Borderline Personality Disorder Checklist

Patient Information Name: _____ Age: _____

Date of Birth: _____ Gender: _____

Contact Information:_____

Emotional Dysregulation		1	2	3	4	5	
Mood Swings	Not at all	0	0				Extremely
Manage Emotions	Very well						Very poorly
Frustration Tolerance	Not at all	0					Extremely
Sensitivity to Rejection	Not at all						Extremely
Impulsivity							
Risky Behaviors	Never						Frequently
Resist Urges	Very well						Very poorly
Planning Ahead	Not at all						Extremely
Financial Difficulties	Not at all						Extremely
Interpersonal Difficulties							
Stability of Relationships	Very stable						Very unstable
Idealize/Devalue Others	Not at all	0					Extremely

Maintain Friendships	Not at all		0	0	0	Extremely
Fear of Abandonment	Not at all		0	0	0	Extremely
Self-Image Disturbances						
Body Image Distortion	Not at all					Extremely
Changes in Self-Perception	Never					Frequently
Feelings of Emptiness	Not at all					Extremely
Identity Confusion	Not at all					Extremely

Extra Notes