

LAQ-2

Life Assessment

Patient: Benedict Arnold

SSN: 112-12-1212

Date of Birth: 01/01/1930

Sex: male

Date Tested: 08/03/2012

Reviewed by: Blake Tearnan, PhD

The Life Assessment Questionnaire (LAQ-2) was designed to help clinicians better understand the accuracy and honesty of symptoms reported by patients complaining of chronic pain and disability. The majority of the LAQ-2 requires patients to indicate if they are experiencing various psychological and physical symptoms. They are queried about symptom complaints across all major bodily systems. Patients are also asked questions measuring a variety of beliefs such as cynicism and general health.

The results of the LAQ-2 should be considered as a source of hypotheses regarding the veracity of the patient's self-report of symptoms. No decisions about treatment or diagnoses should be made solely on the results of the LAQ-2.

LAQ-2 - Life Assessment

by

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The Life Assessment (LAQ-2) is part of the Pain Assessment Series
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LAQ-2 EXECUTIVE SUMMARY

Patient: Benedict Arnold
 ID: 112-12-1212
 Date of Birth: 01/01/1930
 Gender: male

Background Information

Average Pain Intensity: 6
 Injured on Job: 1
 Primary Pain Location: Low Back,head
 Secondary Pain Location: Low Back,head,neck

Scales

	Patient's Raw Score	Clinical Reference Group Mean	Patient's T-Score	Range
Validity Scales I				
Opposite Item Reliability	10.00	8.62	55.91	Normal
Similar Item Reliability	8.00	6.22	63.48	High
True-False Bias	118.00	95.36	56.94	Normal
Validity Scales II				
Feigning Index	129.00	92.42	60.59	High
Maximum-Minimum First Half	55.00	39.68	59.03	Normal
Maximum-Minimum Second Half	64.00	41.28	63.52	High
Symptom Endorsement				
Physical Symptoms	66.00	41.00	64.01	High
Psychological Complaints	37.00	19.78	66.57	High
Unusual Symptoms				
Nonsensical Symptoms	11.00	5.90	61.01	High
Physician Critical List	20.00	13.74	56.44	Normal
Infrequent	19.00	11.55	57.51	Normal
Unusual Pairings	0.00	1.12	39.91	Low
Motivational Factors				
Adoption of Sick Role	7.00	3.68	71.48	High
Enormity of Pain				no
Expectation of Settlement				no
Hopeful of Settlement				no
Legitimacy of Pain				no

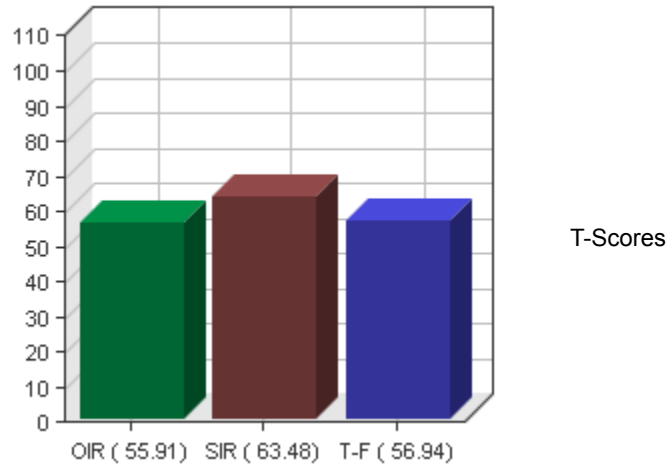
Table 1

Cut Point Analysis of the LAQ Scales

Scale	Cut-point
Feigning Index	144.5
True False Bias	135.5
Maximum -Minimum First Half	62.5
Maximum -Minimum Second Half	63.0
Physical Symptoms	65.5
Psychological Complaints	35.5
Rare	18.5
Nonsensical	13.5
Unusual Pairings	2.5
Physician's Critical List	28.5

LIFE ASSESSMENT TEST VALIDITY SCALES I

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Validity Scales I Interpretation

Opposite Item Reliability (OIR)

This scale consists of 13 pairs of items with opposing content. Normal to High values (>40) indicate dissimilar answers were made to items with opposing content (i.e., the patient's responses were consistent).

