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A Review of the Clinical Utility and Psychometric Properties of the Borderline Symptom List (BSL-23): Normative Data, Percentile Rankings, and Severity Classifications

The Borderline Symptom List (BSL-23), developed by Bohus et al. (2009), is a well-established self-report measure of borderline personality disorder (BPD) symptom severity derived from DSM diagnostic criteria, the Diagnostic Interview for Borderlines, and clinical expertise. This technical paper reviews contemporary research on the BSL-23's psychometric properties and clinical utility, while providing comprehensive normative data, percentile rankings, and severity classifications to aid interpretation. Drawing from the multi-sample validation study by Kleindienst et al. (2020; $N = 1,090$), we present normative comparisons across three distinct reference groups: healthy controls without psychiatric history, clinical controls with Axis I disorders, and treatment-seeking individuals with diagnosed BPD. This document aims to support clinicians in effectively administering, scoring, and interpreting the BSL-23, enhancing its practical application in monitoring BPD symptom severity and treatment progress.

Click to view information on the [BSL-23](#)

December 2025

Developer & Author

The Borderline Symptom List (BSL-23) was developed by Bohus and colleagues (2009):

Bohus, M., Kleindienst, N., Limberger, M. F., Stieglitz, R.-D., Domsalla, M., Chapman, A. L., Steil, R., Philipsen, A., & Wolf, M. (2009). The short version of the Borderline Symptom List (BSL-23): Development and initial data on psychometric properties. *Psychopathology*, *42*(1), 32–39.
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This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, and describe normative data and qualitative descriptors.

Authors of Technical Review

(not in authorship order)

Ben Buchanan DPsych

*CEO, NovoPsych
Adjunct Research Fellow, Monash University,
Melbourne, Australia*

[David Hegarty PhD*](#)

*Head of Psychometrics, NovoPsych
Adjunct Professional Fellow, Southern Cross
University, Coffs Harbour, Australia*

Emerson Bartholomew
MHealthPsych

*Research Fellow and
Psychometrician, NovoPsych*

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Description

The Borderline Symptom List (BSL-23) is a 23-item self-report questionnaire designed to measure the severity of borderline personality disorder (BPD) symptomatology in adults aged 18 years and older. Developed by Bohus and colleagues (2009) at the Central Institute of Mental Health in Mannheim, Germany, the BSL-23 was derived from the original 95-item Borderline Symptom List to provide a more practical assessment tool that preserves comprehensive coverage of BPD symptoms while minimising respondent burden.

BSL-23 Theoretical Grounding

The theoretical foundation of the BSL-23 draws from multiple sources: DSM diagnostic criteria, the revised version of the Diagnostic Interview for Borderline Personality Disorder (Zanarini et al., 1989), and the clinical experiences of both experts and individuals with BPD. Items were selected from the BSL-95 based on their sensitivity to change and ability to discriminate BPD patients from other clinical groups. The scale assesses core DSM BPD diagnostic criteria including affective instability, recurrent suicidal behaviour, self-mutilating behaviour, and transient dissociative symptoms. In addition, items capture borderline-typical empirical findings regarding self-criticism, problems with trust, emotional vulnerability, and proneness to shame, self-disgust, loneliness, and helplessness (Kleindienst et al., 2020).

The BSL-23 uses a one-week reference period, asking respondents to rate how much each statement applied to them during the past week on a 5-point scale from 0 (*not at all*) to 4 (*very strong*). An additional wellbeing item (Item 24) asks clients to rate their overall wellbeing from 0 to 100, which is reported separately from the total score. This item correlates strongly with specific indicators of wellbeing for individuals with BPD, including self-perception, affect regulation, dysphoria, loneliness, and hostility (Bohus et al., 2007).

Clinical Utility of the BSL-23

The BSL-23 is commonly used in mental health settings to assess the severity of BPD symptomatology and monitor treatment progress. It is particularly useful in Dialectical Behaviour Therapy (DBT) programs, where it serves as a treatment monitoring tool to track symptom change over time. Unlike screening instruments designed solely to detect the presence of BPD, the BSL-23 was optimised to reflect levels and changes in severity of BPD symptomatology, making it well-suited for repeated administration throughout treatment. The scale's brevity, typically requiring approximately four minutes to complete, minimises respondent burden and allows for frequent administration without significant disruption to clinical sessions.

