Personality Assessment Inventory™

Clinical Interpretive Report

by Leslie C. Morey, PhD and PAR Staff

Client name :	Sample A. Client
Client ID :	12-3456789
Age :	28
Gender :	Male
Education :	12
Marital status :	Single
Test date :	03/03/2021
Prepared for :	-Not Specified-

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual.

This report is intended for use by qualified professionals only and is not to be shared with the examinee or any other unqualified persons.

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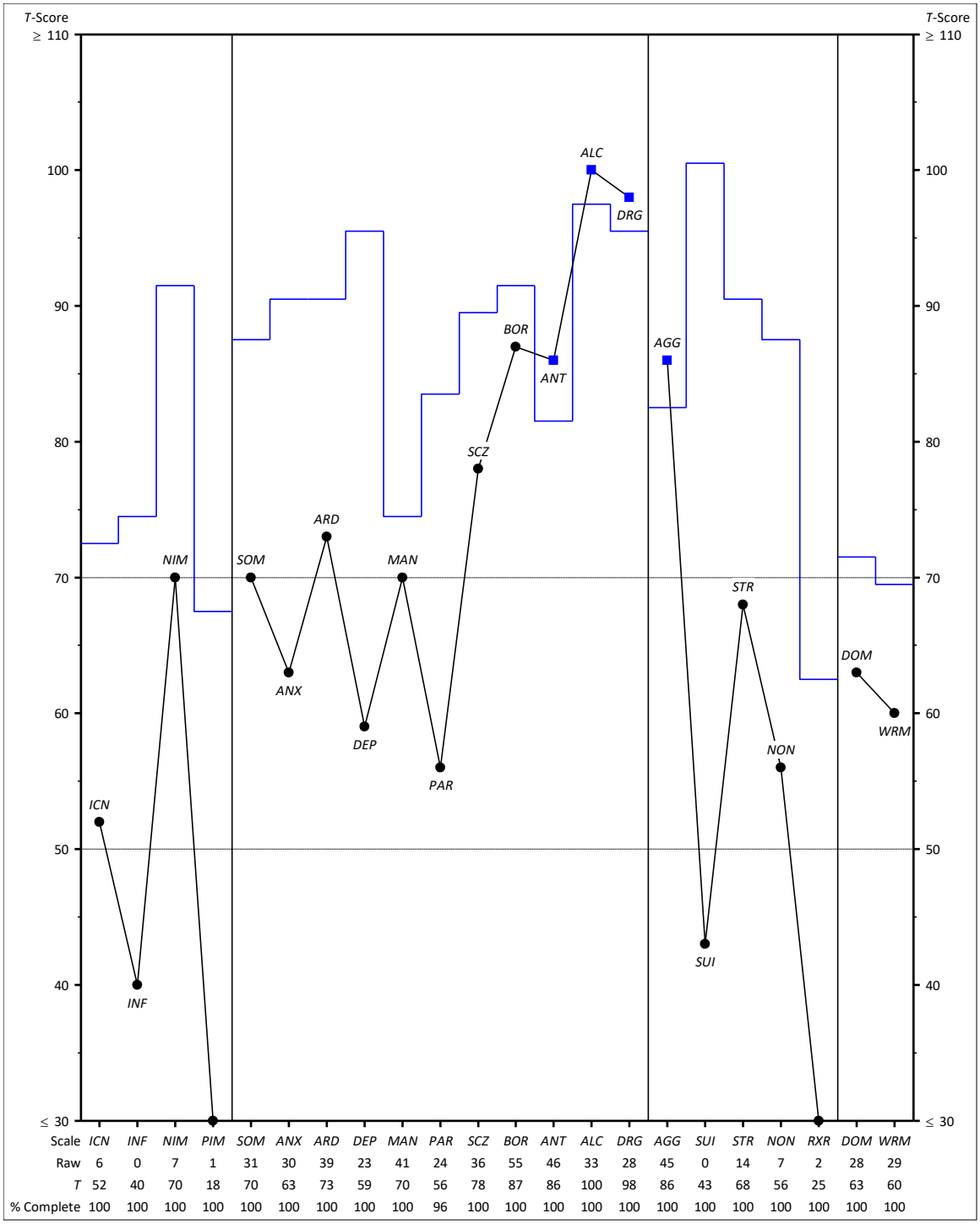
Version: 3.40.133

