Our most widely used computerized report, regularly updated to meet your assessment needs. Only the Extended Score Report includes the RC (Restructured Clinical) Scales, non-K-corrected scores, and the newly added FBS (Symptom Validity Scale).

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The Extended Score Report provides raw and T scores for all MMPI-2 scales offered by the publisher. This report incorporates innovations in MMPI-2 interpretation, such as the RC (Restructured Clinical) Scales and non-K-corrected scores. The Extended Score Report includes the following:

- Validity and Clinical Scales Profile—including the newly added FBS (Symptom Validity Scale)
- Non-K-corrected Validity and Clinical Scales Profile
- RC (Restructured Clinical) Scales Profile
- Clinical Subscales (scores are reported)
- Content Scales Profile
- Content Component Scales (scores are reported)
- Supplementary Scales Profile
- PSY-5 (Personality Psychopathology-Five) Scales Profile
- Non-gendered T scores
- Highest and lowest possible T scores for each scale
- Percentage of items answered for each scale
- Critical Items
- Omitted Items
- Item Responses (optional)

See page 16 for a selected bibliography on the RC (Restructured Clinical) Scales, non-K-corrected scores, and PSY-5 (Personality Psychopathology-Five) Scales.

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MMPI-2™
Minnesota Multiphasic Personality Inventory-2™
Extended Score Report

ID Number: 000000004
Age: 47
Gender: Male
Date Assessed: 01/01/2006

Provides raw and T scores for more than 100 MMPI-2 scales, including the RC Scales, non-K-corrected scores, and the newly added FBS (Symptom Validity Scale).
The highest and lowest T scores possible on each scale are indicated by a "--".

Non-K-corrected T scores allow interpreters to examine the relative contributions of the Clinical Scale raw score and the K correction to K-corrected Clinical Scale T scores. Because all other MMPI-2 scores that aid in the interpretation of the Clinical Scales (the Harris-Lingoes subscales, Restructured Clinical Scales, Content and Content Component Scales, PSY-5 Scales, and Supplementary Scales) are not K-corrected, they can be compared most directly with non-K-corrected T scores.


Response percentages for every scale help you assess the impact of nonresponding to items.

The newly added FBS (Symptom Validity scale) provides information regarding non-credible symptom reporting.

The highest and lowest T scores possible on each scale are indicated by a "--".

Non-K-corrected T scores allow interpreters to examine the relative contributions of the Clinical Scale raw score and the K correction to K-corrected Clinical Scale T scores. Because all other MMPI-2 scores that aid in the interpretation of the Clinical Scales (the Harris-Lingoes subscales, Restructured Clinical Scales, Content and Content Component Scales, PSY-5 Scales, and Supplementary Scales) are not K-corrected, they can be compared most directly with non-K-corrected T scores.

The highest and lowest T scores possible on each scale are indicated by a “--”. 


See page 16 for a selected bibliography on the RC Scales.
The highest and lowest T scores possible on each scale are indicated by a “--”.

Non-gendered T scores reported for every scale, relevant in pre-employment testing.

The PSY-5 (Personality Psychopathology-Five) scales help organize the individual’s test responses in terms of 5 major personality dimensions.

See page 18 for a selected bibliography on the PSY-5 Scales.
### ADDITIONAL SCALES
(to be used as an aid in interpreting the parent scales)

