MacLean Screening Instrument for BPD

1.	Have any of your closest relationships been troubled by a lot of arguments or repeated breakups?	Yes	_No
2.	Have you deliberately hurt yourself physically (e.g., punched yourself, cut yourself, burned yourself)? How about made a suicide attempt?	Yes	_No
3.	Have you had at least two other problems with impulsivity (e.g., eating binges and spending sprees, drinking too much and verbal outbursts)?	Yes	_No
4.	Have you been extremely moody?	Yes	_No
5.	Have you felt very angry a lot of the time? How about often acted in an angry or sarcastic manner?	Yes	_No
6.	Have you often been distrustful of other people?	Yes	_No
7.	Have you frequently felt unreal or as if things around you were unreal?	Yes	_No
8.	Have you chronically felt empty?	Yes	_No
9.	Have you often felt that you had no idea of who you are or that you have no identity?	Yes	_No
10.	Have you made desperate efforts to avoid feeling abandoned or being abandoned (e.g., repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, clung to them physically)?	Yes	_No