

CONFIDENTIAL

Name: XXX
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CC File No.: XXX
Dates Seen: XXX
Date of Report: XXX

Referral Source: XXX was referred from the SIU Health Center.

REPORT OF PSYCHOLOGICAL EVALUATION

Reason for Referral: XXX was referred by the SIU Health Center for an assessment of attention and learning problems to facilitate pharmacological and psychological treatment planning.

Assessment Procedures

- Clinical Interview
- Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV)
- Woodcock-Johnson Tests of Achievement – Fourth Edition (WJ-IV)
- Barkley Adult ADHD Current & Childhood Symptoms Scales – Parent & Self-Report
- Diagnostic Interview for ADHD in Adults (DIVA)
- Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
- Structured Inventory of Malingering Symptomology (SIMS)
- Personality Assessment Inventory (PAI)
- Beck Depression Inventory – Second Edition (BDI-II)
- Beck Anxiety Inventory (BAI)
- Structured Clinical Interview for the DSM-5
- Collateral Interview: XXX, Client’s Grandmother Mother, XXX

Review of Records

- XXX High School: XXX – XXX
- XXX State Testing: Grade 2 & 3
- XXX Standards Achievement Test: Grades 3-8
- XXX: Clinical Report written by XXX

Background Information

XXX is a XXX-year-old white cisgender female who is attending Southern Illinois University, Carbondale, and is pursuing a bachelor’s degree. At the time of the assessment, the client had not yet declared a major. XXX reported that she first demonstrated symptoms of inattention and hyperactivity around the 1st or 2nd grade. She reported that during that time she had difficulty paying attention in class, forgetting important objects, following directions, staying organized, being excessively talkative, being “driven by a motor,” and difficulty reading.

XXX reports that she has never received a diagnosis for her inattention and hyperactivity difficulties, but has been to therapy for several years to work through affective symptoms. In a clinical report written by XXX, XXX at Human Health Services, the client was diagnosed with Moderate Major Depressive Disorder, Single Episode. The client is seeking an updated evaluation so that she may seek psychopharmacological and psychological treatments for affective, inattentional, and hyperactivity symptoms.

Regarding social history, XXX was born in XXX, XX, and lived with her mom, grandmother, and half-sister until age 5, when the client’s grandmother and half-sister left the house. She then grew up with her mom until she moved to Carbondale, IL, to attend Southern Illinois University, Carbondale. She currently lives with some of her friends in an apartment. Regarding family relationships, XXX stated that she has a good relationship with her mom and a consistent, but strained, relationship with her dad. She no longer talks to her half-sister. The client reported a close, strong relationship with her maternal grandmother. Regarding peer relationships, the client reported having a couple of romantic relationships, one lasting for several years. She reports that she has a

strong relationship with her current significant other, whom she has been dating for several months. The client also reported having numerous best friends that she can rely on and hangs out with frequently.

Regarding development, abuse, and medical history, XXX denied experiencing any developmental delays. The client reported that she was involved in a romantic relationship with a man who had been physically, emotionally, and sexually abusive off and on for several years. The client reported that this relationship has had a lasting impact on her. The client reported that she was born with a genetic disorder, osteochondritis dissecans, and has had to receive a bone and cartilage transplant several times. She also reported injuring her back and getting whiplash. She has been seeing a chiropractor for several years. The client also reported being hit in the head with a soccer ball and receiving a concussion. The client said this concussion had no lasting impact. The client denied birth complications, TBIs, seizures, and strokes.

Regarding educational history, the client reported that she attended school in the XXX, where she received mostly As and Bs, and some Cs. The client's final cumulative GPA was a 3.02. The client continued her education at Southern Illinois University, Carbondale, where she is pursuing a bachelor's degree and has earned a cumulative GPA of around 2.6 in her first year. The client reported no history of accommodations in school. The client took a yearly standardized exam, the Iowa State Testing for grades 2 and 3, and the Illinois Standards Achievement Test for grades 3-8, and consistently scored in the average range for reading, writing, and math, showing no significant weaknesses in these areas throughout the client's educational history.

