



MBMD™

MILLON™ BEHAVIORAL  
MEDICINE DIAGNOSTIC

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MBMD™

Millon™ Behavioral Medicine Diagnostic

Interpretive Report With Healthcare Provider Summary

Presurgical Pain Patient Report

*Theodore Millon, PhD, DSc*

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Name: Sample Presurgical Report  
ID Number: 456  
Age: 35  
Gender: Male  
Race: White  
Marital Status: Divorced  
Education: High School Graduate  
Date Assessed: 03/18/2010

**PEARSON**

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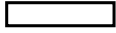









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**PREVALENCE (PS) SCORES BASED ON GENERAL MEDICAL NORMS**


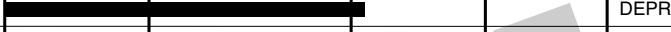











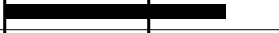

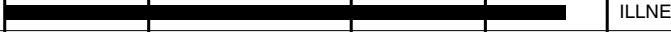













Validity (Scale V) Score = 0

**Medical Problem(s):** Pain

**Code:** AA BB // 5 \*\* 4 8B \* // C B A \*\* E \* D F + // - \*\* H \* I + //

|                               |  |  |   |   |
|-------------------------------|--|--|---|---|
| <b>Response Patterns</b>      | X. DISCLOSURE<br> | Y. DESIRABILITY<br> | Z. DEBASEMENT<br> |  unlikely problem area |
| <b>Negative Health Habits</b> | ALCOHOL<br>       | DRUG<br>            | EATING<br>        |  possible problem area |
|                               | CAFFEINE<br>      | INACTIVITY<br>      | SMOKING<br>       |  likely problem area   |

**SCORE PROFILE OF PREVALENCE SCORES CLINICAL SCALES**  
 RAW PS 0 35 75 85 100+

|                                |    | RAW | PS   |  |            |                          |
|--------------------------------|----|-----|--|--|------------|--------------------------|
| <b>Psychiatric Indications</b> | AA | 17  | 89   |    |            | ANXIETY-TENSION          |
|                                | BB | 8   | 76   |    |            | DEPRESSION               |
|                                | CC | 9   | 60   |     |            | COGNITIVE DYSFUNCTION    |
|                                | DD | 9   | 66   |     |            | EMOTIONAL LABILITY       |
|                                | EE | 3   | 25   |    |            | GUARDEDNESS              |
| <b>Coping Styles</b>           | 1  | 4   | 50   |    |            | INTROVERSIVE             |
|                                | 2A | 1   | 40   |   |            | INHIBITED                |
|                                | 2B | 1   | 10   |   |            | DEJECTED                 |
|                                | 3  | 9   | 65   |   |            | COOPERATIVE              |
|                                | 4  | 18  | 83   |  |            | SOCIABLE                 |
|                                | 5  | 22  | 99   |  |            | CONFIDENT                |
|                                | 6A | 5   | 35   |   |            | NONCONFORMING            |
|                                | 6B | 7   | 35   |   |            | FORCEFUL                 |
|                                | 7  | 19  | 55   |   |            | RESPECTFUL               |
|                                | 8A | 5   | 50   |   |            | OPPOSITIONAL             |
| 8B                             | 12 | 77  |  |  | DENIGRATED |                          |
| <b>Stress Moderators</b>       | A  | 27  | 95   |  |            | ILLNESS APPREHENSION     |
|                                | B  | 25  | 115  |  |            | FUNCTIONAL DEFICITS      |
|                                | C  | 28  | 115  |  |            | PAIN SENSITIVITY         |
|                                | D  | 1   | 25   |   |            | SOCIAL ISOLATION         |
|                                | E  | 16  | 83   |  |            | FUTURE PESSIMISM         |
|                                | F  | 0   | 5  |   |            | SPIRITUAL ABSENCE        |
| <b>Treatment Prognostics</b>   | G  | 6   | 50   |   |            | INTERVENTIONAL FRAGILITY |
|                                | H  | 8   | 84   |  |            | MEDICATION ABUSE         |
|                                | I  | 0   | 5  |   |            | INFORMATION DISCOMFORT   |
|                                | J  | 7   | 70   |   |            | UTILIZATION EXCESS       |
|                                | K  | 7   | 62   |   |            | PROBLEMATIC COMPLIANCE   |
| <b>Management Guides</b>       | L  | 9   | 90   |  |            | ADJUSTMENT DIFFICULTIES  |
|                                | M  | 7   | 82   |  |            | PSYCH REFERRAL           |

