

INSTRUCTIONS

Circle “YES” or “NO” if the question completely or mostly applies to you. If you do not understand a question, leave it blank.

In the PAST YEAR:

1. Have you often become so preoccupied with fears of abandonment or separation from important people in your life that it’s been hard to think about or do anything else?
NO YES
2. Have you often found with people you are getting to know, that they seem at first like the most special and understanding person you have ever met, but then later they do something to disappoint you?
NO YES
3. Have you often wondered who you really are as a person, or noticed that you seem like a different person around different people?
NO YES
4. Have you often done the following activities? (circle all that apply)
 1. Spent a lot of money on things that you later regretted? NO YES
 2. Driven a vehicle well over the speed limit? NO YES
 3. Had 5 or more drinks containing alcohol, or used drugs to get high? NO YES
 4. Binged on food? NO YES
 5. Had sex with someone you hardly knew? NO YES
5. On at least two occasions, have you tried to hurt yourself or kill yourself (e.g. choking, cutting, burning, overdose, etc.) or threatened to do so?
NO YES
6. Have you often had mood swings or noticed that your mood can suddenly shift from happy or angry to depressed, and then back again?
NO YES
7. Have you usually felt empty inside?
NO YES
8. Have you often had anger outbursts, during which you say things or do things that you later regret?
NO YES
9. At times when you have been stressed, did you ever develop any of the following reactions? (Circle all that apply)
 - Become very suspicious of people around you? NO YES
 - Feel detached from what is going on around you, as if it isn’t real? NO YES
 - Feel disconnected from your body or as if you are floating above it? NO YES