The Neuropsychological Impairment Scale (NIS)
Self-Report Form
A WPS TEST REPORT by William E. O'Donnell, Ph.D., M.P.H.

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ID Number: 000000001

Age: 29

Gender: Female

Education: 15

Ethnicity: Native American

Name: Sample -- Self-Report

Administration Date: 12/02/98

Processing Date: 12/05/98

Examiner ID Number: 123456789

Examiner Name: O'Donnell

Current Medications: None

Scale		Raw	T	%
Validity Scores				
Response Inconsistency	(INC)	7	62	88
Defensiveness Scale	(DEF)	8	46	33
Affective Disturbance	(AFF)	19	66	94
Subjective Distortion Index	(SDI)	3.3	>80	>99
Summary Scores				
Global Measure Of Impairment	(GMI)	160	73	99
Predicted GMI: 48				
Total Items Circled	(TIC)	56	64	92
Symptom Intensity Measure	(SIM)	2.9	77	99
Impairment Subscales				
Critical Items	(CRIT)	28	>80	>99
Cognitive Efficiency	(COG)	21	71	98
Attention	(ATT)	21	70	97
Memory	(MEM)	21	73	99
Frustration Tolerance	(FRU)	21	73	99
Learning-Verbal	(L-V)	12	71	98
Academic Skills	(ACD)	19	68	96

T-Score: 30T 40T 50T 60T 70T 80T

Percentile: 2 5 10 25 50 75 90 95 98 99

<40T: Low   40-60T: Average   61-70T: High   >70T: Very High

For INC >70T: High
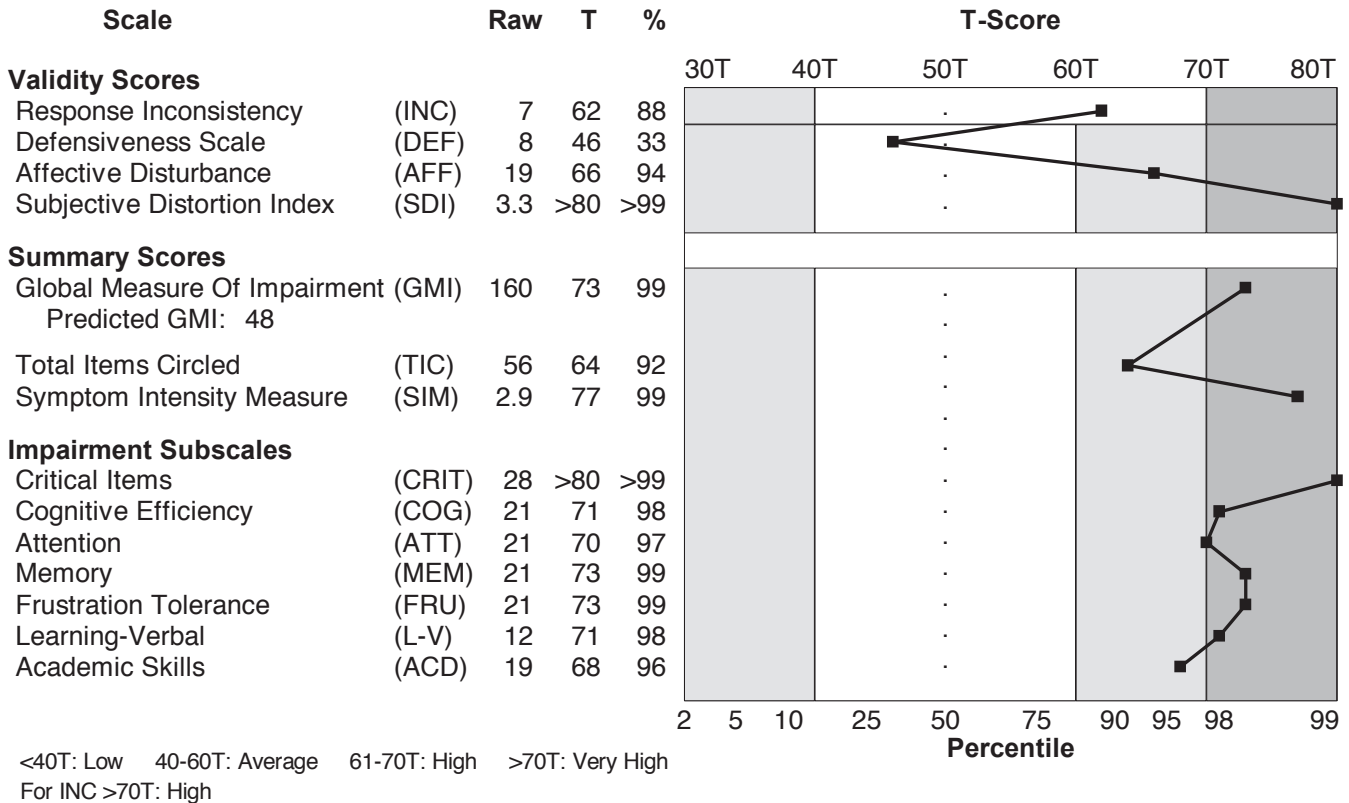
Response Inconsistency

