

BORDERLINE PERSONALITY DISORDER THERAPY WORKSHEET

Write down the symptoms you experience

<p>On a scale of 1 -10, how much is the intensity of the symptoms</p>	<p>In a week, how often do you feel those symptoms?</p>	<p>Write down the duration/time of the symptoms on a daily basis.</p>
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MINDFULNESS

Name five things you see

Name five things you smell

Name five things you touch

Name five things you hear

Distress tolerance

Visualizing a relaxing scene

Identify the pros and cons of tolerating the distress

Regulate your emotions

Name you emotions

Think about 2 positive feelings that you can feel right now