Full Scale Profile

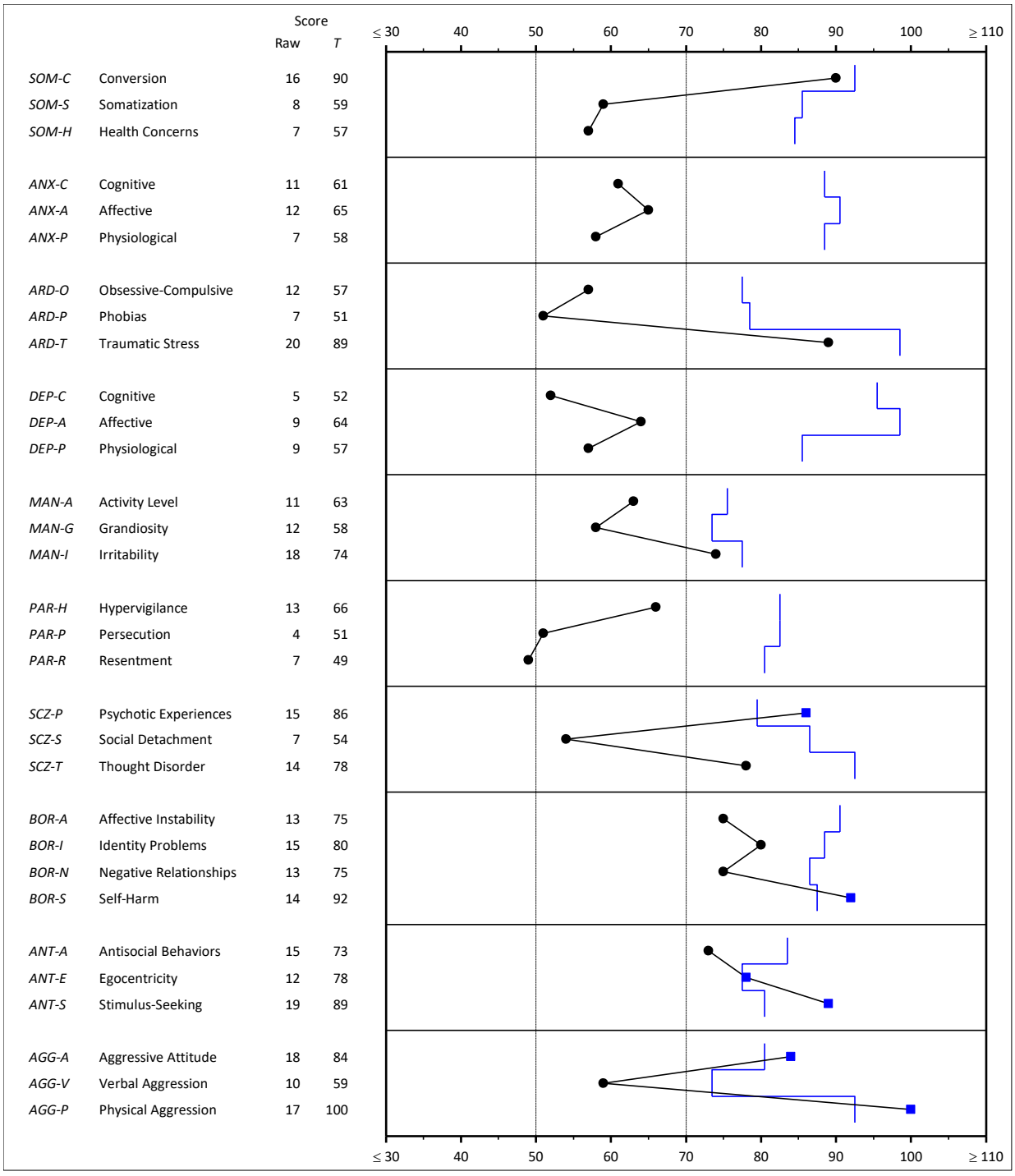


Plotted *T* scores are based upon a Census-matched standardization sample of 1,000 normal adults.

■ indicates the score is more than two standard deviations above the mean for a sample of 1,246 clinical patients.

◆ indicates the scale has more than 20% missing items.

