

Borderline Personality Disorder

Diagnostic & Differential Diagnosis Worksheet

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This worksheet is designed to help clinicians organize information when Borderline Personality Disorder (BPD) is being considered. It is intended as a clinical assessment aid and should be used alongside a comprehensive interview, developmental history, collateral information when appropriate, and clinical judgment. It is not a stand-alone diagnostic instrument.

Part 1: Presenting Concerns

Primary concerns:

When did these concerns begin?

How persistent have these patterns been across time and situations?

- ☐ Persistent
- ☐ Recurrent
- ☐ Primarily situational
- ☐ Recent onset
- ☐ Unclear

Do the patterns appear across multiple relationships and settings?

- ☐ Yes
- ☐ No
- ☐ Somewhat
- ☐ Unclear

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Part 2: BPD Diagnostic Features

Assess each feature based on the person's enduring pattern of functioning rather than isolated episodes.

1. Fear of Abandonment

Is there intense fear of real or perceived abandonment?

- ☐ Yes
- ☐ No
- ☐ Unclear

Does the person make significant efforts to avoid abandonment, including reacting strongly to separations, perceived rejection, or changes in relationships?

Examples:

2. Unstable and Intense Relationships

Are relationships characterized by marked shifts between idealizing and devaluing another person?

- ☐ Yes
- ☐ No
- ☐ Unclear

Examples:

3. Identity Disturbance

Is there a markedly unstable sense of self, identity, goals, values, or sense of who the person is?

- ☐ Yes
- ☐ No
- ☐ Unclear

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Examples:

4. Impulsivity

Is there potentially self-damaging impulsivity in multiple areas?

Consider:

- ☐ Spending
- ☐ Sex
- ☐ Substance use
- ☐ Reckless driving
- ☐ Binge eating
- ☐ Other risky behavior: _____

Frequency and consequences:

5. Recurrent Suicidal Behavior or Self-Harm

Assess for:

- ☐ Recurrent suicidal behavior
- ☐ Suicide attempts
- ☐ Suicidal threats or gestures
- ☐ Recurrent self-injury
- ☐ Other self-destructive behavior

Current risk:

- ☐ No current indication
- ☐ Passive suicidal thoughts
- ☐ Active suicidal thoughts
- ☐ Recent self-harm
- ☐ Recent suicide attempt
- ☐ Requires immediate risk assessment

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Clinical notes:

6. Affective Instability

Are there marked shifts in mood that are highly reactive to interpersonal or environmental circumstances?

- ☐ Yes
- ☐ No
- ☐ Unclear

Typical duration of mood shifts:

- ☐ Minutes
- ☐ Hours
- ☐ Days
- ☐ Longer
- ☐ Unclear

Common triggers:

7. Chronic Feelings of Emptiness

Are persistent or recurrent feelings of emptiness present?

- ☐ Yes
- ☐ No
- ☐ Unclear

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8. Intense Anger

Is there inappropriate, intense, or difficult-to-control anger?

- ☐ Yes
- ☐ No
- ☐ Unclear

Does this include:

- ☐ Frequent anger
- ☐ Verbal outbursts
- ☐ Physical aggression
- ☐ Difficulty controlling anger
- ☐ Persistent resentment
- ☐ Other: _____

9. Stress-Related Paranoia or Dissociation

During periods of significant stress, does the person experience transient suspiciousness, paranoia, derealization, depersonalization, or other dissociative symptoms?

- ☐ Yes
- ☐ No
- ☐ Unclear

Examples:

Part 3: Diagnostic Feature Summary

Number of BPD features clearly supported: _____ / 9

Number of features requiring additional assessment: _____

Most prominent features:

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Important: A diagnosis of BPD requires a pervasive pattern of instability in interpersonal relationships, self-image, and affect, together with characteristic impulsivity and other features, beginning by early adulthood and occurring across contexts. The overall clinical pattern—not simply the number of endorsed symptoms—should guide diagnostic formulation.

Part 4: Developmental and Functional Assessment

Developmental history

When were similar patterns first evident?

Were these patterns present during adolescence or early adulthood?

- ☐ Yes
- ☐ No
- ☐ Unclear

Relevant developmental experiences:

Functional impact

Areas affected:

- ☐ Romantic relationships
- ☐ Family relationships
- ☐ Friendships
- ☐ Employment
- ☐ Education
- ☐ Financial functioning
- ☐ Physical health
- ☐ Substance use
- ☐ Legal functioning
- ☐ Other: _____

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Severity of impairment:

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Variable

Part 5: Differential Diagnosis

Bipolar I or Bipolar II Disorder

Are there distinct periods of abnormally elevated, expansive, or persistently irritable mood accompanied by characteristic changes in energy, activity, sleep, cognition, or behavior?

- ☐ Yes
- ☐ No
- ☐ Unclear

Are mood episodes clearly episodic rather than primarily reactive to interpersonal events?

- ☐ Yes
- ☐ No
- ☐ Unclear

Clinical distinction to explore:

Major Depressive Disorder

Are depressive symptoms present independently of interpersonal crises?

- ☐ Yes
- ☐ No
- ☐ Unclear

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Are there sustained depressive episodes with characteristic neurovegetative and cognitive symptoms?

- ☐ Yes
- ☐ No
- ☐ Unclear

Posttraumatic Stress Disorder

Is there a qualifying traumatic exposure?