Regarding employment history, the client reported working part-time as a waitress at a family-owned restaurant for the past 5 years. The client reported that she performs consistently well at her job and really enjoys it. The client has also worked as a part-time gymnastics coach for the last four years. She reported performing well at this job, too. The client stressed during the interview that she takes her job very seriously. XXX denied having any legal problems. XXX denied any current or previous significant substance use; she endorsed drinking soda with caffeine, no alcohol, and occasional past use of marijuana.

With respect to prior mental health history and psychological services, the client reported being in treatment for the last 4 years across three counselors. She reported that she did not like the first two therapists but liked the last therapist. The client reported that she currently takes 150mg of Wellbutrin once daily and 15mg of Topamax once daily for migraines. The client reported that she used to take 25mg of Prozac, but discontinued use. The client reported that she will take 5mg of melatonin. The client reported sleeping 6-7 hours on average each night. The client endorsed a history of passive suicidal ideation and denied ever having intent or a plan. The client denied current suicidal ideation and current or past homicidal ideation.

In conjunction with this evaluation, the client was evaluated by the speech and language pathology program to assess for difficulties in receptive and expressive language. That evaluation concluded that the client has an auditory processing disorder. This disorder makes it difficult for individuals to distinguish language in the presence of other sounds, follow directions, and distinguish similar sounds. This disorder may look like ADHD, in which the client may have difficulty paying attention, appear distracted, and struggle to follow directions. The clinician considered this diagnosis for this client in this report.

Mental/Status Behavioral Observations: XXX was appropriately dressed and groomed for each testing session. Her speech was clear and well-articulated, reflecting logical, goal-directed, and coherent thought processes. She appeared calm during testing, as reflected in her affect, which ranged from euthymic to tense. In between testing the client appeared euthymic, talkative, and friendly. However, once testing began, the client's affect changed to anxious, quiet, and defeated.

Regarding her specific testing behaviors, the client required little redirection and no unusual prompting or repetition of test questions. She remained seated and demonstrated good attention and concentration throughout the session. Frustration tolerance to challenging tasks was observed to be moderate, as evidenced by persistence on all measures despite long testing sessions with reassurance and support from the clinician. Overall, she appeared to exert an appropriate level of effort throughout testing, but she sometimes gave up as the tests became increasingly challenging. The testing was conducted under satisfactory conditions (e.g., adequate light, space, privacy). The results of this evaluation are considered a valid estimate of current functioning.

Assessment Findings

Cognitive & Intellectual Functioning: XXX obtained an FSIQ of 86, which is at the 18th percentile in the Low Average range. There is a 95% chance that the client's true FSIQ falls somewhere between 82 and 90. The client's index scores were commensurate, with only one significant difference between the Perceptual Reasoning Index and the Working Memory Index. The Verbal Comprehension Index was in the Low Average range, at the 23rd percentile, suggesting difficulties with vocabulary development and verbal abstract reasoning.

The Perceptual Reasoning Index was in the Average range at the 34th percentile, which suggests age-appropriate abilities in visual-perceptual organization and nonverbal reasoning. The Processing Speed Index was in the Low Average range at the 18th percentile, suggesting difficulties with visual memory, visual discrimination, fine motor skills, and psychomotor speed. The Working Memory Index was in the Low Average range at the 13th percentile, suggesting difficulties with immediate auditory recall, auditory attention, and mental control. XXX is not where we would expect her to be on VCI, PSI, and WMI, given her age.

Specific Strengths and Weaknesses: Relative strengths and weaknesses are calculated by comparing each subtest score to the client's mean (average) subtest score. General strengths and weaknesses reflect comparisons of each subtest score with the mean (average) score obtained by individuals in the standardization sample. XXX's performance across the verbal subtests was variable. XXX demonstrated a general weakness in similarities, which suggests difficulties with abstract reasoning and concept formation. Similarly, the client demonstrated a general weakness with Block Design, suggesting difficulties with visuomotor manipulation, nonverbal mental manipulation, and gestalt reasoning. XXX demonstrated a general weakness in the Symbol Search subtest, indicating weaker psychomotor speed, visual discrimination, and visual information processing. Finally, XXX demonstrated a general weakness in Arithmetic, suggesting difficulties with auditory attention, working memory, and mental math abilities.

