area T-Scores**.



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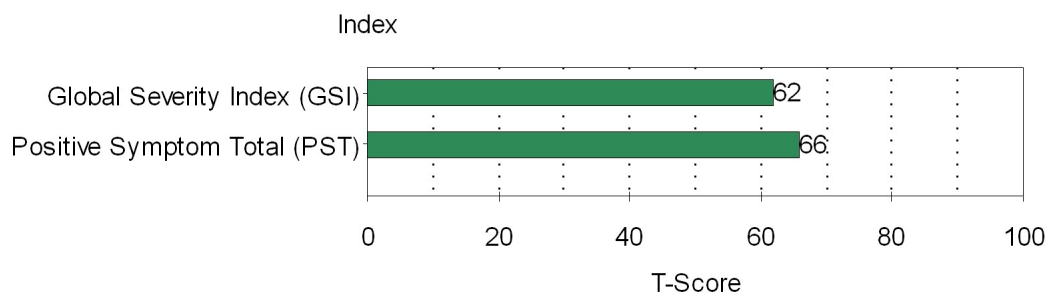
## Introduction to SA-45 Profile Report

Symptom Assessment-45 is an assessment tool that prompts an individual to rate the degree of distress arising from psychiatric symptomatology. This report provides information about the individual's score, how he or she compares to the clinical or the non-clinical reference group, and what subscales are elevated. See the SA-45 Technical Manual (published by MHS) for more information about the instrument.

This computerized report is an interpretive aid and should not be used as the sole basis for intervention or clinical diagnosis. This report works best when combined with other sources of relevant information (e.g., observations, historical information). The report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Atypical interpretations must be explored in other ways on a case-by-case basis. The information contained in this report should be treated as confidential.

## Index T-Scores (Nonpatient Norms)

The following graph shows Susan's T-scores for the Global Severity Index (GSI) and the Positive Symptom Total (PST). GSI represents the sum total of all SA-45 item responses. PST represents all item responses except the "Not at all" answers.



## Interpretive Guide (Nonpatient Norms)

### Validity Alert:

The SA-45 was completed in less than three minutes which might suggest that Susan has not carefully attended and/or responded to the SA-45 items. This possibility should be considered before interpreting the profile.

### Global Severity Index (GSI) T-Score = 62

#### Moderately Atypical

The GSI represents the total of the item response values (1-5) for all items on SA-45 and provides a meaningful overview of Susan's level of symptomatology. This score is notably elevated. Examination of the symptom domain scale results will help to assess the pervasiveness of the symptoms and/or isolate the major areas of concern.

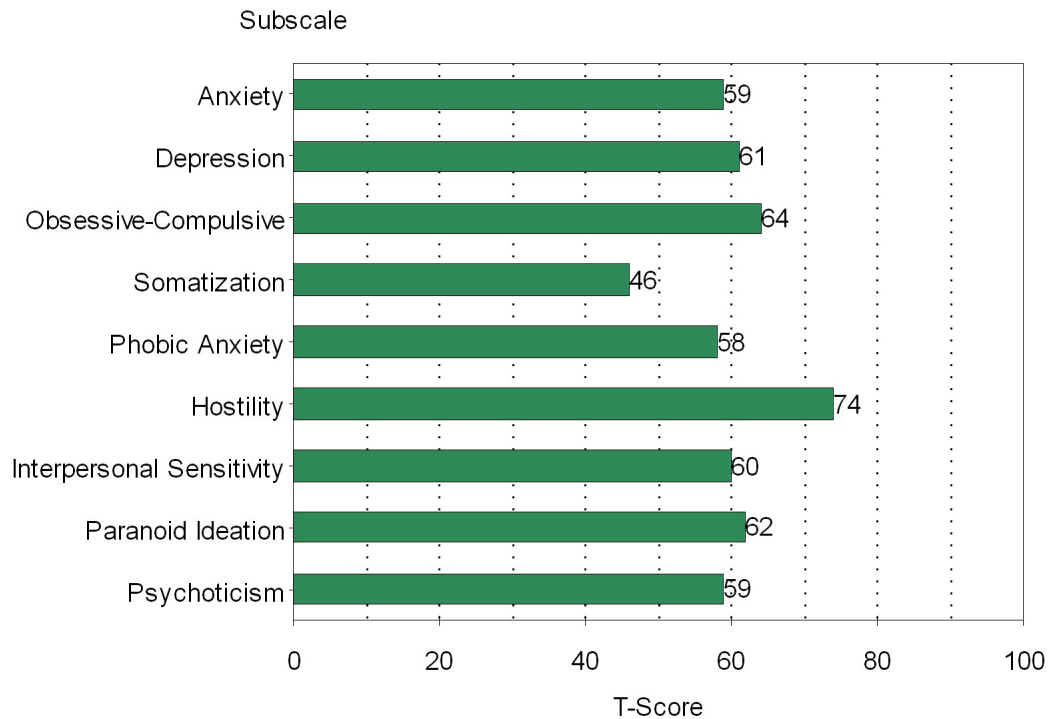
### Positive Symptom Total (PST) T-Score = 66

#### Markedly Atypical

The PST Index indicates the total number of symptoms reported to be present (i.e., the total number of items with a response other than "Not at All"). Susan reports a much greater number of symptoms than is usual for most individuals. Examination of the symptom domain scale results will help determine more specifically which domains have the most symptomatology.