The Response Inconsistency (INC) score is used to evaluate the individual's ability to respond in a coherent, consistent manner. This INC score of 62T does not reflect any unusual lack of consistency in this individual's NIS responses.

Defensiveness

The Defensiveness (DEF) score is related to test-taking attitude and the ability to make social judgments. A DEF score of 46T indicates that this individual was not unusually defensive when responding to NIS items, and appears to have no unusual difficulty making social judgments.

Affective Disturbance

The Affective Disturbance (AFF) score provides an indication of whether anxiety, depression or poor stress tolerance is present that can result in the overreporting of neuropsychological symptoms. The AFF score of 66T for this patient is elevated. Her NIS scores may be influenced by anxiety or depression. Further inquiry to determine the nature and extent of any affective disturbance is recommended.

Subjective Distortion Index

The Subjective Distortion Index (SDI) provides a way to assess an individual's tendency to exaggerate or to downplay neurological symptoms and is based on a comparison of symptom reporting with the actual performance of cognitive tasks. Before interpreting the SDI, the clinician should be reasonably sure that the tests used for prediction provide an accurate reflection of the patient's abilities.

This client's SDI score is based on her WAIS-R Digit Span score of 5 and Digit Symbol score of 12. Assuming that the tests used for prediction are accurate, an SDI of more than 80T suggests severe overreporting of neuropsychological symptoms and the client's NIS scores should be reviewed with this in mind.

Distortion of symptom reporting may be due to denial, affective distress, poor personal judgment, poor awareness or misrepresentation for personal gain. It would be helpful to review the test results with the patient to clarify her level of motivation and awareness.

Summary Scores

The NIS provides three summary scores that evaluate the pervasiveness and intensity of an individual's symptoms of cognitive impairment--the Global Measure of Impairment (GMI), Total Items Circled (TIC) and the Symptom Intensity Measure (SIM). This client's GMI score of 73T is markedly elevated and her TIC and SIM scores are also high. The elevated AFF score suggests that general psychological distress may contribute to her cognitive difficulties. Her SDI score indicates that she overestimates the extent of her cognitive impairment.

Impairment Subscales

The NIS Impairment Subscales evaluate the extent of an individual's cognitive impairment in specific symptoms areas. This client's scores are high on the Critical Items (CRIT), Cognitive Efficiency (COG), Attention (ATT), Memory (MEM), Frustration Tolerance (FRU), Learning-Verbal (L-V) and Academic Skills (ACD) scales. Emotional distress may have contributed to the impairment subscale elevations, since the AFF score is also high. Because the AFF, FRU and CRIT scores are all elevated a diagnosis of Organic Personality Disorder or Organic Mood Disorder should be considered.

This individual obtained an elevated CRIT score of more than 80T. The elevated CRIT scores are usually associated with a history of neurological trauma. The CRIT items that are endorsed are listed at the end of this report. All such items are considered critical items. Therefore, follow-up inquiry should be conducted for each CRIT symptom endorsed by the patient with regard to relevant medical history, current medications, and the onset and

duration of symptoms.

In the absence of affective disturbance, this individual's high COG score of 71T would suggest significant cognitive impairment. It is important to determine whether these symptoms are long-standing or a result of recent illness, and whether the symptoms have improved or worsened over time. Patients with high COG scores often have difficulty with reasoning and problem solving. They may exhibit psychomotor slowness and cognitive rigidity, and have difficulty coping with fast-paced environments. Additional testing should include a more detailed examination of the patient's reasoning and problem-solving abilities.

