

# BPD Checklist

## Patient Information

Name: Age:

Date of Birth: Gender:

Contact Information:

**Instructions:** Please rate the following items on a scale from 1 to 5, where 1 signifies 'not at all' and 5 represents 'extremely.'

## Emotional Dysregulation

Rate	
	Intensity and frequency of mood swings
	Ability to manage emotions
	Difficulty tolerating frustration
	Sensitivity to rejection

## Impulsivity

Rate	
	Frequency of engaging in risky behaviors
	Ability to manage emotions
	Difficulty planning ahead
	Financial difficulties due to impulsive behaviors

## Interpersonal Difficulties

Rate	
	Stability of relationships
	Tendency to idealize and devalue others
	Difficulty maintaining friendships
	Fear of abandonment

**Self-Image Disturbances**

Rate	
	Distortion in body image
	Frequency of changes in self-perception
	Feelings of emptiness or worthlessness
	Identity confusion

**Extra notes:**