————— Increasingly Problematic —————>

**PERCENTILE SCORES BASED ON CHRONIC PAIN NORMS**

This percentile-based profile provides comparative information regarding this patient's similarity to other pain patients. However, the Pain Patient Summary and the full MBMD Interpretive Report that follow are based on the general medical norms recorded on the previous prevalence-based profile page.

|                                |    | SCORE |      | PROFILE OF PERCENTILE SCORES |    |    |    | CLINICAL SCALES          |
|--------------------------------|----|-------|------|------------------------------|----|----|----|--------------------------|
|                                |    | RAW   | %ile | 1                            | 25 | 50 | 75 |                          |
| <b>Psychiatric Indications</b> | AA | 17    | 74   |                              |    |    |    | ANXIETY-TENSION          |
|                                | BB | 8     | 39   |                              |    |    |    | DEPRESSION               |
|                                | CC | 9     | 52   |                              |    |    |    | COGNITIVE DYSFUNCTION    |
|                                | DD | 9     | 51   |                              |    |    |    | EMOTIONAL LABILITY       |
|                                | EE | 3     | 17   |                              |    |    |    | GUARDEDNESS              |
| <b>Coping Styles</b>           | 1  | 4     | 33   |                              |    |    |    | INTROVERSIVE             |
|                                | 2A | 1     | 24   |                              |    |    |    | INHIBITED                |
|                                | 2B | 1     | 38   |                              |    |    |    | DEJECTED                 |
|                                | 3  | 9     | 42   |                              |    |    |    | COOPERATIVE              |
|                                | 4  | 18    | 97   |                              |    |    |    | SOCIABLE                 |
|                                | 5  | 22    | 99   |                              |    |    |    | CONFIDENT                |
|                                | 6A | 5     | 39   |                              |    |    |    | NONCONFORMING            |
|                                | 6B | 7     | 52   |                              |    |    |    | FORCEFUL                 |
|                                | 7  | 19    | 35   |                              |    |    |    | RESPECTFUL               |
|                                | 8A | 5     | 30   |                              |    |    |    | OPPOSITIONAL             |
|                                | 8B | 12    | 77   |                              |    |    |    | DENIGRATED               |
| <b>Stress Moderators</b>       | A  | 27    | 79   |                              |    |    |    | ILLNESS APPREHENSION     |
|                                | B  | 25    | 82   |                              |    |    |    | FUNCTIONAL DEFICITS      |
|                                | C  | 28    | 59   |                              |    |    |    | PAIN SENSITIVITY         |
|                                | D  | 1     | 21   |                              |    |    |    | SOCIAL ISOLATION         |
|                                | E  | 16    | 59   |                              |    |    |    | FUTURE PESSIMISM         |
|                                | F  | 0     | 25   |                              |    |    |    | SPIRITUAL ABSENCE        |
| <b>Treatment Prognostics</b>   | G  | 6     | 42   |                              |    |    |    | INTERVENTIONAL FRAGILITY |
|                                | H  | 8     | 90   |                              |    |    |    | MEDICATION ABUSE         |
|                                | I  | 0     | 28   |                              |    |    |    | INFORMATION DISCOMFORT   |
|                                | J  | 7     | 40   |                              |    |    |    | UTILIZATION EXCESS       |
|                                | K  | 7     | 45   |                              |    |    |    | PROBLEMATIC COMPLIANCE   |
| <b>Management Guides</b>       | L  | 9     | 51   |                              |    |    |    | ADJUSTMENT DIFFICULTIES  |
|                                | M  | 7     | 56   |                              |    |    |    | PSYCH REFERRAL           |

————— Increasingly Problematic —————>

## PRESURGICAL PAIN PATIENT SUMMARY

The categorizations in the following tables are credible and discriminating probabilistic judgments based on literature reviews, clinical experience, and a few early empirical studies. As such, they should not be considered as definitive, but serve as guides to clinicians in making prudent and tentative judgments.