The Woodcock-Johnson Tests of Achievement—Fourth Edition (WJ-IV): was administered and scored using the education norms. The WJ-IV is a measure designed to assess skills in mathematics, basic reading, reading comprehension, and written expression. In overview, all the client's scores are in the Average to Superior range. With respect to the reading cluster scores, Reading (52nd percentile), Basic Reading Skills (64th percentile), Reading Fluency (41st percentile), and Broad Reading (53rd percentile) were all in the Average range. XXX scored in the Average range on the following individual tests of reading ability: Passage Comprehension (49th percentile), a test of her ability to understand sentences and passages; Word Attack (27th percentile), a measure of sight reading and phonetics; Sentence Reading Fluency (73rd percentile), a measure of read efficiency; and Letter -Word Identification (54th percentile), a measure of her reading decoding and word recognition. Oral Reading (20th percentile), a measure of the fluency and automaticity of reading, was in the Low Average.

With respect to math skills, the cluster scores for Mathematics (23rd percentile), Broad Mathematics (21st percentile), and Math Calculation Skills (18th percentile) were in the Low Average range. On the individual tests, XXX scored in the Low Average range for Math Facts Fluency (23rd percentile), a measure of automaticity of addition, subtraction, and multiplication facts; Calculation (17th percentile), which measures the ability to perform mathematical computations; but scored in the Average range for Applied Problems (36th percentile), which assesses math reasoning skills and the ability to analyze and solve word problems. These scores suggest a weakness in mathematics compared to individuals with her educational attainment.

For written expression, the Written Language (58th percentile), Broad Written Language (56th percentile), and the Written Expression (56th percentile) clusters were all in the Average range. On the individual tests, XXX scored in the Average range on Sentence Writing Fluency (48th percentile), a measure of her ability to quickly write simple sentences corresponding to stimulus pictures and word cues; Spelling (55th percentile); and Writing Samples (59th percentile), a measure of her ability to write detailed and meaningful sentences.

Barkley ADHD Current and Childhood Symptoms Scales: To further assess for symptoms of inattention and hyperactivity, XXX completed the Barkley ADHD Current and Childhood Symptoms Scales, which assess symptoms of inattention and hyperactivity that occurred between the ages of 5 and 12 years. Each scale comprises 18 items: nine that assess inattention and nine that assess hyperactivity.

The results from the measure suggest that the client is not experiencing elevated levels of inattention and hyperactivity in adulthood but was experiencing elevated levels in childhood. In addition to obtaining self-report data from XXX, the Barkley ADHD Other Report Form, for current and childhood symptoms scales, was administered to XXX's mother. Her ratings suggest normal hyperactivity in both childhood and adulthood. However, the client's grandmother reported clinically significant inattention in adulthood and childhood.

Diagnostic Interview for ADHD in Adults (DIVA): XXX was administered the DIVA, a semi-structured interview developed for the diagnosis of Attention-Deficit Hyperactivity Disorder. The DIVA assesses hyperactive-impulsive and inattention symptoms as described in the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5). XXX reported some symptoms of inattention in adulthood and childhood. In adulthood, XXX indicated that she failed to pay close attention to details, has difficulty sustaining attention, often does not listen when spoken to directly, will often lose objects, is easily distracted by extraneous stimuli, and is often forgetful in daily activities.

In childhood, XXX indicated that she often failed to pay close attention to detail, had difficulty sustaining attention, did not listen when spoken to directly, often did not follow through on instructions, disliked sustaining mental effort, was easily distracted, and was forgetful in daily activities. The client reported numerous adulthood hyperactivity symptoms such as fidgeting with her hands and feet, leaving her seat when seating is expected, talking excessively, and blurting out answers.

The client did not meet the clinical cut-off for adulthood hyperactivities. In childhood the client reported numerous symptoms of hyperactivity such as fidgeting with hands and feet, has difficulty engaging in leisure activities, being 'driven by a motor,' blurting out answers, often talks excessively, interrupts others, and difficulty waiting one's turn or being impatient. The client reported a clinically significant level of hyperactivity symptoms in childhood and subclinical symptoms of hyperactivity in adulthood. According to the DIVA, the client meets criteria for Attention Deficit/Hyperactivity Disorder—Primarily Inattentive Type.