#### Harris-Lingoes Subscales

<table>
<thead>
<tr>
<th>Raw Score</th>
<th>T Score</th>
<th>T Score</th>
<th>Resp %</th>
</tr>
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<tbody>
<tr>
<td>Depression Subscales</td>
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<td></td>
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<tr>
<td>Subjective Depression (D1)</td>
<td>26</td>
<td>100</td>
<td>97</td>
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<tr>
<td>Psychomotor Retardation (D1)</td>
<td>13</td>
<td>92</td>
<td>91</td>
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<tr>
<td>Physical Malfunctioning (D1)</td>
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<td>65</td>
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<tr>
<td>Mental Dullness (D1)</td>
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<td>90</td>
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<tr>
<td>Brooding (D1)</td>
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<td>91</td>
<td>86</td>
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<tr>
<td>Hysteria Subscales</td>
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<td></td>
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</tr>
<tr>
<td>Denial of Social Anxiety (Hy3)</td>
<td>3</td>
<td>45</td>
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<tr>
<td>Need for Affection (Hy2)</td>
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<td>31</td>
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<tr>
<td>Lassitude-Malaise (Hy4)</td>
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<tr>
<td>Somatic Complaints (Hy2)</td>
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<tr>
<td>Inhibition of Aggression (Hy1)</td>
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<tr>
<td>Psychopathic Deviate Subscales</td>
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<tr>
<td>Familial Discord (Pd1)</td>
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<td>69</td>
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<tr>
<td>Authority Problems (Pd1)</td>
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<td>50</td>
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<tr>
<td>Social Imperturbability (Pd1)</td>
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<tr>
<td>Social Alienation (Pd1)</td>
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<td>60</td>
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<tr>
<td>Self-Alienation (Pd1)</td>
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<td>Paranoia Subscales</td>
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<td>Persecutory Ideas (Pa1)</td>
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<td>Pignancy (Pa1)</td>
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<tr>
<td>Naivete (Pa1)</td>
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<tr>
<td>Schizophrenia Subscales</td>
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<tr>
<td>Social Alienation (Sc1)</td>
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<tr>
<td>Emotional Alienation (Sc1)</td>
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<td>Lack of Ego Mastery, Cognitive (Sc1)</td>
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<tr>
<td>Bizarre Sensory Experiences (Sc1)</td>
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<td>45</td>
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<td>Hypomania Subscales</td>
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<tr>
<td>Amorality (Ma1)</td>
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<td>42</td>
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<tr>
<td>Psychomotor Acceleration (Ma1)</td>
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<td>34</td>
</tr>
<tr>
<td>Imperturbability (Ma1)</td>
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<td>35</td>
<td>36</td>
</tr>
<tr>
<td>Ego Inflation (Ma1)</td>
<td>2</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>Social Introversion Subscales</td>
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<tr>
<td>Shyness/Self-Consciousness (Si1)</td>
<td>8</td>
<td>59</td>
<td>58</td>
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<tr>
<td>Social Avoidance (Si1)</td>
<td>6</td>
<td>62</td>
<td>64</td>
</tr>
<tr>
<td>Alienation-Self and Others (Si1)</td>
<td>12</td>
<td>71</td>
<td>70</td>
</tr>
</tbody>
</table>
OMITTED ITEMS

Those items for which there is no response or for which both true and false responses have been entered are considered "omitted." The potential for lowering the elevation of individual scales or the overall profile and rendering the administration invalid increases with the number of omitted items. Defensiveness, confusion, carelessness, and indecision are among the common reasons for omitting items. Examination of the content of the items that were omitted by the respondent may reveal specific problem areas or suggest reasons for their not responding appropriately to all items. Following are the items that were omitted:

501. Omitted Item.

CRITICAL ITEMS

The MMPI-2 contains a number of items whose content may indicate the presence of psychological problems when endorsed in the deviant direction. These "critical items," developed for use in clinical settings, may provide an additional source of hypotheses about the respondent. However, caution should be used in interpreting critical items since responses to single items are very unreliable and should not be treated as scores on full-length scales -- for example, an individual could easily mismark or misunderstand a single item and not intend the answer given. The content of the items and the possibility of misinterpretation make it important to keep the test results strictly confidential. Special caution should be exercised when interpreting these items in nonclinical settings.