Subscale Profile



Missing Items = 1

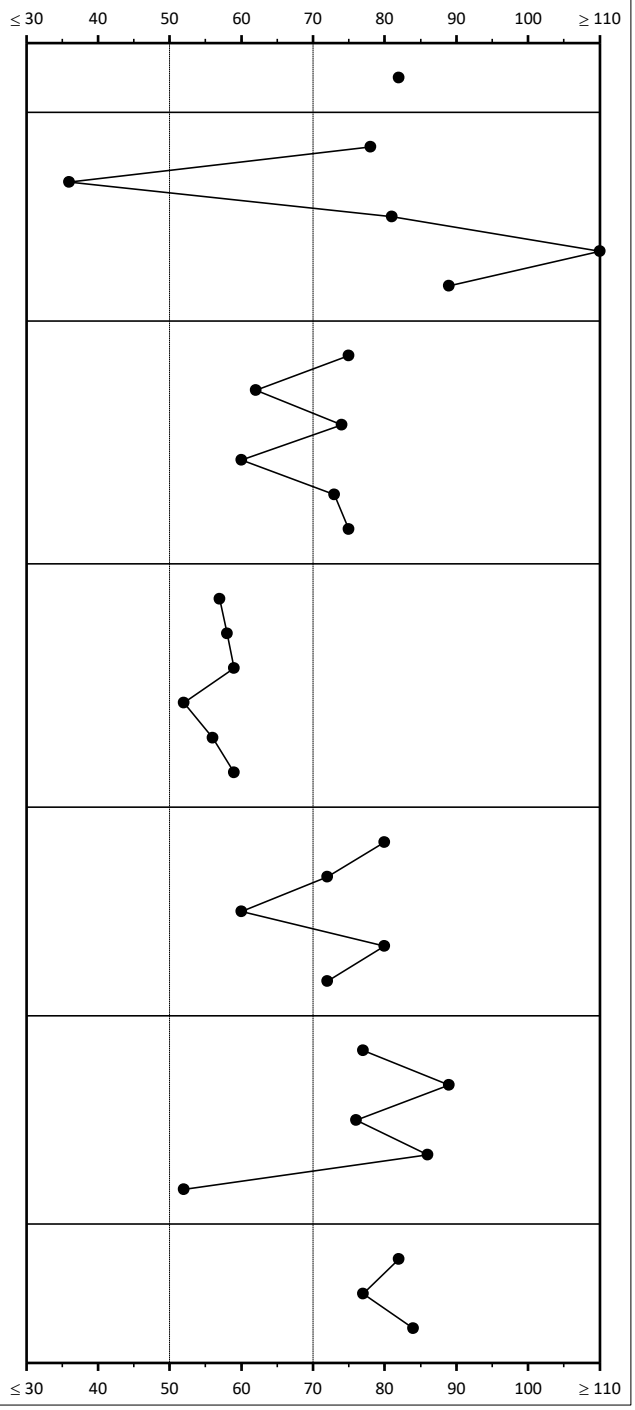
Plotted *T* scores are based upon a Census-matched standardization sample of 1,000 normal adults.

■ indicates the score is more than two standard deviations above the mean for a sample of 1,246 clinical patients.

◆ indicates the scale has more than 20% missing items.

Alternative Model for Personality Disorders Profile

		Score Raw	Score *T*
LEVEL	**Level of Personality Functioning**	**182**	**82**
NEGAFF	**Negative Affectivity**	**33**	**78**
DETACH	**Detachment**	**3**	**36**
ANTAG	**Antagonism**	**26**	**81**
DISINH	**Disinhibition**	**36**	**111**
PSYCHOT	**Psychoticism**	**28**	**89**
EMOT	Emotional Lability	2.12	75
ANXI	Anxiousness	1.75	62
SEPA	Separation Insecurity	1.84	74
SUBM	Submissiveness	1.64	60
HOST	Hostility	1.97	73
PERS	Perseveration	1.83	75
WITH	Withdrawal	1.10	57
INTI	Intimacy Avoidance	0.69	58
ANHE	Anhedonia	1.27	59
DEPR	Depressivity	0.35	52
REST	Restricted Affectivity	1.07	56
SUSP	Suspiciousness	1.20	59
MANI	Manipulativeness	2.19	80
DECE	Deceitfulness	1.50	72
GRAN	Grandiosity	1.13	60
ATTE	Attention Seeking	2.24	80
CALL	Callousness	1.10	72
IRRE	Irresponsibility	1.29	77
IMPU	Impulsivity	2.32	89
DIST	Distractibility	2.02	76
RISK	Risk Taking	2.51	86
RIGI	Rigid Perfectionism	1.24	52
UNUS	Unusual Beliefs and Experiences	2.04	82
ECCE	Eccentricity	2.23	77
PERC	Cognitive and Perceptual Dysregulation	1.77	84



Plotted *T* scores are based upon a Census-matched standardization sample of 1,000 normal adults.