Repeatable Battery for the Assessment of Neuropsychological Status (RBANS): XXX was administered the RBANS, a brief cognitive screening measure, which assesses five areas of neuropsychological functioning: Immediate Memory, Visuospatial/Constructional, Language, Attention, and Delayed Memory.

Normative data were developed from individuals in her age group. XXX obtained a Total Index score of 87 (19th percentile), indicating that her neuropsychological capabilities are within the Low Average range. Most germane to the referral question, XXX's score on the Attention Index was in the Low Average range (Index score = 88; 21st percentile), suggesting levels of attention that are slightly behind where we would expect her to be compared to others her age in the standardized sample.

On the index measuring Visuospatial/ Constructional Processing, XXX obtained a score of 97 (42nd percentile), indicating Average ability to process and manipulate visual information comparable to those in her age group. The Language index score of 106 (66th percentile), was in the Average range, suggesting average levels of verbal fluency. Immediate Memory (score = 100; 50th percentile) and Delayed Memory (score = 64; 1st percentile) were discrepant. This finding indicates that XXX's ability to encode, learn, immediately recall complex information is within normal limits, however her ability to recall and recognize complex information after a short delay is significantly below average to most individual her age.

Structured Inventory of Malingered Symptomology (SIMS): The SIMS is a 75 true/false self-report questionnaire designed to detect symptom exaggeration and impairment. XXX met the clinical cut-off for affective disorders, amnesic disorder, and the total score. These scores indicate that the client may have reported her symptoms to be more intense than they are.

Personality and Emotional/Behavioral Functioning: XXX completed the Personality Assessment Inventory (PAI), a 344-item, self-report measure of psychopathology and interpersonal functioning. Written at the fourth-grade reading level, it is composed of eleven clinical scales with corresponding subscales, two interpersonal scales, and five treatment scales that specifically assess risk for suicide, aggressive attitudes, verbal and physical aggression, perceptions of social support, and motivation for treatment. There are also four validity scales for assessing response style and attitude toward taking the test.

Validity of Test Results: The PAI provides several 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 to the test items and responded consistently to their content. The respondent's scores suggest that she attended appropriately to the item content and responded consistently to similar items.

The degree to which response styles may have affected or distorted the report of symptomatology on the inventory is also assessed. With respect to positive impression management, the client's pattern of responses suggests that she tends to portray himself as being relatively free of common shortcomings to which most individuals will admit, and she appears somewhat reluctant to recognize minor faults in herself. Given this apparent tendency to repress undesirable characteristics, the interpretive hypotheses in this report should be reviewed with caution. Although there is no evidence to suggest an effort to intentionally distort the profile, the results may underrepresent the extent and degree of any significant findings in certain areas due to the client's tendency to avoid negative or unpleasant aspects of himself.

Despite the level of defensiveness noted above, there are some areas where the client described problems of greater intensity than is typical of defensive respondents. These areas include disruptions in thought process; impact of traumatic events; stress in the environment; poor sense of identity; sensation-seeking behavior; tension and apprehension; physical signs of depression; preoccupation with physical functioning; and frequent physical complaints. For negative impression management, there is no evidence that the respondent is motivated to portray herself in a negative or pathological light beyond what the clinical picture warrants.

Clinical Features: The PAI clinical profile reveals no elevations that should be considered indicative of clinical psychopathology, although the client reports a degree of turmoil in important life areas. The PAI clinical profile is entirely within normal limits. There are no indications of significant psychopathology in the areas that are tapped by the individual clinical scales. According to the respondent's self-report, she describes NO significant problems in the following areas: unusual thoughts or peculiar experiences; antisocial behavior; problems with empathy; undue suspiciousness or hostility; extreme moodiness and impulsivity; unhappiness and depression; unusually elevated mood or heightened activity; marked anxiety; problematic behaviors used to manage anxiety; difficulties with health and functioning. She reports NO to significant problems with substances.

Self-Concept: The respondent's self-concept appears to involve a generally positive self-evaluation. She is generally a confident, resilient, and optimistic person, although her self-esteem may be reactive to changes in her current circumstances. During times of stress, she may inwardly be troubled by more self-doubt and misgivings about her adequacy than is readily apparent to others. Reactive changes in self-esteem may be accompanied by uncertainty about goals, values, and important life decisions.