### I. PRESURGICAL CONSIDERATIONS

#### A. Patient-Provider Communications

The research literature and clinical experience indicate that the interpersonal coping styles of patients provide a gauge of how they relate to others and the way they may relate to healthcare providers. Providers should consider the following orientation when communicating with the patient as noted below.

| The following healthcare orientation:          | Is considered: |
|--|----------------|
| Work to increase patient self-reliance         | Helpful        |
| Maintain strong focus on patient self-interest | ADVISABLE      |

#### B. Major Surgical Outcome Risks

Reviews of the literature have identified a number of consensual risk factors for poor outcome of spine surgery or device implantation (see the MBMD Pain Patient Reports manual supplement for details). A number of these consensual risk factors are measured by MBMD scales. The patient's MBMD-predicted level of risk for each factor (low, moderate, or marked) is shown below.

| The following risk factor: | Is considered: |
|----------------------------|----------------|
| 1. Depression              | Moderate       |
| 2. Anticipatory anxiety    | MARKED         |
| 3. Cognitive deficits      | low            |
| 4. Pain sensitivity        | MARKED         |
| 5. Lack of social support  | low            |
| 6. Medication abuse        | Moderate       |
| 7. Problematic compliance  | low            |
| 8. Catastrophizing         | MARKED         |

#### C. Secondary Surgical Outcome Risks

Although the characteristics listed below have not been studied to the extent that they can be included among the consensual risk factors listed in the previous section, clinical experience suggests that they may indicate a risk for poor surgical outcome.

| The following risk factor:            | Is considered: |
|---------------------------------------|----------------|
| 1. Low self-care/motivation           | low            |
| 2. Fear of illness complications      | MARKED         |
| 3. Self-indulgence                    | MARKED         |
| 4. Oppositional attitude              | low            |
| 5. Irritability/hostility             | low            |
| 6. Unstable/erratic routines          | Moderate       |
| 7. Overutilizing healthcare resources | Moderate       |
| 8. Fear of medical procedures         | low            |
| 9. Poor adjustment to pain treatment  | MARKED         |

**D. Patient Assets for Positive Outcome**

Low scores on certain MBMD scales are designed to indicate patient strengths or assets that may help facilitate a favorable response to treatment. The following MBMD-identified strength(s) can be hypothesized to increase the likelihood of a favorable response for this patient to spine or implantation surgery.

|                |  |
|----------------|--|
| Social support | This patient reports having family and friends who care about him. |
|----------------|--|

**E. Predicted Block Prognostic Category**

An algorithm proposed by Block et al. for determining surgical prognosis based on information gathered in the presurgical evaluation has been highly influential in evaluating patients for both spine surgery and implantable devices. A recent study provided mean MBMD scores for patients in the different Block prognostic categories undergoing procedures. Comparing this patient's MBMD scores to the mean scores for each of the Block prognostic groups results in the following predicted Block category:

|   |
|---|
| Fair Prognosis: Preoperative compliance and motivation measures recommended |
|---|

See the MBMD Pain Patient Reports manual supplement for details on how the predicted Block category was determined. Also note that this analysis is not intended to replace a comprehensive presurgical evaluation that includes a clinical interview.

**F. Presurgical Recommendations**

A number of psychosocial interventions designed to improve the chances of a favorable surgery outcome are described in the literature. The patient's MBMD scores suggest that the following intervention(s) may be considered.

| The following intervention:                       | Is considered: |
|---|----------------|
| 1. A psychiatric consultation                     | ADVISABLE      |
| 2. A neuropsychological exam                      | unneded        |
| 3. A stress management training program           | ADVISABLE      |
| 4. Pain coping skills training                    | ADVISABLE      |
| 5. Cognitive behavioral counseling                | Helpful        |
| 6. A smoking cessation program                    | unneded        |
| 7. Family behavioral medicine sessions            | unneded        |
| 8. Medication and/or substance use counseling     | Helpful        |
| 9. Compliance monitoring                          | Helpful        |
| 10. A peer social support group                   | ADVISABLE      |
| 11. Reiterate detailed postdischarge instructions | unneded        |

**II. POSTSURGICAL CONSIDERATIONS**

A vast amount of research and clinical experience regarding the relationships between patients' psychosocial characteristics and their response to traditional medical treatments for pain allow reasonable MBMD-based inferences about this patient's likely response to medically based treatment. However, the following inferences are not based directly on research involving the MBMD.