Similar Item Reliability (SIR)

This scale consists of 9 pairs of items with similar content. Normal to High Scores (>40) indicate that similar answers were made to items with similar content (i.e., the patient's responses were consistent).

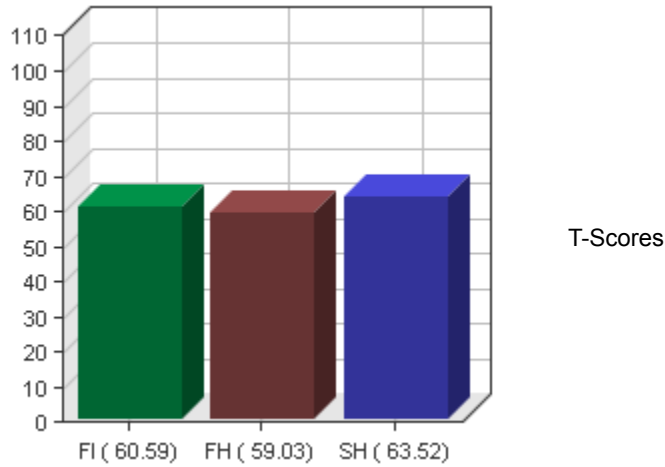
True-False Bias (T-F)

The True-False Bias Scale assesses the tendency to endorse an unusually high number of true or false responses. For example, some patients will mark all items false. Most patients properly engaged in the testing, even those adopting a deceptive test taking strategy, will show considerably more variability. High (>65) or very low scores (<35) indicate the possibility the patient may have shown a bias in true or false responding (consult Table 1 for recommended cut-point values for this Key LAQ-2 Scale).

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**LIFE ASSESSMENT TEST
VALIDITY SCALES II**

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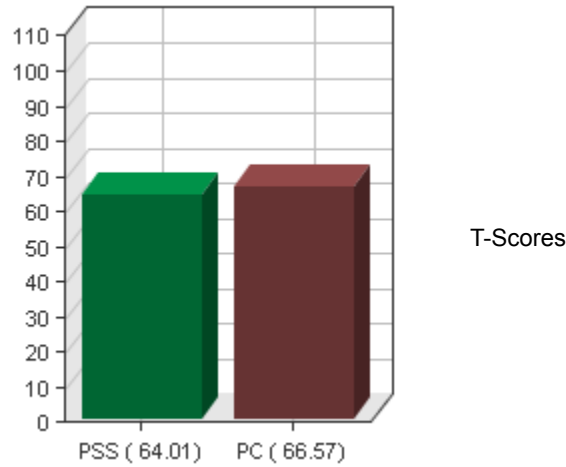
Validity Scales II Interpretation

Feigning Index (FI)	The Feigning Index measures the overall magnitude of potential feigning. High scores increases the likelihood the patient engaged in feigning in his/her reporting of symptoms (consult Table 1 for recommended cut-point values for this Key LAQ-2 Scale).
Maximum-Minimum First Half (FH)	High scores (>60) reflect an exaggerated endorsement of physical and psychiatric symptoms for the first half of symptoms listed. Low scores (<40) suggest a tendency to minimize symptom presentation (consult Table 1 for recommended cut-point values for this Key LAQ-2 Scale).
Maximum-Minimum Second Half (SH)	High scores (>60) reflect an exaggerated endorsement of physical and psychiatric symptoms for the second half of symptoms listed. Low scores (<40) suggest a tendency to minimize symptom presentation (consult Table 1 for recommended cut-point values for this Key LAQ-2 Scale).