Individuals with high scores on the BSL-23 are more likely to have BPD and associated challenges with managing emotions, self-image, relationship issues, and general functioning in everyday life. The scale can inform treatment planning by identifying current symptom severity, tracking response to intervention, and providing empirical feedback to clients about their progress.

Psychometric Properties

Construct Validity

The BSL-23 demonstrates strong construct validity as a measure of BPD-specific symptomatology. Convergent validity is supported by high correlations with depression as measured by the Beck Depression Inventory ($r = .87$) and general severity of psychopathology as measured by the SCL-90-R Global Severity Index ($r = .89$; Bohus et al., 2009). In validation samples, BSL-23 severity grades showed large correlations with GSI scores ($\rho = .77$) and large correlations with the number of DSM BPD criteria ($\rho = .80$; Kleindienst et al., 2020).

Discriminant validity is demonstrated by the scale's excellent ability to distinguish BPD patients from healthy controls (ROC AUC = .997) and from individuals with other psychiatric conditions such as anxiety disorders, major

depression, and schizophrenia (ROC AUC = .85; Kleindienst et al., 2020). A BSL-23 score of 1.50 provides optimal discrimination between individuals with BPD and those with other clinical psychopathology, while a lower threshold of 0.64 provides optimal discrimination between individuals with BPD and healthy controls.

Internal Consistency and Test-Retest Reliability

The BSL-23 demonstrates excellent internal consistency, with Cronbach's $\alpha = .97$ in the original validation study (Bohus et al., 2009). Test-retest reliability is adequate ($r = .82$) within a one-week interval. These psychometric properties have been replicated across multiple international validation studies, including French ($\alpha = .94$; Nicastro et al., 2016), Spanish (Soler et al., 2013), and Chinese versions (Yang et al., 2018; Shen et al., 2023). The scale has translations available in over 18 languages (Kleindienst et al., 2020).

Factor Structure

The BSL-23 has a single-factor structure with one highly dominant eigenvalue, reflecting the unidimensional nature of BPD symptom severity (Bohus et al., 2009). This single-factor structure has been consistently replicated across international validation studies and supports the use of a total score for clinical interpretation.

Sensitivity to Change

The BSL-23 is sensitive to therapeutic change, showing meaningful reductions following evidence-based treatments including DBT (Bohus et al., 2009; Nicastro et al., 2016; Robinson et al., 2018). A Reliable Change Index (RCI) was calculated using the Jacobson-Truax method, based on the internal consistency of $\alpha = .97$ (Bohus et al., 2009) and the standard deviation of 0.86 from the treatment-seeking BPD sample (Kleindienst et al., 2020). A change of 0.41 average score points or more represents statistically reliable change at a 95% confidence level.

Normative Data and Reference Samples

Kleindienst et al. (2020) established normative data from a large multi-sample study ($N = 1,090$) to develop and validate a severity classification system for the BSL-23. Three independent samples are used to provide context for interpreting individual scores:

Healthy Control Sample (n = 356): Recruited from a local health survey and residents' registration office in Mannheim, Germany, this sample consisted of adults (282 female, 74 male) with no psychiatric disorder (lifetime), with a mean age of 27.68 years ($SD = 6.88$; range 18–55). The mean BSL-23 score was 0.12 ($SD = 0.17$), with 89% scoring in the "None/Low" range and 11% in the "Mild" range.

Clinical Control Sample (n = 176): This sample consisted of individuals with Axis I disorders including major depressive disorder, schizophrenia, anxiety disorders, and obsessive-compulsive disorder, but no BPD diagnosis. The mean BSL-23 score was 1.08 ($SD = 0.79$), with 59% scoring in the "None/Low" to "Mild" ranges and 18% in the "High" to "Very High" ranges.

Treatment-Seeking BPD Sample (n = 317): Recruited from patients applying for psychological therapy at the Central Institute of Mental Health Mannheim and associated hospitals, all participants met DSM-5 diagnostic criteria for BPD as established using the International Personality Disorder Examination. The mean BSL-23 score was 2.34 ($SD = 0.86$), with 70% scoring in the "High" to "Extremely High" ranges.