**A. Postsurgical Patient Behavior**

| <b>The likelihood that this patient will:</b>      | <b>Is classified as:</b> |
|--|--------------------------|
| 1. Change unhealthy body mechanics                 | high                     |
| 2. Avoid stressful behavior                        | LOW                      |
| 3. Complete a follow-up behavioral management plan | high                     |
| 4. Comply with general medical regimen             | Average                  |
| 5. Show good judgment in an exercise program       | LOW                      |
| 6. Avoid long-term general health complications    | LOW                      |
| 7. Maintain paced and progressive activity gains   | LOW                      |

**B. Longer-Term Patient Gains and Challenges**

| <b>The likelihood that surgery will improve this patient's:</b> | <b>Is classified as:</b> |
|---|--------------------------|
| 1. Psychosocial functioning                                     | Average                  |
| 2. Body image   | LOW                      |
| 3. Physical health  | LOW                      |
| 4. Mental outlook   | LOW                      |
| 5. Sexual activity  | LOW                      |
| 6. Employment/vocational opportunities                          | LOW                      |
| 7. Overall quality of life                                      | Average                  |
| 8. Interpersonal functioning                                    | Average                  |

## Millon™ Behavioral Medicine Diagnostic - Interpretive Report

This report is based on the assumption that the MBMD assessment was completed by a person who is undergoing professional medical evaluation or treatment. MBMD data and analyses do not provide physical diagnoses. Rather, the instrument supplements such diagnoses by identifying and appraising the potential role of psychiatric and psychosomatic factors in a patient's disease and treatment. The statements in this report are derived from cumulative research data and theory. As such, they must be considered probabilistic inferences rather than definitive judgments and should be evaluated in that light by clinicians. The statements contained in the report are of a personal nature and are for confidential professional use only. They should be handled with great discretion and should not be shown to patients or their relatives.

**Interpretive Considerations** - This section identifies noteworthy response patterns and indicates negative health habits that may be affecting the patient's medical condition.

Unless this patient is a well-functioning adult with modest life stressors, his responses suggest either a need for social approval or naivete about psychological matters. Although scoring adjustments that correct for these tendencies were probably successful in retaining the validity of the interpretation, this interpretive report should be read with these characteristics in mind.

He is probably experiencing problems with maintaining a regular exercise program. Additionally, he may be experiencing problems with overeating.

**Psychiatric Indications** - This section identifies current psychiatric symptoms or disorders that should be a focus of clinical attention. These symptoms or disorders may affect the patient's response to healthcare treatment and his ability to adjust to or recover from his medical condition.

This patient reports relatively high levels of anxiety and depression. These elevations are probably due to a recent medical diagnosis or an upcoming medical procedure and are probably temporary. Characteristically, this patient is agreeable, confident, and adaptive to changing circumstances. However, his concerns about his illness may be too serious to dismiss, resulting in debilitating anxiety complicated by uncharacteristic depression. The healthcare team should encourage and reinforce this patient's sense of control over his illness. As a result, he will probably take adaptive measures to reduce the distress he is experiencing. Short-term pharmacological agents may also be beneficial.

**Coping Styles** - This section characterizes the patient's coping style and/or defenses. These include "normal" parallels of *DSM-IV*®, Axis II personality styles that may influence the patient's response to healthcare treatment and his ability to adjust to or recover from his condition.

Although this patient seems to need frequent social activity and stimulation, he is characteristically self-confident and easygoing in relationships with others. He is usually able to cope with minor stresses and discomfort, but he is likely to find a chronic illness problematic. The constraints of a long-term illness may lead to increasing irritability and dramatization of his discomfort. When possible, he may seek out pleasure and indulge his desires beyond the ordinary. He is overly enthusiastic about minor matters or passing fancies, and he is likely to lose interest quickly once the initial excitement has waned.

or some other attraction or fad appears. He is self-assured, casual, and relaxed, and he may tend to overlook what he sees as trivial social responsibilities. He may fail to be adequately attentive to matters of a repetitive nature, particularly unappealing ones such as adhering to a long-term treatment regimen.

This patient's self-assurance is likely to be reflected in a disinclination to take the early stages of an illness seriously. He is likely to deny the potential severity of physical symptoms or overlook them until they are too troubling to be ignored. He does not tolerate frustration, and he will probably not like being a patient. He may exhibit both annoyance and flippancy in an effort to cover up the anxiety he feels beneath the surface calm. Although he is outwardly friendly, charming, and cooperative with doctors and other healthcare personnel, this style of relating may be short-lived and superficial. He may see physicians as omnipotent and attractive given their social status and achievements, but he is apt to be self-protectively evasive and denying. He may keep a part of himself separate from long-term or intensive interactions. Pressure to face up to the reality of a serious illness or the necessary course of extensive treatment may result in irritability, withdrawal, or active uncooperativeness. Even when he is making a genuine effort to be cooperative, he will probably be impatient with rules and expectations. He may consider self-discipline, punctuality, and record-keeping as boring and burdensome.