Interpersonal & Social Environment: The respondent's interpersonal style seems best characterized as modest, unpretentious, and retiring. She is likely to be self-conscious in social interactions. Others probably view her as passive, humble, and unassuming. In considering the social environment of the respondent with respect to perceived stressors and the availability of social supports to deal with these stressors, her responses indicate that she is likely to be experiencing mild stress because of difficulties in some major life areas.

She reports having a few supportive relationships that appear to have served as effective buffers against stress. The relatively intact social support is a favorable prognostic sign. The client's interest in and motivation for treatment are typical of individuals being seen in treatment settings, and she appears more motivated for treatment than adults who are not being seen in a therapeutic setting. Her responses suggest an acknowledgement of problems and a perception of a need for help. She reports a positive attitude towards the personal change, the value of therapy, and the importance of personal responsibility. In addition, she reports several other strengths, which are positive indicators of a smooth treatment process and a good prognosis.

Beck Depression Inventory-II (BDI-II): XXX completed the BDI-II, which is a 21-item self-report form for assessing symptoms of depression occurring over the previous two weeks. Each item is rated by the client on a

4-point Likert-type scale ranging from 0 to 3, with higher scores indicating increased symptom severity. XXX's BDI-II score of 10 indicates that she is not experiencing clinical levels of depression.

Beck Anxiety Inventory (BAI): XXX completed the BAI, which is a 21-item self-report measure of symptoms of anxiety. Each item is rated on a 4-point Likert-type scale ranging from 0 (Not at All) to 3 (Severely), with higher scores indicating increased symptom severity. XXX's BAI score of 9 indicates that she is not experiencing clinically significant levels of anxiety.

Structured Clinical Interview for DSM-5 (SCID-V): XXX completed the SCID-V, a semi-structured diagnostic interview that assesses a variety of psychological disorders through criteria based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), and is relevant for current DSM-5 criteria. On the Major Depressive Disorder module of the SCID-5, XXX endorsed several major depressive episodes that lasted for more than two weeks for many years. She endorsed depressed mood, anhedonia, agitation, fatigue, weight changes, worthlessness, and difficulty concentrating during this time.

Regarding PTSD, the client reported a sexually violent event that occurred several years ago. The client reported that she has ongoing distressing memories of the event, intense and prolonged distress, sensitivity to internal and external cues, avoidance of distressing stimuli, traumatic amnesia, negative beliefs, persistent inability to experience positive emotions, irritability, self-destructive behaviors, hypervigilance, and an exaggerated startle response. The client did not meet criteria for other depressive, bipolar, psychotic, obsessive-compulsive, anxiety, or adjustment disorders. According to the SCID-V, the client meets criteria for Major Depressive Disorder, Past Episode, Recurrent, and Post-Traumatic Stress Disorder, Current.

Summary & Integration of Assessment Results

XXX is a XX-year-old female who was referred by the SIU student health center for a psychological evaluation to assess for attention difficulties. The results of the current testing suggest that she is generally functioning slightly behind where we would expect her to be for her age in her cognitive abilities. The best measure of the client's intellect is the FSIQ, which is in the Low Average range at the 18th percentile. She obtained commensurate scores on academic achievement measures in writing expression, mathematics, reading comprehension, and reading fluency. Further, the client has a history of scoring in the Average to High range on standardized achievement tests. These scores rule out an intellectual disability and learning disorders.

Regarding ADHD, the client's scores on the WAIS, RBANS, DIVA, and the Other Report of the Barkley are commensurate, suggesting an attention disturbance with subclinical hyperactivity symptoms. However, given the presence of a mood disturbance, a history of trauma, and the auditory processing disorder, the client's attention disturbance is best explained by another psychological condition. In the SCID, the client endorsed a history of multiple depressive episodes and the current experience of PTSD symptoms. However, the PAI suggests that the client's level of traumatic stress is still within normal limits.