Additional Profile Information

Supplemental PAI Indices		
Negative Distortion Indicators	**Raw value**	***T* score**
Malingering Index	2	71
Rogers Discriminant Function	-4.09	21
*Negative Distortion Scale**	*10*	*64*
*Hong Malingering Index**	*0.06*	*70*
*Multiscale Feigning Index**	*N/A*	*67*
*Malingered Pain-Related Disability Discriminant Function**	*0.27*	*49*
Positive Distortion Indicators	**Raw value**	***T* score**
Defensiveness Index	1	38
Cashel Discriminant Function	129.91	44
*Positive Distortion Scale**	*31*	*51*
*Hong Defensiveness Index**	*-1.89*	*47*
Non-systematic Distortion Indicators	**Raw value**	***T* score**
Back Random Responding	8	50
*Hong Randomness Index**	*1.87*	*84*
Supplemental Clinical Indicators	**Raw value**	***T* score**
Suicide Potential Index	13	81
Violence Potential Index	13	102
Treatment Process Index	9	91
ALC Estimated Score	N/A	84 (16*T* lower than *ALC*)
DRG Estimated Score	N/A	89 (9T lower than DRG)
Mean Clinical Elevation	N/A	76
*Inattention (INATTN) Index**	*3*	*77*
*Neuro-Item Sum**	*13*	*60*
*Violence and Aggression Risk Index**	*16*	*91*
*Reactive Aggression Scale**	*55*	*95*
*Instrumental Aggression Scale**	*42*	*88*
*Level of Care Index**	*11*	*69*
*Chronic Suicide Risk (S_Chron) Index**	*19*	*86*
*RXR Estimated Score**	*N/A*	*28 (3T higher than RXR)*

Note: Experimental indices are denoted with an asterisk (*) and italicized text. They should be interpreted with caution because of the limited cross-validation research. "---" indicates the value could not be calculated due to missing data.

Additional Profile Information (continued)

Coefficients of fit with profiles of known clinical groups	
Diagnostic Groups	**Coefficient of fit**
Substance use disorders	0.806
Bipolar I disorder (mania)	0.796
Alcohol use disorders	0.781
Antisocial personality disorder	0.776
Borderline personality disorder	0.460
Schizoaffective disorder	0.433
Posttraumatic stress disorder	0.419
Anxiety disorders	0.412
Persistent depressive disorder (dysthymia)	0.379
Major depressive disorder	0.347
Adjustment disorders	0.306
Schizophrenia	0.294
Unspecified somatic symptom and related disorder	0.155
PAI Cluster Profiles	**Coefficient of fit**
Cluster 9	0.726
Cluster 4	0.677
Cluster 6	0.485
Cluster 3	0.467
Cluster 5	0.375
Cluster 1	0.371
Cluster 2	0.315
Cluster 10	0.294
Cluster 7	0.218
Cluster 8	0.157
Symptom Behavior Groups	**Coefficient of fit**
Perpetrators of rape	0.773
Current aggression	0.772
Prisoners	0.751
Assault history	0.742
Spouse abusers	0.694
Self-mutilation	0.506
Auditory hallucinations	0.419
Suicide history	0.399
Persecutory (paranoid) delusions	0.393
Antipsychotic medications	0.339
Current suicide	0.242

Note: Coefficients above a value of .42 represent statistically significant associations between profiles.

Additional Profile Information (continued)

Coefficients of fit with profiles of known clinical groups	
Response Set Groups	**Coefficient of fit**
PIM predicted profile	0.673
NIM predicted profile	0.626
All "very true"	0.545
All "mainly true"	0.491
Fake bad	0.412
Random responding	0.382
All "slightly true"	0.191
All "false"	-0.315
Fake good	-0.480
Context-Specific Norm Groups	**Coefficient of fit**
College students	0.364
Deployed military	0.261
Motor vehicle accident claimants	0.151
Chronic pain patients	-0.010
Bariatric surgery candidates	-0.381
Potential kidney donors	-0.524
Egg donors and gestational carriers	-0.550
Law enforcement officer candidates	-0.555
Child custody evaluations	-0.571

Note: Coefficients above a value of .42 represent statistically significant associations between profiles.

Validity of Test Results

The PAI provides a number of validity indices that are designed to provide an assessment of factors that could distort the results of testing. Such factors could include failure to complete test items properly, carelessness, reading difficulties, confusion, exaggeration, malingering, or defensiveness. For this protocol, the number of uncompleted items is within acceptable limits.

Also evaluated is the extent to which the respondent attended appropriately and responded consistently to the content of test items. The respondent's scores suggest that he did attend appropriately to item content and responded in a consistent fashion to similar items.

The degree to which response styles may have affected or distorted the report of symptomatology on the inventory is also assessed. The scores for these indicators fall in the normal range, suggesting that the respondent answered in a reasonably forthright manner and did not attempt to present an unrealistic or inaccurate impression that was either more negative or more positive than the clinical picture would warrant.