For the most part, healthcare personnel should be comfortable interviewing and dealing with this patient. If anything, care should be taken not to be seduced by his easy rapport and apparent cooperativeness. If he seems indifferent to his illness, seemingly too relaxed and self-assured, it may be necessary to be firm about adherence to the treatment regimen. If appropriate to the case, convincing warnings and clear instructions should be spelled out and followed up with regular check-ups.

**Stress Moderators** - This section notes the patient's personal and social assets and liabilities and how they may affect his ability to manage the stressors and burdens of his medical condition and treatment.

**Liabilities:** Illness Apprehension, Functional Deficits, Pain Sensitivity, Future Pessimism

**Assets:** Social Support, Spiritual Faith

This individual is extremely sensitive to physical changes, which can result in many hypochondriacal complaints. However, because of his upbeat outlook, he is likely to have the stamina to deal with his illness. Nevertheless, he will appreciate the ability of the healthcare team to deal with his current health needs and avoid speculations about future changes.

This patient may report significant decrements in his ability to return to his premorbid activities of daily living. Neither denying concern nor overly apprehensive, he is likely to maintain a reasonable attitude toward the obstacles that his illness presents. His self-confidence can be enlisted by the healthcare provider to increase his ability to take on limited independent activities.

This patient reports a high level of pain sensitivity. Issues specific to pain are discussed in the Pain Patient Summary section earlier in this report.

This patient may become pessimistic about his future if his medical condition worsens or if he experiences unanticipated physical limitations. If he displays any such emotional difficulties following these changes, they will take the form of impatience about returning to his independent lifestyle. Encouraging him to gather information about the latest technological breakthroughs and treatment

options for his condition (using the hospital library or Internet resources) may help him preserve his sense of independence and control over his current situation.

This individual sees his relationships with family or friends as extremely supportive and comforting, which is likely to help him significantly in the recovery process. The healthcare team can also enlist key members of this social network to facilitate the post-treatment regimen.

This individual has a strong belief in the importance of spirituality as a contributor to his continued health and well-being. If he encounters changes in his medical condition or a difficult course of treatment, the prospects for a relatively favorable outcome may be enhanced by his constructive spiritual outlook. With his generally upbeat attitude and sense of entitlement to a good healthy life, he is likely to feel that the odds of a full recovery are strongly in his favor.

**Treatment Prognostics** - This section, which is based on the patient's psychological profile, forecasts his response to medical procedures and medication.

**Liabilities:** Medication Abuse

**Assets:** Information Receptivity

This patient's ability to maintain his prescribed medication regimen may be compromised by his psychological profile. Specifically, his ongoing problems with anxiety and excessive worrying may affect him to such a degree that he may have trouble attending to the details of his medication schedule. In some cases, his fears may be based on the expectation that such medications could affect his judgment and awareness levels. The healthcare team should be alert to this and be prepared to address his anxiety symptoms. Mild anxiety symptoms may be treatable with behavioral techniques such as relaxation, guided imagery, or meditation. More extreme and persistent anxiety-related conditions may require pharmacologic intervention to reduce his arousal level before prescribing the medication regimen for his primary medical condition.

This patient is open to receiving information or discussing matters pertaining to his illness. This may help facilitate his adjustment to treatment and may be used by the healthcare team to improve health outcomes.

**Management Guide** - This section provides recommendations for the general management of this patient based on his psychological profile.

This patient is likely to have a much slower recovery and may generate many more expenditures during the course of his treatment than other medical patients. These complications and/or expenditures may be affected by the following issues:

- | This patient's ability to follow his prescribed medication regimen may be compromised by his anxiety and excessive worrying. This may affect him to such a degree that he may have trouble attending to the details of his medication schedule. In some cases, his fears may be based on the expectation that his medication will affect his judgment and awareness levels.