- ☐ Yes
- ☐ No
- ☐ Unclear

Are trauma-related intrusion, avoidance, negative alterations in cognition/mood, and hyperarousal prominent?

- ☐ Yes
- ☐ No
- ☐ Unclear

Does the overall presentation extend beyond trauma-related symptoms?

- ☐ Yes
- ☐ No
- ☐ Unclear

Complex PTSD

Are there persistent difficulties involving emotion regulation, self-concept, and relationships in addition to core PTSD symptoms?

- ☐ Yes
- ☐ No
- ☐ Unclear

Is the clinical presentation better explained by PTSD/complex PTSD, BPD, both, or another condition?

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Other Personality Disorders

Assess whether the pattern may be better characterized by another personality disorder.

Histrionic Personality Disorder

- ☐ Strong need for attention
- ☐ Dramatic or rapidly shifting emotional expression
- ☐ Excessive concern with appearance
- ☐ Interpersonal style characterized by attention-seeking or impressionistic behavior

Clinical distinction:

Narcissistic Personality Disorder

- ☐ Grandiosity
- ☐ Need for admiration
- ☐ Sense of entitlement
- ☐ Empathy difficulties
- ☐ Characteristic interpersonal pattern

Clinical distinction:

Avoidant Personality Disorder

- ☐ Social inhibition
- ☐ Feelings of inadequacy
- ☐ Hypersensitivity to negative evaluation
- ☐ Avoidance of relationships or activities because of fear of rejection

Clinical distinction:

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Dependent Personality Disorder

- ☐ Excessive need to be cared for
- ☐ Difficulty making independent decisions
- ☐ Difficulty being alone
- ☐ Strong fear of losing support

Clinical distinction:

Antisocial Personality Disorder

Assess for a persistent pattern involving disregard for and violation of the rights of others, including relevant conduct history.

- ☐ Evidence present
- ☐ Evidence absent
- ☐ Further assessment needed

Clinical distinction:

Substance Use Disorders

Could intoxication, withdrawal, or chronic substance use account for mood instability, impulsivity, aggression, dissociation, or other symptoms?

- ☐ Yes
- ☐ No
- ☐ Unclear

Relevant substances (Do full SUD Disorder Worksheet):

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ADHD

Are chronic patterns of impulsivity, emotional dysregulation, disorganization, and interpersonal difficulties better accounted for by ADHD?

- ☐ Yes
- ☐ No
- ☐ Unclear

Were relevant symptoms present during childhood?

- ☐ Yes
- ☐ No
- ☐ Unclear

Dissociative Disorders

Are significant dissociative symptoms present outside periods of acute interpersonal stress?

- ☐ Yes
- ☐ No
- ☐ Unclear

Could a dissociative disorder better explain the presentation?

- ☐ Yes
- ☐ No
- ☐ Unclear

Part 6: Medical and Medication Considerations

Consider whether symptoms may be influenced by:

- ☐ Medication effects
- ☐ Substance intoxication
- ☐ Substance withdrawal
- ☐ Neurological conditions
- ☐ Endocrine conditions
- ☐ Sleep disorders
- ☐ Other medical conditions
- ☐ Other: _____

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Relevant factors:

Part 7: Protective Factors and Strengths

Identify strengths that may support treatment and recovery:

- ☐ Supportive relationships
- ☐ Treatment motivation
- ☐ Capacity for insight
- ☐ Emotional awareness
- ☐ Ability to use coping skills
- ☐ Stable housing
- ☐ Employment/education
- ☐ Creative interests
- ☐ Nature connection
- ☐ Spiritual or existential resources
- ☐ Other: _____

Additional strengths:

Part 8: Clinical Formulation

Central interpersonal patterns:

Patterns of emotional regulation:

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Sense of identity/self-concept:

Patterns of impulsivity or self-destructive behavior:

Typical responses to perceived rejection or abandonment:

Primary maintaining factors:

Protective factors:

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Differential Diagnosis Summary

Condition	Supporting Evidence	Evidence Against / Unclear
Borderline Personality Disorder		
Bipolar I Disorder		
Bipolar II Disorder		
Major Depressive Disorder		
PTSD		
Complex PTSD		
Histrionic Personality Disorder		
Narcissistic Personality Disorder		
Avoidant Personality Disorder		
Dependent Personality Disorder		
Antisocial Personality Disorder		
ADHD		
Substance Use Disorder		
Dissociative Disorder		
Medical/Medication Factors		

Clinical Impression

Current formulation:

- ☐ BPD appears likely
- ☐ Another condition appears more likely
- ☐ BPD and another condition may be co-occurring
- ☐ Personality features are present but additional assessment is needed
- ☐ Insufficient information for a clinical impression

Primary diagnostic considerations:

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Additional assessment needed:

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Clinical Note

BPD should not be diagnosed solely from a checklist of symptoms. Assessment should consider the person's longitudinal pattern of functioning, developmental history, cultural context, interpersonal functioning, identity, emotional regulation, impulsivity, self-harm history, trauma history, substance use, medical factors, and alternative explanations. Particular care should be taken to distinguish enduring personality patterns from episodic mood disorders and acute responses to trauma or environmental stress.

If current suicidal ideation, suicide attempts, or serious self-injury are identified, conduct a separate, comprehensive suicide and safety-risk assessment rather than relying on this worksheet.