



# Structured Inventory of Malingered Symptomatology™

Glenn P. Smith, PhD

Generated by **PARiConnect**

## Score Report

Developed by

Michelle R. Widows, PhD, Glenn P. Smith, PhD, and PAR Staff

## Client Information

Client name: Sample Client  
Client ID: SIMS  
Test date: 08/12/2013  
Date of birth: 02/03/1975  
Age: 38  
Gender: Male  
Education: 12  
Race/Ethnicity: Caucasian  
Marital status: -Not Specified-  
Occupation: -Not Specified-

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

**PAR** 16204 N. Florida Ave. • Lutz, FL 33549 • 1.800.331.8378 • [www.parinc.com](http://www.parinc.com)

Copyright © 1993, 1997, 2005, 2007, 2013 by PAR. All rights reserved. May not be reproduced in whole or in part in any form or by any means without written permission of PAR.

Version: 1.10.032

## Administrative Information

Location of testing: Tampa  
Context/Setting: Outpatient Center  
Purpose of testing: Disability  
Reported symptoms: -Not Specified-

## Introduction

The Structured Inventory of Malingered Symptomatology (SIMS) is a multi-axial, self-administered measure developed to serve as a screening tool for the detection of feigned or exaggerated psychiatric disturbance and cognitive dysfunction among adults ages 18 years and older across a variety of clinical and forensic settings. The SIMS consists of 75 items that yield a summary score reflective of a general feigning presentation (Total score), as well as five nonoverlapping scales that reflect theoretical and statistical considerations of the more commonly feigned or exaggerated disorders: (a) Psychosis, (b) Neurologic Impairment, (c) Amnestic Disorders, (d) Low Intelligence, and (e) Affective Disorders.

The SIMS is intended to serve multiple functions as (a) an initial screening tool for individuals who may not otherwise be referred for specific evaluation of potential feigning within a forensic or medico-legal context or setting; (b) an initial screening tool for individuals suspected of feigning to determine the need for more extensive evaluation; and (c) convergent data in a comprehensive evaluation for potential feigning. The SIMS' brief, easily administered self-report format and fifth-grade reading level reduce clinician burden and allow for completion by a wide range of individuals at varying educational/cognitive levels.

## Interpretive Caveats

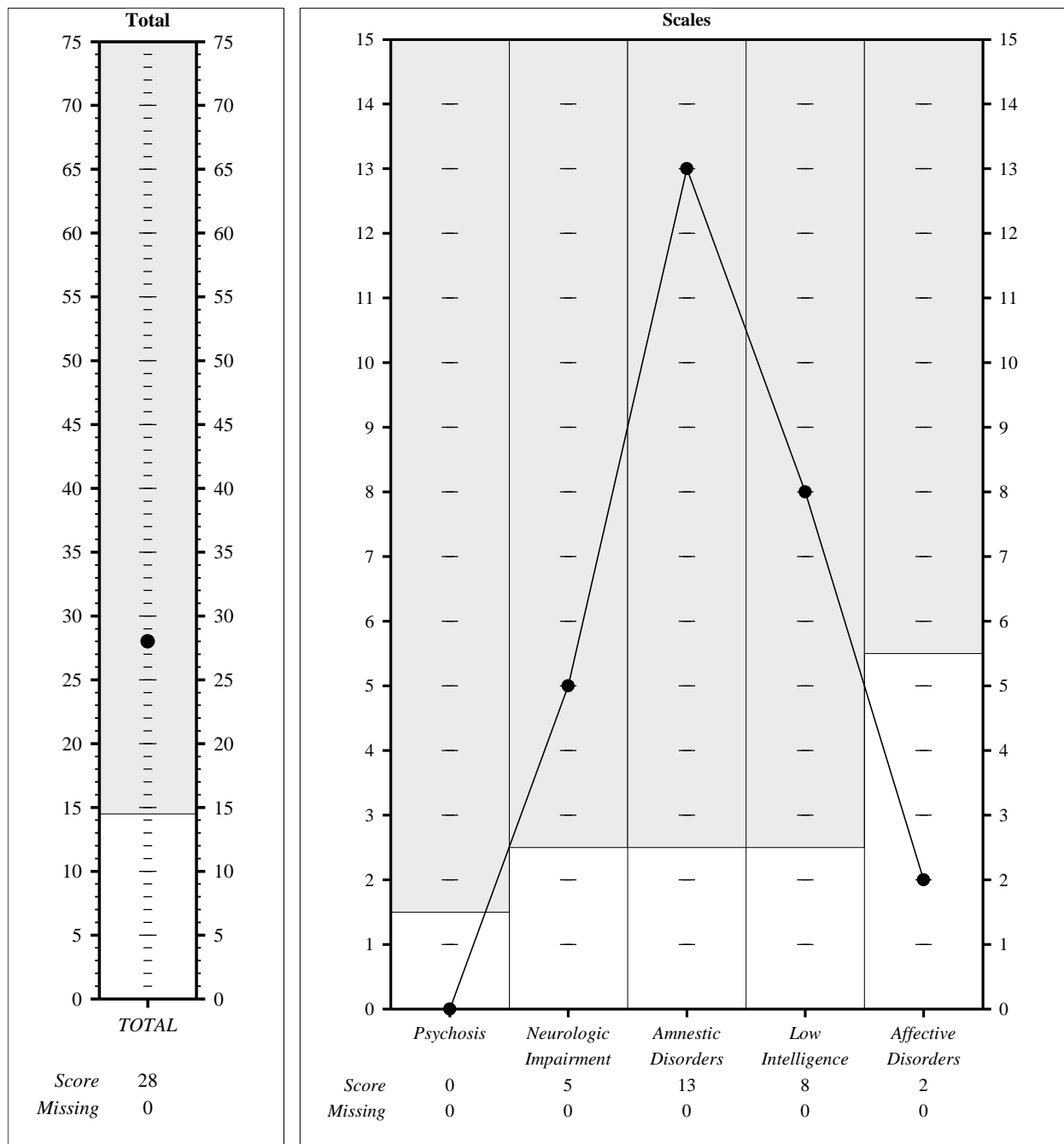
This report is confidential and intended for use by qualified professionals only. This report should not be released to the individual being evaluated. A thorough understanding of the SIMS, including its development and its psychometric properties, is a prerequisite to interpretation. As with any clinical method or procedure, the utility and validity of the SIMS is dependent on the qualifications and competencies of the professional(s) who use the instrument.