Clinical Features

The PAI clinical profile is marked by significant elevations across several scales, indicating a broad range of clinical features and increasing the possibility of multiple diagnoses. Profile patterns of this type are usually associated with marked distress and severe impairment in functioning. The configuration of the clinical scales suggests a person with a history of polysubstance abuse, including alcohol as well as other drugs. When disinhibited by the substance use, other acting-out behaviors may become apparent as well. The substance abuse is probably causing severe disruptions in his social relationships and his work performance, with these difficulties serving as additional sources of stress and perhaps further aggravating his tendency to drink and use drugs.

The respondent reports that his use of alcohol has had a negative impact on his life to an extent that is higher than average even among individuals in treatment for alcohol problems. Such a pattern indicates that his use of alcohol has had a number of adverse consequences on his life. Numerous alcohol-related problems are probable, including difficulties in interpersonal relationships, difficulties on the job, and possible health complications. He is likely to be unable to cut down on his drinking despite repeated attempts at sobriety. Given this pattern, it is increasingly likely that he is alcohol-dependent and has suffered the consequences in terms of physiological signs of withdrawal, lost employment, strained family relationships, and financial hardship.

The respondent indicates that his use of drugs has had many negative consequences on his life at a level that is above average even for individuals in specialized treatment for drug problems. Such a pattern indicates that his use of drugs has had numerous ill effects on his functioning. Problems associated with drug abuse are probably found across several life areas, including strained interpersonal relationships, legal difficulties, vocational failures, financial hardship, and/or possible medical complications resulting from prolonged drug use. He reports having little ability to control the effect that drugs are having on his life. With this level of problems it is increasingly likely that he is drug-dependent and withdrawal symptoms may be a part of the present clinical picture. The withdrawal syndrome will vary according to the substance of choice, but such syndromes can include many psychopathological phenomena such as concentration problems, anxiety, and depression.

The respondent describes a number of problematic personality traits. He reports problems of many different types. He is likely to be quite emotionally labile, manifesting fairly rapid and extreme mood swings and, in particular, probably experiences episodes of poorly controlled anger. He appears uncertain about major life issues and has little sense of direction or purpose in his life as it currently stands. It is likely that he has a history of involvement in intense and volatile relationships and tends to be preoccupied with consistent fears of being abandoned or rejected by those around him. He is also quite impulsive and prone to behaviors likely to be self-harmful or self-destructive, such as those involving spending, sex, and/or substance abuse; he may also be at increased risk for self-mutilation or suicidal behavior. This pattern of behaviors is consistent with a diagnosis of Borderline Personality Disorder.

He describes a personality style with numerous antisocial character features to a degree that is unusual even in clinical samples. Such a pattern is typically associated with prominent features of Antisocial Personality Disorder; he is likely to be unreliable and irresponsible and has probably sustained little success in either the social or occupational realm. His responses suggest that he has a history of antisocial behavior and may have manifested a conduct disorder during adolescence. He

may have been involved in illegal occupations or engaged in criminal acts involving theft, destruction of property, and physical aggression toward others. He is likely to be egocentric, with little regard for others or the opinions of the society around him. In his desire to satisfy his own impulses, he may take advantage of others and have little sense of loyalty, even to those who are close to him. Although he may describe feelings of guilt over past transgressions, he likely feels little remorse of any lasting nature. He would be expected to place little importance on his social role responsibilities. His behavior is also likely to be reckless; he can be expected to entertain risks that are potentially dangerous to himself and to those around him.

A number of aspects of the respondent's self-description suggest noteworthy peculiarities in thinking and experience. It is likely that he experiences unusual perceptual or sensory events (perhaps including full-blown hallucinations) as well as unusual ideas that may include magical thinking or delusional beliefs. His thought processes are likely to be marked by confusion, distractibility, and difficulty concentrating, and he may experience his thoughts as blocked, withdrawn, or somehow influenced by others. He may have some difficulty establishing close interpersonal relationships.

The respondent indicates that he is experiencing specific fears or anxiety surrounding some situations. The pattern of responses reveals that he is likely to display significant symptoms related to traumatic stress. He has likely experienced a disturbing traumatic event in the past-an event that continues to distress him and produce recurrent episodes of anxiety. Whereas the item content of the PAI does not address specific causes of traumatic stress, possible traumatic events involve victimization (e.g., rape, abuse), combat experiences, life-threatening accidents, and natural disasters.

