Note: The following content is reproduced from the Google Form used for data collection in this study.
The original form is available at: https://forms.gle/kp9WHGTbHe2qe5fK6

Borderline Personality Disorder Screening Questionnaire

This form is part of a research project in computer science and psychology aimed at identifying borderline personality disorder (BPD) symptoms based on people's answers to specific questions. The data collected from this study will be used to create a question-and-answer dataset, which might later be used to train text classification models for BPD symptom screening, or for linguistic analysis of BPD-related responses. Data collected through this survey may be used for academic research purposes, including publication in peer-reviewed journals. If you choose to participate in this study, you will be required to answer a total of 14 questions. Participants should be aware that certain questions address sensitive subject matter. Participant responses are completely anonymous, and no personally identifiable information is collected. Note that participation is entirely voluntary and participants may withdraw at any time.

By responding to this questionnaire, you are providing informed consent for your responses to be used anonymously for academic research purposes, in accordance with ethical research guidelines.

Your help in providing sample answers to our questionnaire would be greatly appreciated.

Please follow these guidelines when answering the questions.

- Kindly provide honest responses to the questions. Your answers are completely anonymous, so please be as truthful as you can, even if your answer is personal.
- Please answer elaborately in full sentences.
- Please avoid giving brief answers like "Yes, I do" or "No, I have not." We kindly ask you to elaborate your responses.

I have read and understood the above information and voluntarily agree to participate in this study.

☐ Yes, I agree (Continue to Next Section)
☐ No, I do not agree (Exit Form)

Questions for Criteria A

Question 1: Can you describe situations where you felt a strong need to prevent someone from leaving you, either physically or emotionally? Have you felt this need often?

Answer:

Question 2: Do you feel that your interpersonal relationships with those you are close to are unstable? Have you experienced patterns where you alternate between seeing someone as wonderful and then seeing them as terrible?

Answer:

Question 3: Can you talk about how you see yourself? Does your perception of yourself (how you view yourself) change frequently?

Answer:

Question 4: Can you describe any impulsive and potentially self-damaging behaviors you engage in, such as spending money irresponsibly, unsafe sex, substance abuse, reckless driving, or binge eating?

Answer:

Question 5: Can you describe any incidents where you engaged in self-harm or made repeated suicide attempts?

Answer:

Question 6 : Does your mood change frequently throughout the day? Are there times when you feel intensely happy, sad, anxious or irritated for no apparent reason?

Answer:

Question 7 : Have you experienced chronic or constant feelings of emptiness?

Answer:

Question 8 : Can you share any experiences where you felt extremely angry or found it hard to control your temper? Have you experienced frequent displays of temper, constant anger, verbal outbursts, or recurrent physical fights?

Answer :

Question 9 : Can you describe experiences where you felt intensely suspicious of others (for example, believing people wanted to harm you) or disconnected from reality, especially during stressful times?

Answer:

Questions for Criteria B, C, D, E, F

Question 10 : Do you think the behaviors and thought patterns discussed in the questions have been constant and affects almost every personal and social situation in your life?

Answer:

□ Yes

□ No

Question 11: Do you think the behaviors and thought patterns discussed in the questions have caused significant distress in your social, academic, or professional life?

Answer:

□ Yes

□ No

Question 12: Do you think the behaviors and thought patterns discussed in the questions have affected you since adolescence (13-18 years) or young adulthood?

Answer:

□ Yes

□ No

Question 13: Do you think that the behaviors and thought patterns discussed in the questions are not caused by any previously diagnosed mental disorder?

Answer:

□ Yes

□ No

Question 14: Do you think that the behaviors and thought patterns discussed in the questions are not a result of any drugs, medication, or any medical condition(e.g. head trauma, migraine)?

Answer:

□ Yes

□ No