Acute Anxiety State (Koss-Butcher Critical Items)
2. Omitted Item. (False)
3. Omitted Item. (False)
5. Omitted Item. (True)
28. Omitted Item. (True)
39. Omitted Item. (True)
140. Omitted Item. (False)
218. Omitted Item. (True)
223. Omitted Item. (False)
301. Omitted Item. (True)
444. Omitted Item. (True)

Depressed Suicidal Ideation (Koss-Butcher Critical Items)
9. Omitted Item. (False)
38. Omitted Item. (True)
65. Omitted Item. (True)
71. Omitted Item. (True)
75. Omitted Item. (False)
92. Omitted Item. (True)
95. Omitted Item. (False)

“I find the RC Scales quite useful because they highlight the major concerns of clients. This is especially true for complex profiles with multiple elevations on the Clinical and Content Scales.”

Stephen E. Finn, PhD
Past-President, Society for Personality Assessment and Founder, Center for Therapeutic Assessment, Austin, Texas

“Clinicians have long known that ‘demoralization’ is a common first factor that cuts across every psychological disorder. The RC Scales, like a deft diagnostician, sift through the manifest distress to find the real problem, the signal beneath the noise.”

Charles Peterson, PhD
VA Medical Center, Minneapolis, Minnesota

Special Note:
The content of the text items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.
Anxiety and Tension (Lachar-Wrobel Critical Items)
17. Omitted Item. (True)
218. Omitted Item. (True)
223. Omitted Item. (False)
261. Omitted Item. (False)
299. Omitted Item. (True)
301. Omitted Item. (True)

Sleep Disturbance (Lachar-Wrobel Critical Items)
5. Omitted Item. (True)
39. Omitted Item. (True)
140. Omitted Item. (False)

Depression and Worry (Lachar-Wrobel Critical Items)
2. Omitted Item. (False)
3. Omitted Item. (False)
65. Omitted Item. (True)
73. Omitted Item. (True)
75. Omitted Item. (False)
130. Omitted Item. (True)
165. Omitted Item. (False)
273. Omitted Item. (True)
303. Omitted Item. (True)
339. Omitted Item. (True)
411. Omitted Item. (True)
415. Omitted Item. (True)
454. Omitted Item. (True)

Deviant Beliefs (Lachar-Wrobel Critical Items)
259. Omitted Item. (True)
314. Omitted Item. (False)

Problematic Anger (Lachar-Wrobel Critical Items)
213. Omitted Item. (True)

Threatened Assault (Koss-Butcher Critical Items)
213. Omitted Item. (True)

Situational Stress Due to Alcoholism (Koss-Butcher Critical Items)
125. Omitted Item. (False)
518. Omitted Item. (True)

Mental Confusion (Koss-Butcher Critical Items)
31. Omitted Item. (True)
299. Omitted Item. (True)
325. Omitted Item. (True)

Persecutory Ideas (Koss-Butcher Critical Items)
17. Omitted Item. (True)
124. Omitted Item. (True)
241. Omitted Item. (True)
259. Omitted Item. (True)
314. Omitted Item. (False)

Antisocial Attitude (Lachar-Wrobel Critical Items)
35. Omitted Item. (True)
105. Omitted Item. (True)

Family Conflict (Lachar-Wrobel Critical Items)
21. Omitted Item. (True)
83. Omitted Item. (False)
125. Omitted Item. (False)

Somatic Symptoms (Lachar-Wrobel Critical Items)
28. Omitted Item. (True)
111. Omitted Item. (True)
164. Omitted Item. (False)
464. Omitted Item. (True)

NOTE: This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts trade secret information from release). Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.
Selected Bibliography for the:
RC (Restructured Clinical) Scales, K- and Non-K-Corrected T Scores, and PSY-5 (Personality Psychopathology-Five) Scales

RC (Restructured Clinical) Scales

December 2007

General:


Viken, R. J., & Rose, R. J. (2007). Genetic variation and covariation in the original and Restructured Clinical Scales of the MMPI. *Journal of Abnormal Psychology*, 116, 842-847.


Correctional Settings:

Forensic Settings:


Medical Settings:


Mental Health Settings:


Non-Clinical Settings:


K- and Non-K-Corrected T Scores


PSY-5 (Personality Psychopathology-Five) Scales