The respondent describes significant problems frequently associated with aspects of a manic episode. It appears that his clinical picture is primarily characterized by irritability. Others are likely to view him as impatient and hostile. As a result, his relationships with others are probably under stress due to his frustration with the inability or unwillingness of those around him to keep up with his plans and possibly unrealistic demands. At its extreme, this irritability may result in accusations that significant others are attempting to thwart his plans for success and achievement. Grandiosity and abnormal levels of activity do not appear to be prominent features of the clinical picture at this time.

The respondent demonstrates an unusual degree of concern about physical functioning and health matters and probable impairment arising from somatic symptoms. He is likely to report that his daily functioning has been compromised by one or more physical problems. While he may feel that his health is good in general, he is likely to report that the health problems that he does have are complex and difficult to treat successfully. Physical complaints are likely to focus on symptoms of distress in neurological and musculoskeletal systems, such as unusual sensory or motor dysfunction. In psychiatric populations, such symptoms are often associated with conversion disorders, although they may be a result of numerous neurological conditions as well.

The respondent mentions that he is experiencing some degree of anxiety and stress; this degree of worry and sensitivity is still within what would be considered the normal range.

According to the respondent's self-report, he describes NO significant problems in the following areas: undue suspiciousness or hostility; unhappiness and depression.

Self-Concept

The self-concept of the respondent appears to be imperfectly established, with considerable uncertainty about major life issues and goals. Although outwardly he may appear to have adequate self-esteem, this self-esteem is likely to be fragile and he may be self-critical and self-doubting. His self-esteem may be particularly vulnerable to slights or oversights by other people, arising from a self-image that depends unduly upon the current status of his close relationships.

Interpersonal and Social Environment

The respondent's interpersonal style seems best characterized as friendly and extraverted. He will usually present a cheerful and positive picture in the presence of others. He is able to communicate his interest in others in an open and straightforward manner. He usually prefers activities that bring him into contact with others, rather than solitary pursuits, and he is probably quick to offer help to those in need of it. He sees himself as a person with many friends and as one who is comfortable in most social situations.

In considering the social environment of the respondent with respect to perceived stressors and the availability of social supports with which to deal with these stressors, his responses indicate that he is likely to be experiencing a mild degree of stress as a result of difficulties in some major life area. He reports that he has a number of supportive relationships that may serve as some buffer against the effects of this stress. The respondent's current level of distress appears to be related to these situational stressors, and the relatively intact social support system is a favorable prognostic sign for future adjustment.

Treatment Considerations

Treatment considerations involve issues that can be important elements in case management and treatment planning. Interpretation is provided for three general areas relevant to treatment: behaviors that may serve as potential treatment complications, motivation for treatment, and aspects of the respondent's clinical picture that may complicate treatment efforts.

With respect to anger management, the pattern of responses suggests considerable problems with temper and aggressive behavior. Such behaviors are likely play a prominent role in the clinical picture; these behaviors represent a potential treatment complication that should receive careful attention in treatment planning. His responses suggest that he is an individual who is easily angered, has difficulty controlling the expression of his anger, and is perceived by others as having a hostile, angry temperament. When he loses control of his anger, he is likely to respond with more extreme displays of anger, including damage to property and threats to assault others. However, some of these displays may be sudden and unexpected, as he may not display his anger readily when it is experienced. It is likely that those around him are intimidated by his potentially explosive temper and the potential for physical violence. It should also be noted that his risk for aggressive behavior is further exacerbated by the presence of a number of features, such as psychotic symptoms, agitation, and a limited capacity for empathy, that have been found to be associated with increased potential for violence.

With respect to suicidal ideation, the respondent is not reporting distress from thoughts of self-harm.

The respondent appears to have substantial interest in making changes in his life and he appears motivated for treatment. His responses indicate an acknowledgement of important problems, a perception of a need for help in dealing with these problems, and a positive attitude towards his responsibility in pursuing treatment. Despite this favorable sign, the combination of problems that he is reporting suggests that treatment is likely to be quite challenging and that the treatment process is likely to be arduous, with many reversals.

If treatment were to be considered for this individual, particular areas of attention or concern in the early stages of treatment could include:

He may be somewhat defensive and reluctant to discuss personal problems, and as such he may be at-risk for early termination.

He may have initial difficulty in placing trust in a treating professional as part of his more general problems in close relationships.

He may currently be too disorganized or feel too overwhelmed to be able to participate meaningfully in some forms of treatment.

He is likely to have difficulty with the treating professional as an authority figure, and he may react to the therapist in a hostile or derogatory manner.

DSM-5 Diagnostic Possibilities

Listed below are DSM-5 diagnostic possibilities suggested by the configuration of PAI scale scores. The following are advanced as hypotheses; all available sources of information should be considered prior to establishing final diagnoses.