A visual comparison graph is provided in NovoPsych that displays the respondent's score relative to all three reference groups, allowing clinicians to contextualise individual scores against both non-clinical and clinical populations. The interquartile ranges (25th to 75th percentiles) for each sample are displayed alongside the respondent's score to illustrate the typical distribution within each reference group.

Scoring & Interpretation

BSL-23 Total Score

The average score of items (range 0 to 4) is calculated, with a higher score indicating greater impairment. The total average score is computed by summing responses to all 23 items and dividing by 23. Scores can be calculated for respondents who complete at least 21 of the 23 items.

Severity Classification

Six grades of symptom severity were defined by Kleindienst et al. (2020) based upon the distribution of scores in a large calibration sample of individuals with BPD ($n = 241$). The severity categories are based on standard deviation units from the mean score of the calibration sample:

None/Low	0 – 0.27	>2 SD below mean
Mild	0.28 – 1.06	1–2 SD below mean
Moderate	1.07 – 1.86	Mean to 1 SD below mean
High	1.87 – 2.66	Mean to 1 SD above mean
Very High	2.67 – 3.46	1–2 SD above mean
Extremely High	3.47 – 4.00	>2 SD above mean

Scores of 1.50 or higher indicate responses consistent with BPD, with empirical data showing this cut-off score discriminates between BPD patients and individuals with other clinical psychopathology. A lower threshold of 0.64 provides optimal discrimination between individuals with BPD and healthy controls.

BSL-23 Percentiles

Three percentile comparisons are provided, comparing the respondent's score to: (1) a healthy control group ($n = 356$; no history of psychopathology), (2) a clinical control group ($n = 176$; individuals with Axis I disorders but no BPD diagnosis), and (3) a BPD group ($n = 317$; met DSM-5 diagnostic criteria for BPD) from Kleindienst et al. (2020). A percentile of 50 means the client has scored at the typical level compared with the comparative group.

An average score of 1.50 corresponds to a percentile of 17 compared to the BPD group and a percentile above 99 compared to the healthy control group, indicating this score is typical for someone with BPD but extreme compared to someone without a psychiatric diagnosis.

Wellbeing Item

There is an additional question (Item 24) that provides an indication of the client's perspective on their overall wellbeing, but it is not included in the overall score. The rating on this last question (from 0 to 100) is strongly correlated with specific indicators of wellbeing for BPD patients, including self-perception, affect regulation, self-destruction, dysphoria, loneliness, intrusions, and hostility (Bohus et al., 2007).

Visual Outputs

On first administration, a bar graph displays the total average score with severity range bands for reference. A comparison graph is also presented showing the respondent's score relative to the BPD diagnosed group, the clinical control group, and those without any psychiatric diagnosis. On multiple administrations, a line graph tracks the total average score over time to visualise changes in symptom severity.

Supporting Information

Percentile Calculations

The BSL-23 comparison groups are derived from Kleindienst et al. (2020), who validated the BSL-23 severity classification in a multi-sample study of 1,090 adults. Three reference samples provide distinct clinical and normative reference data for interpreting scores.

The healthy control comparison group ($n = 356$) had a mean total score of 0.12 ($SD = 0.17$). The clinical control comparison group ($n = 176$) had a mean total score of 1.08 ($SD = 0.79$). The BPD comparison group ($n = 317$) had a mean total score of 2.34 ($SD = 0.86$). For each comparison group, the mean and standard deviation provide context for understanding where an individual client's score falls relative to healthy, clinical non-BPD, and BPD populations.

For each possible total average score value (ranging from 0 to 4), the corresponding z-score was calculated using the sample parameters:

$$z = (X - M) / SD$$

where X is the total average score. These z-scores were then converted to percentiles using the cumulative normal distribution function:

$$\text{percentile} = \Phi(z) \times 100$$

where Φ is the standard normal cumulative distribution function.