- This patient may overuse medical services. His excessive worrying may affect him to such a degree that he may schedule extra medical appointments. The healthcare team should be prepared to address his anxiety but should make it clear that he does not need any further treatment for his primary medical condition.
- This patient considers his relationships with family or friends extremely supportive and comforting. The healthcare team can enlist key members of this social network to facilitate his recovery and his adherence to the post-treatment regimen.
- This individual has a strong belief in the importance of spirituality as a contributor to his continued health and well-being. With his generally upbeat attitude, he is likely to feel that the odds of a full recovery are strongly in his favor and may be enhanced by a constructive spiritual outlook.

This patient may benefit from pharmacologic or psychosocial intervention to address psychological issues that could affect his adjustment to his illness or his recovery following major procedures such as surgery. His tendency to become very tense and anxious before or after medical procedures may cause him to have trouble managing his arousal level. His psychological profile suggests that he may be a good candidate for supportive psychosocial group intervention or individual counseling to ameliorate these mental health problems. Such intervention may be a cost-effective way to optimize his quality of life and minimize the post-treatment adjustment and recovery period.

**Noteworthy Responses** - The patient's endorsement of the following item(s) is particularly worthy of follow-up by the healthcare team.

#### **Panic Susceptibility**

|           |                      |
|-----------|----------------------|
| Item # 1  | Item Content Omitted |
| Item # 28 | Item Content Omitted |
| Item # 66 | Item Content Omitted |

#### **Adherence Problems**

|            |                      |
|------------|----------------------|
| Item # 10  | Item Content Omitted |
| Item # 103 | Item Content Omitted |



#### **Special Note:**

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

## Millon™ Behavioral Medicine Diagnostic - Healthcare Provider Summary

This patient is a 35-year-old white male who is divorced and is a high school graduate. He reports that pain is the major problem for which he is seeking medical help.

### Psychiatric Indications

This patient reports relatively high levels of anxiety and depression. These are most likely subsequent to a recent medical diagnosis or an upcoming medical procedure and will probably be time-limited in nature. Although he is characteristically agreeable and confident, his illness concerns are too serious to dismiss, resulting in debilitating anxiety complicated by feelings of depression. With encouragement from the healthcare team, this patient is likely to take adaptive measures to regain a sense of control over his illness. Short-term pharmacological agents may be beneficial.

### Coping Styles

This patient is likely to exhibit a self-assured and sociable manner with others, behaving in most situations in a confident and calm fashion. However, his unruffled composure and nonchalant air of calm equanimity may give way under the press of a persistent and severe illness. Firm advice and periodic check-ups will be helpful.

### Case Management Issues

#### Stress Moderators

| There is a strong probability medical treatment without a psychological treatment component will be unsatisfactory for this patient's periodic and recurring pain problems. The healthcare provider should be alert to excessive requests for pain medications.

| He may report significant decrements in his ability to maintain premorbid activities of daily living. His self-confidence can be enlisted by the healthcare provider to increase his ability to take on limited independent activities.

| His scores indicate that he has other liabilities and some assets in this area. For further information, consult with the attending mental health professional.

#### Treatment Prognostics

| This patient's ability to follow a prescribed medication regimen may be compromised by his anxiety and excessive worrying. He may not be able to attend to the details of a medication schedule, and/or he may be afraid of side effects.

| He is open to receiving information or discussing matters pertaining to his illness.

#### Management Guide

This patient's psychological profile suggests that he may have a significantly complicated course of recovery after major medical procedures. This could lead to substantially elevated medical costs. His recovery may be influenced by the following conditions:

| His ongoing problems with anxiety and excessive worrying may make it difficult for him to follow a prescribed medication regimen.

| His depressive symptoms may make it difficult for him to follow a prescribed medication regimen.

| He is probably experiencing problems with maintaining a regular exercise program. Additionally, he may be experiencing problems with overeating.

| He is quite comfortable with the support he anticipates from family and friends, and it is likely that these resources can be called upon in times of need.

| He has strong spiritual faith that may be an asset during his recovery.

This patient may benefit from pharmacologic or psychosocial intervention to address the psychological issues that could affect his adjustment to his illness or recovery following major procedures such as surgery.

**End of Report**

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**SAMPLE**

ITEM RESPONSES

1: 1 2: 2 3: 2 4: 2 5: 2 6: 2 7: 1 8: 2 9: 2 10: 1  
11: 2 12: 2 13: 2 14: 2 15: 1 16: 2 17: 1 18: 1 19: 2 20: 2  
21: 2 22: 1 23: 1 24: 2 25: 2 26: 1 27: 2 28: 1 29: 1 30: 2  
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SAMPLE