Diagnostic Considerations		
***DSM-5* Code**	**ICD-10 Code**	**Diagnosis**
303.90	F10.20	Alcohol use disorder, severe
301.83	F60.3	Borderline personality disorder
304.90	F19.20	Other (or unknown) substance use disorder, moderate
301.7	F60.2	Antisocial personality disorder
309.81	F43.10	Posttraumatic stress disorder
300.11	F44.x	Conversion disorder (functional neurological symptom disorder)
Rule Out		
***DSM-5* Code**	**ICD-10 Code**	**Diagnosis**
296.40	F31.9	Bipolar I disorder, current or most recent episode manic, unspecified
312.34	F63.81	Intermittent explosive disorder
294.9	R41.9	Unspecified neurocognitive disorder
295.90	F20.9	Schizophrenia

Critical Item Endorsement

A total of 27 PAI items reflecting serious pathology have very low endorsement rates in normal samples. These items have been termed critical items. Endorsement of these critical items is not in itself diagnostic, but review of the content of these items with the respondent may help to clarify the presenting clinical picture. Significant items with item scores of 1, 2, or 3 are listed below.

Delusions and Hallucinations			
Item #	**Scale/subscale**	**Item**	**Response**
90.		[Item text was removed from this report for sample purposes.]	*VT, 3*
130.			*VT, 3*
Potential for Aggression			
Item #	**Scale/subscale**	**Item**	**Response**
21.		[Item text was removed from this report for sample purposes.]	*MT, 2*
61.			*VT, 3*
181.			*VT, 3*
Substance Abuse, Current and Historical			
Item #	**Scale/subscale**	**Item**	**Response**
55.		[Item text was removed from this report for sample purposes.]	*VT, 3*
222.			*VT, 3*
334.			*F, 3*
Traumatic Stressors			
Item #	**Scale/subscale**	**Item**	**Response**
34.		[Item text was removed from this report for sample purposes.]	*VT, 3*
114.			*VT, 3*
274.			*VT, 3*
Potential Malingering			
Item #	**Scale/subscale**	**Item**	**Response**
129.		[Item text was removed from this report for sample purposes.]	*ST, 1*
249.			*VT, 3*
Unreliability			

Item #	Scale/subscale	Item	Response
71.		[Item text was removed from this report for sample purposes.]	*ST, 1*
True Response Set			
Item #	**Scale/subscale**	**Item**	**Response**
142.		[Item text was removed from this report for sample purposes.]	*F, 3*