Cutoff scores are used to interpret the level of feigned or exaggerated symptoms as presented by the respondent. SIMS Total and scale cutoff scores were statistically derived by validation and cross-validation samples and have been further validated by independent researchers with clinical forensic samples, psychiatric samples, and nonclinical samples. Validation samples have included adults of both genders, various racial/ethnic backgrounds, and a wide range of ages. As a result, the SIMS is appropriate for the screening of malingered psychiatric and cognitive complaints in a wide range of contexts (e.g., forensic, neuropsychological, medico-legal) and in a wide variety of settings (e.g., inpatient, outpatient, correctional).

The SIMS is not intended to serve as a diagnostic tool for feigning in isolation. Individuals identified as potential malingerers through the use of the SIMS should be referred for more extensive assessment. A determination of feigning should be made in the context of a comprehensive evaluation only, whereby multiple sources of data (e.g., psychosocial, psychiatric, and medical history; clinical interview; comparison of subjective reports of symptoms to objective information and observations; results from feigning-specific and psychological inventories) as well as multiple assessment devices (e.g., structured interviews, performance based tests) are employed in order to provide convergent and corroborative data in making a definitive classification of feigning.

Although the determination of feigning is dependent upon the discrimination between actual versus feigned or exaggerated symptoms, it does not preclude the presence of another disorder. As such, the suggestion of probable feigning using the SIMS should not negate the possibility of genuine disability or disorder.

# Profile of SIMS Scores



	True	False	Missing
Frequency	36	39	0
Percent (%)	48	52	0

## Protocol Validity

### Missing items

There are no missing item responses in the protocol, providing a complete data set for interpretation.

## Item Responses

Item #	Resp	Item #	Resp	Item #	Resp	Item #	Resp	Item #	Resp
1.	False	16.	False	31.	False	46.	True	61.	True
2.	False	17.	False	32.	True	47.	False	62.	False
3.	False	18.	True	33.	True	48.	False	63.	True
4.	True	19.	True	34.	False	49.	True	64.	False
5.	False	20.	True	35.	False	50.	True	65.	False
6.	False	21.	False	36.	True	51.	False	66.	False
7.	True	22.	True	37.	False	52.	True	67.	True
8.	False	23.	True	38.	False	53.	True	68.	True
9.	False	24.	False	39.	False	54.	True	69.	False
10.	False	25.	False	40.	False	55.	True	70.	True
11.	True	26.	False	41.	True	56.	True	71.	False
12.	True	27.	True	42.	False	57.	False	72.	True
13.	False	28.	False	43.	False	58.	True	73.	True
14.	False	29.	True	44.	True	59.	False	74.	True
15.	True	30.	True	45.	True	60.	False	75.	False

**\*\*\* End of Report \*\*\***