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**LIFE ASSESSMENT TEST
SYMPTOM ENDORSEMENT**

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Symptom Endorsement Interpretation

Physical Symptoms (PSS)

A variety of physical complaints, especially those that are common to chronic pain (e.g., musculoskeletal, gastrointestinal, and neurological) comprise the Physical Symptoms Scale. High Scores indicate an endorsement of multiple symptom complaints(consult Table 1 for recommended cut-point values for this Key LAQ-2 Scale).

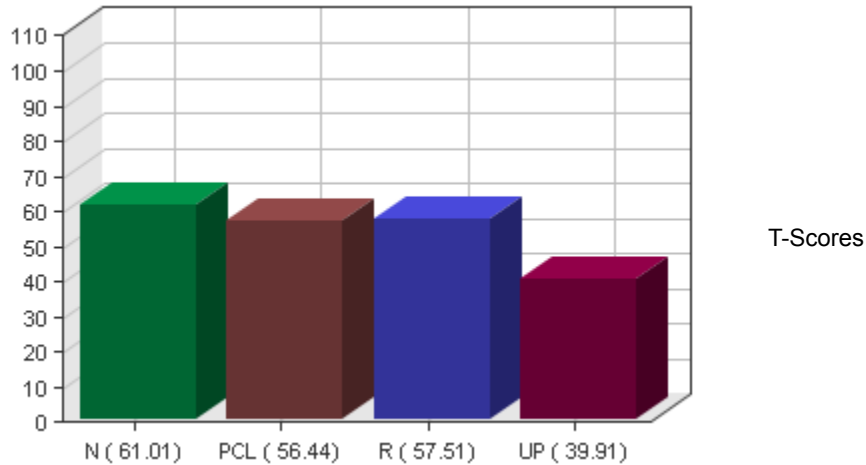
Psychological Complaints (PC)

This scale measures a variety of psychological symptoms including depression, anxiety, sleep disturbances, and drug abuse. Higher scores suggests more psychological problems(consult Table 1 for recommended cut-point values for this Key LAQ-2 Scale).

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**LIFE ASSESSMENT TEST
UNUSUAL SYMPTOMS**

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Unusual Symptoms Interpretation

Nonsensical Symptoms (N)	High scores (>60) indicate the patient endorsed symptoms that are nonsensical and highly unlikely, such as "The steps I take when walking are longer in stride than they were before my injury."
Physician Critical List (PCL)	The PCL Scale measures the extent to which a patient endorsed items identified as suspicious and highly suggestive of possible feigning by a national group of physician pain specialists (consult Table 1 for recommended cut-point values for this Key LAQ-2 Scale).
Infrequent (R)	High scores (>60) indicate an endorsement of items that are unusual for patients experiencing persistent pain, such as "I have fainted more than once since my injury."
Unusual Pairings (UP)	This scale measures the tendency to endorse pairs of symptom complaints that by themselves are not unusual, but when paired with another symptom are highly unlikely, such as "I get dizzy when my muscles cramp and spasm." (consult Table 1 for recommended cut-point values for this Key LAQ-2 Scale).

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**LIFE ASSESSMENT TEST
MOTIVATIONAL FACTORS**

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Motivational factors are 5 areas of possible motivation which might in part explain the response style of the patient. These 5 areas include:

1. Adoption of Sick Role: Did the patient endorse a high number of items (T score > 60) suggesting dependency on the health care system and/or adoption of the sick role.
2. Enormity of Pain: "I am confident this evaluation will convince others I have suffered because of my pain."
3. Expectation of a Settlement: "I expect this evaluation to show others I deserve a large financial settlement."
4. Hopeful of Settlement: "I hope this evaluation convinces others that I have truly suffered and deserve to be financially compensated."
5. Legitimacy of Pain: "I am hopeful this evaluation finally convinces others my pain is real."

Motivational Factors

Adoption of Sick Role	High
Enormity of Pain	no
Expectation of Settlement	no
Hopeful of Settlement	no
Legitimacy of Pain	no

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The following are items the patient endorsed as not applicable or failed to respond to:

Questions

- 12. I feel thick in the head