Percentile Table

Total				
Raw Score	Average Score	Healthy	Clinical Control	BPD Diagnosed
0	0.00	24	9	0.2
1	0.04	33	9	0.3
2	0.09	42	10	0.4
3	0.13	52	11	0.5
4	0.17	62	13	0.6
5	0.22	72	14	0.7
6	0.26	80	15	0.8
7	0.30	86	16	0.9
8	0.35	91	18	1
9	0.39	94	19	1.2
10	0.44	97	21	1.3
11	0.48	98	22	1.5
12	0.52	99	24	1.7



13	0.57	99.6	26	2
14	0.61	99.8	28	2.2
15	0.65	99.9	29	2.5
16	0.70	99.96	31	2.8
17	0.74	99.99	33	3.1
18	0.78	99.99	35	3.5
19	0.83	99.99	37	3.9
20	0.87	99.99	40	4.4
21	0.91	99.99	42	4.9
22	0.96	99.99	44	5.4
23	1.00	99.99	46	6
24	1.04	99.99	48	6.6
25	1.09	99.99	50	7.3
26	1.13	99.99	53	8
27	1.17	99.99	55	9
28	1.22	99.99	57	9.6
29	1.26	99.99	59	10
30	1.30	99.99	61	11
31	1.35	99.99	63	12
32	1.39	99.99	65	13
33	1.44	99.99	67	15
34	1.48	99.99	69	16
35	1.52	99.99	71	17
36	1.57	99.99	73	18
37	1.61	99.99	75	20
38	1.65	99.99	77	21
39	1.70	99.99	78	23
40	1.74	99.99	80	24
41	1.78	99.99	81	26
42	1.83	99.99	83	28



43	1.87	99.99	84	29
44	1.91	99.99	85	31
45	1.96	99.99	87	33
46	2.00	99.99	88	35
47	2.04	99.99	89	36
48	2.09	99.99	90	38
49	2.13	99.99	91	40
50	2.17	99.99	91.7	42
51	2.22	99.99	92	44
52	2.26	99.99	93	46
53	2.30	99.99	94	48
54	2.35	99.99	94.6	50
55	2.39	99.99	95	52
56	2.44	99.99	95.7	54
57	2.48	99.99	96	56
58	2.52	99.99	96.6	58
59	2.57	99.99	97	60
60	2.61	99.99	97.4	62
61	2.65	99.99	97.7	64
62	2.70	99.99	98	66
63	2.74	99.99	98.2	68
64	2.78	99.99	98.4	70
65	2.83	99.99	98.6	71
66	2.87	99.99	98.8	73
67	2.91	99.99	99	75
68	2.96	99.99	99.1	76
69	3.00	99.99	99.2	78
70	3.04	99.99	99.4	79
71	3.09	99.99	99.4	81
72	3.13	99.99	99.5	82

73	3.17	99.99	99.6	83
74	3.22	99.99	99.7	85
75	3.26	99.99	99.8	86
76	3.30	99.99	99.9	87
77	3.35	99.99	99.91	88
78	3.39	99.99	99.92	89
79	3.44	99.99	99.93	90
80	3.48	99.99	99.94	91
81	3.52	99.99	99.95	91.5
82	3.57	99.99	99.96	92
83	3.61	99.99	99.97	93
84	3.65	99.99	99.98	93.6
85	3.70	99.99	99.99	94
86	3.74	99.99	99.99	94.8
87	3.78	99.99	99.99	95
88	3.83	99.99	99.99	95.8
89	3.87	99.99	99.99	96
90	3.91	99.99	99.99	96.6
91	3.96	99.99	99.99	97
92	4.00	99.99	99.99	97.3

Interpretive Text

The interpretive report for the BSL-23 is constructed from several components that are conditionally displayed based on the client's scores and assessment history. The report follows a structured format designed to provide clinicians with meaningful insights into the client's borderline symptom profile.

Initial vs. Repeat Administration

If this is the first administration, the report begins with:

"The Borderline Symptom List (BSL-23) was administered on [date]."

If the client has completed the BSL-23 previously, the report begins with a comparison of current results to previous scores:

"The Borderline Symptom List (BSL-23) was administered on [current date]. Since the client completed the initial BSL-23 on [initial date] ([days] days ago), the client's total average score has [increased/decreased/remained stable] by [X.XX] average score points (based on a Reliable Change Index of 0.41), [moving from [previous category] to [current category]/remaining in the [category] range]."

