

SCL-90-R®
Symptom Checklist-90-Revised
Interpretive Report
Leonard R. Derogatis, PhD

ID Number: 12345

Age: 27

Gender: Female

Date Assessed: 01/03/2004

Adult Nonpatient Norms



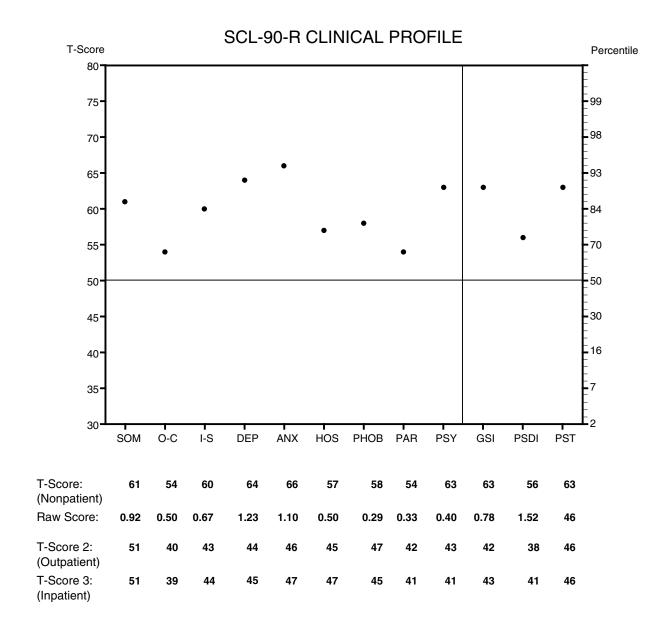
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INTERPRETATION OF SCORES

The respondent's SCL-90-R symptom profile reveals a pattern and magnitude to be considered in the clinical range, and qualifies her as a positive clinical case.

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 somewhat elevated and she has endorsed a marked number of symptoms.

The respondent's somatization levels are obviously above average, and are clearly indicative of a clinical picture involving enhanced distress associated with somatic complaints.

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.

The respondent's level of depression is manifestly elevated and clinical in nature. There is evidence suggesting a true depressive disorder may be present. It is also worth noting that the respondent reports suicidal ideation.

The respondent's level of anxiety is significantly elevated, and clinical in nature. Evidence suggests that the respondent may be suffering from a clinical anxiety state, or may be experiencing anxiety secondary to the emergence of another psychological disorder.

The respondent's record reveals levels of phobic anxiety above the normative mean, but not of a nature to be truly remarkable.

There is slight evidence of some suspiciousness in the respondent's responses, but not at all outside the ordinary.

The respondent's psychoticism score is in the clinical range. However, it is more likely that this reflects an intense experience with social alienation, rather than a thought disorder.

PATHOGNOMONIC SIGNS

The pathognomonic signs indicated below are not intended to suggest diagnoses. They indicate those conditions with which the test results would be consistent.

The respondent has indicated moderate concern with <u>suicidal ideation</u>. This problem should be evaluated in more detail.

The respondent manifests a symptom pattern highly consistent with a condition of <u>Panic Disorder</u>. Further evaluation is recommended since such a constellation of symptoms may also be associated with a variety of medical conditions, side effects of a therapeutic drug, or withdrawal from an addictive substance.

The respondent has positively endorsed a number of <u>first rank symptoms of thought disorder</u>. Although this pattern sometimes occurs as a result of histrionic over-dramatization or other personality-based response set distortions, the possibility of a true thought disorder should be evaluated.

The respondent indicates substantial distress associated with <u>Sleep Disturbance</u>. The nature and duration of this problem should be further explored.

SYMPTOMS OF NOTE

No items were endorsed "Extremely" distressed.

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

- 23. Suddenly scared for no reason.
- 42. Soreness of your muscles.
- 72. Spells of terror or panic.

End of Report

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ITEM RESPONSES

1: 1	2: 1	3: 1	4: 2	5: 2	6: 1	7: 0	8: 0	9: 0	10: 0
11: 0	12: 2	13: 0	14: 2	15: 2	16: 2	17: 2	18: 1	19: 1	20: 1
21: 1	22: 1	23: 3	24: 0	25: 0	26: 2	27: 0	28: 0	29: 0	30: 0
31: 0	32: 2	33: 0	34: 0	35: 0	36: 0	37: 0	38: 1	39: 1	40: 0
41: 1	42: 3	43: 0	44: 2	45: 0	46: 0	47: 1	48: 1	49: 1	50: 1
51: 1	52: 0	53: 0	54: 2	55: 2	56: 0	57: 1	58: 1	59: 1	60: 1
61: 2	62: 2	63: 2	64: 2	65: 0	66: 1	67: 1	68: 1	69: 1	70: 0
71: 0	72: 3	73: 0	74: 0	75: 0	76: 0	77: 0	78: 0	79: 2	80: 0
81: 0	82: 0	83: 0	84: 0	85: 0	86: 0	87: 0	88: 0	89: 2	90: 0