Difficulty with attention or concentration is indicated by this ATT score of 70T. High ATT scores are sometimes associated with agitation or restlessness. Further testing is recommended to identify the specific situations where this symptom is noticed, the coping strategies that have been used and any other details regarding the symptom that may clarify its nature and facilitate treatment.

Memory problems are indicated by the relatively high MEM scale score of 73T, and further inquiry and testing should be conducted to clarify the nature and extent of these symptoms.

The FRU scale measures the degree to which irritability and volatility are a problem for the patient. Considering this relatively high FRU score of 73T, it will be especially helpful to identify specific situations in which FRU symptoms occur and any strategies the patient has developed for coping with such symptoms. Whenever elevated FRU and AFF scores are observed together, the possibility of Organic Personality Disorder should be considered.

The L-V scale score of 71T obtained by this individual is high and typical of patients with aphasic difficulties or reasoning problems.

This individual's relatively high ACD score of 68T may be related to recent neurological trauma or to a long-term learning disability. Clarification on the basis of the patient's clinical history should be pursued.

Critical Items

The following critical items were endorsed. Further inquiry about the onset and duration of these symptoms in the context of the patient's medical history and current medications is recommended.

Item	Response
45. I have been knocked unconscious.	4 = Extremely
48. I have had a head injury.	4 = Extremely
79. I have had epileptic seizures.	4 = Extremely
86. I have trouble with the right side of my body.	4 = Extremely
92. I have severe headaches.	4 = Extremely
94. I suffer from severe pain.	3 = Quite A Bit
46. Part of my body feels numb.	2 = Moderately
63. My muscles are weak.	2 = Moderately
38. My health is getting worse.	1 = A Little Bit

Inconsistent Item Pairs

Item	**Response**
7. I often feel sad and blue.	3 = Quite A Bit
57. I feel depressed most of the time.	2 = Moderately
8. My words get mixed up.	3 = Quite A Bit
81. I have trouble talking.	1 = A Little Bit
15. I have serious memory problems.	4 = Extremely
52. I have trouble remembering important things.	3 = Quite A Bit
23. My thinking becomes blocked.	4 = Extremely
33. I get confused easily.	2 = Moderately
70. Doing simple math problems in my head is difficult.	3 = Quite A Bit
85. My arithmetic is poor.	4 = Extremely

Item Responses

1. 4	**11.** 3	**21.** 3	**31.** 0	**41.** 1	**51.** 3	**61.** 2	**71.** 0	**81.** 1	**91.** 3
2. 3	**12.** 0	**22.** 0	**32.** 3	**42.** 4	**52.** 3	**62.** 3	**72.** 3	**82.** 0	**92.** 4
3. 3	**13.** 0	**23.** 4	**33.** 2	**43.** 0	**53.** 3	**63.** 2	**73.** 3	**83.** 4	**93.** 3
4. 3	**14.** 3	**24.** 0	**34.** 0	**44.** 3	**54.** 3	**64.** 0	**74.** 4	**84.** 3	**94.** 3
5. 0	**15.** 4	**25.** 0	**35.** 4	**45.** 4	**55.** 0	**65.** 4	**75.** 3	**85.** 4	**95.** 3
6. 0	**16.** 0	**26.** 2	**36.** 4	**46.** 2	**56.** 0	**66.** 1	**76.** 1	**86.** 4	
7. 3	**17.** 2	**27.** 3	**37.** 2	**47.** 0	**57.** 2	**67.** 1	**77.** 2	**87.** 1	
8. 3	**18.** 0	**28.** 0	**38.** 1	**48.** 4	**58.** 0	**68.** 1	**78.** 3	**88.** 4	
9. 0	**19.** 0	**29.** 0	**39.** 1	**49.** 0	**59.** 0	**69.** 2	**79.** 4	**89.** 1	
10. 3	**20.** 0	**30.** 0	**40.** 1	**50.** 4	**60.** 2	**70.** 3	**80.** 2	**90.** 3	

Response Key
- 0 Not At All
- 1 A Little Bit
- 2 Moderately
- 3 Quite A Bit
- 4 Extremely
- - Missing Response

Number of Missing Responses: 0

This report was generated based on WPS TEST REPORT Microcomputer Data Entry.

END OF REPORT