



# Standard Report

## PATIENT INFORMATION

**Patient Identification Number: 11111111**

Patient Name (Optional)	Test Date 06/20/2002
Gender Male	Relationship Status Never Married
Age 55	Education Level High School Graduate
Pain Diagnostic Category Back Injury	Race White
Date of Injury (Optional) 11/15/2001	Setting Not Reported

## PROVIDER INFORMATION

Care Provider (Optional) Dr. Anderson	Practice/Program (Optional) OMC
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## RESULTS AT A GLANCE

### Global Pain Complaint

Overall pain at testing 4

### Critical Areas

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### Pain Complaints

Area	
Lower back	4
Middle back	3
Head (headache pain)	2
Legs or feet	2
Neck or shoulders	2
Abdomen or stomach	0
Arms or hands	0
Chest	0
Genital area	0
Jaw or face	0

### Scale Ratings

Defensiveness	Average
Somatic Complaints	Average
Pain Complaints	Average
Functional Complaints	Average
Depression	Low
Anxiety	Average

This BBHI 2 report is intended to serve as a means of assessing patients for a number of psychosocial factors that could complicate a medical condition or lead to delayed recovery. It can also serve as a repeated measure of pain, functioning, and other variables to track progress in treatment as well as outcome.

The BBHI 2 test was normed on a sample of physically injured patients and a sample of community members. This report is based on comparisons of this patient's scores with scores from both of these groups. BBHI 2 results should be used by a qualified clinician, in combination with other clinical sources of information, to reach final conclusions.

**Written by Daniel Bruns, PsyD, and John Mark Disorbio, EdD.**

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### **TRADE SECRET INFORMATION**

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

**Brief Battery for Health Improvement 2**

Patient Norms Profile

Scales	Raw Score	T Scores		T-Score Profile <sup>1</sup>	Rating	Percentile <sup>2</sup>
		Patient	Comm.			
<b>Validity Scale</b>		◆	◇	10		
				40 50 60	90	
Defensiveness	16	56	50		Average	73%
<b>Physical Symptom Scales</b>						
Somatic Complaints	5	45	50		Average	40%
Pain Complaints	13	42	47		Average	22%
Functional Complaints	10	44	53		Average	27%
<b>Affective Scales</b>						
Depression	3	40	44		Low	14%
Anxiety	5	43	47		Average	24%

[V 1.0]

INTERPRETING THE PROFILE:

<sup>1</sup> The T-Score Profile plots T scores based on both patient and community norms. Approximately 68% of the samples scored in the average range of 40 to 60. Scores above or below this range are clinically significant. The longer the bar, the more significantly the score deviates from the mean. One diamond outside the average range is significant. Both diamonds outside is more significant.

<sup>2</sup> The Percentile is based on patient T scores.

**CRITICAL ITEMS**

The patient did not endorse any of the 17 critical items.

## CLINICAL SUMMARY

**Validity: Valid**

**Defensiveness: Average**

There were no indications that the patient attempted to bias his responses to look either better or worse. This test-taking attitude supports the validity of the patient's self-reports.

**Summary of Findings**

Patients with this profile are not reporting any unusual pain, somatic difficulties, or disability, although an unusually low level of depression was present. This patient is not reporting any physical or emotional problems. This suggests a state of good health and happiness. However, if psychosocial risk factors have been observed in the clinical setting, it may indicate an unwillingness to share information.

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**Somatic Complaints: Average**

Although his overall level of somatic complaints is not unusual for a patient, some troubling somatic complaints were noted.

**Pain Complaints: Average**

No unusual or excessive pain reports were present, and only mild peak pain was reported.

**Functional Complaints: Average**

No unusual disabilities or difficulties with activities of daily living were reported. Such patients are reporting that they perceive themselves as having a generally intact ability to work and function.

**Depression: Low**

A low level of depressive thoughts and feelings was reported. However, if psychosocial risk factors are present, this can indicate a tendency to minimize depressive feelings, which would increase the risk that these feelings would be somatized. The critical item list should be checked for vegetative depressive symptoms.

**Anxiety: Average**

No unusual anxious thoughts and feelings were reported. The critical item list should be checked for autonomic anxiety symptoms.

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## PAIN COMPLAINTS ITEM RESPONSES

The pain ratings below are based on the patient's highest pain level in the past month and are ranked on a scale of 0 to 10 (0 = No pain, 10 = Worst pain imaginable). The degree to which the patient's pain reports are consistent with objective medical findings should be considered. Diffuse pain reports, a nonanatomic distribution of pain, or a pattern of pain that is inconsistent with the reports of patients with a similar diagnosis increases the risk that psychological factors are influencing his pain reports.

<u>Pain Complaints Items</u>	<u>Patient</u>	<u>Median*</u>
Head (headache pain)	2	3
Jaw or face	0	0
Neck or shoulders	2	4
Arms or hands	0	1
Chest	0	0
Abdomen or stomach	0	0
Middle back	3	4
Lower back	4	8
Genital area	0	0
Legs or feet	2	5
Overall highest level of pain in the past month	4	8
Overall lowest level of pain in the past month	2	3
Overall pain level at time of testing	4	-
Maximum Tolerable Pain	4	-
 <u>Pain Dimensions</u>		
Pain Range	2	
Peak Pain	4	
Pain Tolerance Index	0	

\*Based on a sample of 316 patients with lower back pain/injury.

### End of Report

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**ITEM RESPONSES**

1: 2	2: 0	3: 2	4: 0	5: 0	6: 0	7: 3	8: 4	9: 0	10: 2
11: 4	12: 2	13: 4	14: 4	15: 0	16: 2	17: 0	18: 1	19: 0	20: 0
21: 0	22: 0	23: 0	24: 0	25: 2	26: 2	27: 1	28: 1	29: 1	30: 1
31: 2	32: 2	33: 3	34: 1	35: 1	36: 2	37: 1	38: 2	39: 1	40: 1
41: 2	42: 1	43: 2	44: 2	45: 1	46: 1	47: 1	48: 1	49: 1	50: 0
51: 0	52: 0	53: 2	54: 1	55: 1	56: 2	57: 0	58: 1	59: 0	60: 1
61: 1	62: 1	63: 1							