Diagnoses

296.36 (F33.42) Major Depressive Disorder, In Full Remission

Recommendations

1. Develop strategies for addressing academic challenges and attention/memory difficulties, perhaps in conjunction with psychotherapy or through reading a self-help book such as "Making A's in College" or "How to Become a Straight-A Student" that offers a comprehensive resource about effective study skills.
2. To address symptoms of depression and trauma, XXX may benefit from evidence-based psychotherapy, such as cognitive-behavioral therapy or acceptance and commitment therapy. Mental health may also be improved by:
3. Improving the quality and consistency of sleep. We recommend getting at least seven hours of sleep each night. Going to bed and waking up at the same time may also help the client feel well-rested.
4. Incorporating physical activity, formally or informally, into XXX's daily/weekly schedule.
5. The client should seek the following accommodations from Disability Support Services

6. Extra time on tests
7. A private and quiet testing environment
8. Access to a classmate's notes (i.e., a note-taker)

Bryant Stone, PhD

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Date

WAIS-IV

<i>Index</i>	<i>Standard Score</i>	<i>Percentile</i>	<i>95% CI</i>	<i>Range</i>
FSIQ	86	18	82-90	Low Average
VCI	89	23	84-95	Low Average
PRI	94	34	88-101	Average
WMI	83	13	77-91	Low Average
PSI	86	18	82-90	Low Average
GAI	91	27	86-96	Average
<i>Subtest</i>	<i>Scaled Score</i>	<i>Percentile</i>		
Similarities	6	9		
Vocabulary	9	37		
Information	9	37		
Block Design	7	16		
Matrix Reasoning	11	63		
Visual Puzzles	9	37		
Digit Span	8	25		
Arithmetic	6	9		
Symbol Search	7	16		
Coding	8	25		

WJ-IV

<i>Cluster</i>	<i>Standard Score</i>	<i>Percentile</i>	<i>Range</i>
Reading	101	52	Average
Broad Reading	106	64	Average
Basic Reading Skills	97	41	Average
Reading Fluency	101	53	Average
Mathematics	89	23	Low Average
Broad Mathematics	88	21	Low Average
Math Calculation Skills	86	18	Low Average
Written Language	103	58	Average
Broad Written Language	102	56	Average
Written Expression	102	56	Average
<i>Subtest</i>			
Letter-Word Identification	101	54	Average
Applied Problems	95	36	Average
Spelling	102	55	Average
Passage Comprehension	99	49	Average
Calculation	85	17	Low Average
Writing Samples	103	59	Average
Word Attack	91	27	Average
Oral Reading	87	20	Low Average
Sentence Reading Fluency	109	73	Average
Math Facts Fluency	89	23	Low Average
Sentence Writing Fluency	99	48	Average

Barkley Scales

Scale	Self-Report		Other Report	
	Summary	Clinical Cutoff	Summary	Clinical Cutoff
Current Inattention	13	13.4	18*	13.4
Current Hyperactive-Impulsive	14	15.6	12	15.6
Current ADHD Total	27	27.8	30*	27.8
Retrospective Inattention	27*	17.1	23*	17.1
Retrospective Hyperactive-Impulsive	27*	18.0	16	18.0
Retrospective ADHD Total	54*	34.4	39*	34.4

DIVA Scores

Scale	Reported Symptoms	Possible Symptoms	Clinical Cutoff
Current Inattention	6*	9	6
Current Hyperactive-Impulsive	3	9	6
Retrospective Inattention	7*	9	6
Retrospective Hyperactive-Impulsive	7*	9	6

Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)

Scale	Scaled Score	Percentile Rank	Range
Immediate Memory	100	50	Average
Visuospatial/Constructional	97	42	Average
Language	106	66	Average
Attention	88	21	Low Average
Delayed Memory	64	1	Very Low
Total	87	19	Low Average

PAI Subscale Score

Subscale	t-scores	SD from Mean
INC	52	0.2
INF	59	0.9
NIM	51	0.1
PIM	57	0.7
SOM	55	0.5
ANX	50	0
ARD	46	-0.4
DEP	48	-0.2
MAN	47	-0.3
PAR	33	-1.7
SCZ	53	0.3
BOR	51	0.1
ANT	47	-0.3
ALC	45	-0.5
DRG	54	0.4
AGG	43	-0.7
SUI	51	0.1
STR	66	1.6
NON	39	-1.1
RXR	42	-0.8
DOM	44	-0.6
WRM	51	0.1