PAI Item Responses															
1.	MT	**44.**	ST	**87.**	VT	**130.**	VT	**173.**	MT	**216.**	ST	**259.**	F	**302.**	F
2.	VT	**45.**	VT	**88.**	VT	**131.**	F	**174.**	VT	**217.**	F	**260.**	F	**303.**	VT
3.	VT	**46.**	F	**89.**	ST	**132.**	VT	**175.**	VT	**218.**	VT	**261.**	F	**304.**	VT
4.	MT	**47.**	ST	**90.**	VT	**133.**	VT	**176.**	ST	**219.**	VT	**262.**	MT	**305.**	F
5.	MT	**48.**	VT	**91.**	VT	**134.**	VT	**177.**	VT	**220.**	F	**263.**	VT	**306.**	VT
6.	ST	**49.**	F	**92.**	MT	**135.**	VT	**178.**	VT	**221.**	F	**264.**	VT	**307.**	VT
7.	ST	**50.**	VT	**93.**	VT	**136.**	ST	**179.**	VT	**222.**	VT	**265.**	VT	**308.**	F
8.	ST	**51.**	VT	**94.**	MT	**137.**	ST	**180.**	F	**223.**	VT	**266.**	F	**309.**	F
9.	F	**52.**	F	**95.**	VT	**138.**	VT	**181.**	VT	**224.**	VT	**267.**	VT	**310.**	VT
10.	F	**53.**	VT	**96.**	VT	**139.**	F	**182.**	MT	**225.**	MT	**268.**	F	**311.**	F
11.	VT	**54.**	VT	**97.**	MT	**140.**	F	**183.**	F	**226.**	VT	**269.**	?	**312.**	F
12.	F	**55.**	VT	**98.**	MT	**141.**	VT	**184.**	MT	**227.**	MT	**270.**	ST	**313.**	MT
13.	VT	**56.**	MT	**99.**	ST	**142.**	F	**185.**	MT	**228.**	F	**271.**	F	**314.**	VT
14.	VT	**57.**	VT	**100.**	F	**143.**	VT	**186.**	VT	**229.**	MT	**272.**	F	**315.**	F
15.	VT	**58.**	VT	**101.**	VT	**144.**	VT	**187.**	ST	**230.**	VT	**273.**	F	**316.**	ST
16.	VT	**59.**	VT	**102.**	VT	**145.**	MT	**188.**	ST	**231.**	ST	**274.**	VT	**317.**	VT
17.	VT	**60.**	F	**103.**	F	**146.**	VT	**189.**	ST	**232.**	F	**275.**	VT	**318.**	VT
18.	ST	**61.**	VT	**104.**	VT	**147.**	F	**190.**	VT	**233.**	F	**276.**	VT	**319.**	F
19.	VT	**62.**	VT	**105.**	ST	**148.**	VT	**191.**	MT	**234.**	ST	**277.**	MT	**320.**	VT
20.	F	**63.**	F	**106.**	VT	**149.**	F	**192.**	VT	**235.**	VT	**278.**	VT	**321.**	ST
21.	MT	**64.**	VT	**107.**	F	**150.**	ST	**193.**	MT	**236.**	VT	**279.**	VT	**322.**	VT
22.	VT	**65.**	VT	**108.**	F	**151.**	MT	**194.**	VT	**237.**	MT	**280.**	F	**323.**	VT
23.	F	**66.**	VT	**109.**	MT	**152.**	MT	**195.**	VT	**238.**	F	**281.**	MT	**324.**	ST
24.	VT	**67.**	VT	**110.**	MT	**153.**	VT	**196.**	ST	**239.**	VT	**282.**	F	**325.**	VT
25.	F	**68.**	VT	**111.**	VT	**154.**	VT	**197.**	VT	**240.**	VT	**283.**	F	**326.**	VT
26.	ST	**69.**	ST	**112.**	MT	**155.**	VT	**198.**	VT	**241.**	VT	**284.**	F	**327.**	VT
27.	F	**70.**	ST	**113.**	ST	**156.**	MT	**199.**	F	**242.**	VT	**285.**	ST	**328.**	F
28.	MT	**71.**	ST	**114.**	VT	**157.**	MT	**200.**	F	**243.**	VT	**286.**	F	**329.**	F
29.	F	**72.**	VT	**115.**	VT	**158.**	ST	**201.**	VT	**244.**	F	**287.**	VT	**330.**	VT
30.	ST	**73.**	F	**116.**	MT	**159.**	ST	**202.**	MT	**245.**	MT	**288.**	VT	**331.**	VT
31.	VT	**74.**	ST	**117.**	MT	**160.**	VT	**203.**	ST	**246.**	MT	**289.**	F	**332.**	VT
32.	F	**75.**	VT	**118.**	ST	**161.**	VT	**204.**	F	**247.**	ST	**290.**	F	**333.**	VT
33.	ST	**76.**	VT	**119.**	VT	**162.**	VT	**205.**	F	**248.**	VT	**291.**	F	**334.**	F
34.	VT	**77.**	MT	**120.**	F	**163.**	VT	**206.**	F	**249.**	VT	**292.**	ST	**335.**	VT
35.	F	**78.**	VT	**121.**	ST	**164.**	F	**207.**	ST	**250.**	VT	**293.**	VT	**336.**	F
36.	VT	**79.**	VT	**122.**	VT	**165.**	ST	**208.**	ST	**251.**	F	**294.**	F	**337.**	VT
37.	VT	**80.**	VT	**123.**	VT	**166.**	VT	**209.**	F	**252.**	VT	**295.**	F	**338.**	VT
38.	VT	**81.**	VT	**124.**	VT	**167.**	ST	**210.**	F	**253.**	VT	**296.**	MT	**339.**	VT
39.	VT	**82.**	VT	**125.**	VT	**168.**	ST	**211.**	VT	**254.**	F	**297.**	VT	**340.**	F
40.	F	**83.**	VT	**126.**	F	**169.**	MT	**212.**	F	**255.**	VT	**298.**	F	**341.**	VT
41.	VT	**84.**	VT	**127.**	VT	**170.**	F	**213.**	MT	**256.**	VT	**299.**	F	**342.**	F
42.	VT	**85.**	VT	**128.**	VT	**171.**	VT	**214.**	VT	**257.**	MT	**300.**	F	**343.**	ST
43.	F	**86.**	ST	**129.**	ST	**172.**	MT	**215.**	VT	**258.**	VT	**301.**	VT	**344.**	F

Missing items

The following items were not answered by the respondent:

Missing Items	
Item #	**Item**
269.	[Item text was removed from this report for sample purposes.]

End of Report