## Domain Scale T-Scores

The following graph provides a profile of Susan's T-scores across the SA-45 Symptom Domain Scales.



## Guidelines for T-Scores

The following table summarizes Susan's subscale scores and gives general information about how these results compare to the normative group. More interpretive data are provided later in this report.

Score Summary	Raw Score	T-Score	Level of Symptomatology
GSI	78	62	Moderately Atypical
PST	26	66	Markedly Atypical
Anxiety	8	59	Mildly Atypical
Depression	10	61	Moderately Atypical
Obsessive-Compulsive	11	64	Moderately Atypical
Somatization	5	46	Average - Not a Concern
Phobic Anxiety	5	58	Mildly Atypical
Hostility	15	74	Extremely Atypical
Interpersonal Sensitivity	9	60	Moderately Atypical
Paranoid Ideation	10	62	Moderately Atypical
Psychoticism	5	59	Mildly Atypical

## Profile Summary

There is marked symptomatology, and analysis of the subscale scores indicates that the symptoms are related to functioning in the area covered by the Hostility subscale. Further investigation and treatment are suggested.

## Examination of the Symptom Domain Scale Scores

**The following symptom domain scales have T-scores of 65 or higher, which indicate marked symptomatology.**

**Hostility** T-Score = 74

A number of hostility-related symptoms are found on this subscale. They include having uncontrollable temper outbursts, getting into frequent arguments, shouting, and feeling urges to harm others or to break things.

**The following symptom domain scale(s) had T-scores ranging from 60-64, which indicate moderate symptomatology.**

**Depression** T-Score = 61

This subscale consists of items concerning recent experiences of feeling lonely, hopeless, and worthless. Other symptoms that are assessed include a loss of interest in things and feeling blue.

**Obsessive-Compulsive** T-Score = 64

Difficulty in concentrating or making decisions, repetitive checking or doing tasks slowly to ensure correctness, and problems with one's mind "going blank" are obsessive-compulsive symptoms addressed on this subscale.

**Interpersonal Sensitivity** T-Score = 60

Susan's symptomatic feelings about herself in relation to others are assessed here. These symptoms include feeling inferior or self-conscious around others, feeling that others are unsympathetic or unfriendly, and feeling uneasy when others are talking with or watching her.

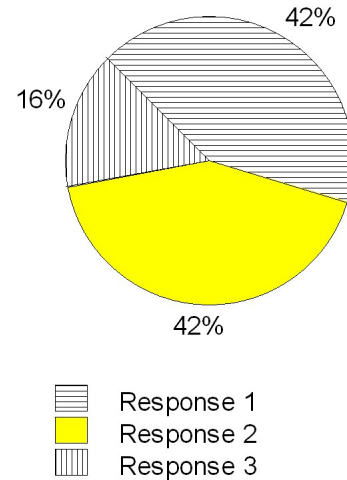
**Paranoid Ideation** T-Score = 62

Some of the subtler forms of paranoid thinking are assessed on this subscale. Items assessed include Susan's feeling that others take advantage of her, cannot be trusted, are responsible for her troubles, and fail to give her credit for her achievements. Also assessed are the feelings that others are watching and/or talking about her.

## Item Response Summary

The following response values were entered for the SA-45 items.

Item	Response	Item	Response	Item	Response
1.	2	16.	2	31.	1
2.	2	17.	2	32.	2
3.	2	18.	1	33.	1
4.	1	19.	2	34.	3
5.	1	20.	3	35.	3
6.	2	21.	3	36.	2
7.	1	22.	1	37.	1
8.	1	23.	1	38.	2
9.	2	24.	1	39.	3
10.	1	25.	1	40.	2
11.	3	26.	1	41.	2
12.	1	27.	2	42.	2
13.	1	28.	2	43.	3
14.	2	29.	1	44.	2
15.	1	30.	2	45.	1



### Response Key

- 1 = Not At All
- 2 = A Little Bit
- 3 = Moderately
- 4 = Quite A Bit
- 5 = Extremely

Empty space in Response column indicates that the question was omitted.

Date Printed: Wednesday, August 25, 2004

**End of Report**