Total Score Interpretation

The report includes an interpretation of the total BSL-23 score with integrated cutoff information.

If score meets or exceeds 1.50 threshold:

"The client obtained a total average score of [X.XX] out of a possible 4.00. This score [meets/exceeds] the clinical screening threshold and falls at the [XX]th percentile compared to a non-clinical sample and the [XX]th percentile compared to individuals with diagnosed BPD."

- "meets" is used when score = 1.50 exactly
- "exceeds" is used when score > 1.50
- The meets/exceeds text is displayed in **orange**

If score is below 1.50 threshold:

"The client obtained a total average score of [X.XX] out of a possible 4.00. This score falls below the clinical screening threshold and is at the [XX]th percentile compared to a non-clinical sample and the [XX]th percentile compared to individuals with diagnosed BPD."

Severity Category Interpretations

The interpretation text varies based on the severity categories established by Kleindienst et al. (2020). For Moderate through Extremely High severity levels, the report displays the client's top symptom areas dynamically. Each symptom area includes the item number in italics, and related items are grouped together thematically.

None/Low (average score 0 – 0.27):

"This indicates minimal to no borderline-typical symptomatology. The client reports few difficulties across the domains assessed by the BSL-23, including emotional regulation, self-perception, and interpersonal functioning. Whilst some transient borderline-typical experiences may occur, these are not present at a level consistent with borderline presentations. This response pattern is typical for individuals without significant personality-related difficulties."

Mild (average score 0.28 – 1.06):

"This indicates mild borderline-typical symptoms, with the client reporting low-level difficulties. Whilst these symptoms fall below the clinical screening threshold, they may reflect responses to current life stressors, subclinical personality features, or comorbid mood or anxiety presentations. Monitoring over time may help clarify whether these represent transient difficulties or an emerging pattern."

If two or more individual items are scored 3 or 4 despite the total falling in the Mild range, the following text is added, displaying the 2 highest scoring symptom areas:

"Even though the total score is in the mild range, elevated responses to certain symptom areas are noted such as [symptom area 1] (*item X*) and [symptom area 2] (*item X*)."

Moderate (average score 1.07 – 1.86):

"This indicates moderate borderline-typical symptoms. The client reports notable difficulties across multiple symptom areas characteristic of borderline presentations. These include [top 4 symptom areas with item numbers]. While this level indicates that symptom burden is present, some individuals scoring in this range may not meet full diagnostic criteria for BPD."

High (average score 1.87 – 2.66):

"This indicates significant borderline-typical symptomatology. The client reports substantial difficulties that are characteristic of borderline personality presentations, including [top 5 symptom areas with item numbers]. At this severity level, individuals often experience considerable impairment in daily functioning and relationships."

Very High (average score 2.67 – 3.46):

"This indicates severe borderline-typical symptomatology. The client reports pervasive difficulties across nearly all symptom areas. These include [top 6 symptom areas with item numbers]."

Extremely High (average score 3.47 – 4.00):

"This indicates extremely high borderline-typical symptomatology, reflecting pervasive and intense distress across all domains assessed. The client reports difficulties across nearly all symptom areas, these include [top 7 symptom areas with item numbers]. This severity of symptoms is associated with substantial functional impairment and elevated risk."

Example output:

[The Borderline Symptom List (BSL-23) was administered on 11 December 2024.

The client obtained a total average score of 3.65 out of a possible 4.00. This score **exceeds** the clinical screening threshold and falls at the 99th percentile compared to a non-clinical sample and the 94th percentile compared to individuals with diagnosed BPD. This indicates high borderline-typical symptomatology, reflecting pervasive and intense distress across all domains assessed. The client reports difficulties across nearly all symptom areas, these include concentration difficulties (*item 1*), helplessness (*item 2*), dissociative experiences including absent-mindedness (*item 3*) and detachment from self (*item 22*), feelings of disgust (*item 4*), self-harm related concerns including thoughts of self-harm (*item 5*) and doubts about one's right to live (*item 7*), and mistrust of others (*item 6*). This severity of symptoms is associated with substantial functional impairment and elevated risk.

Critical Item Responses: The client has endorsed responses to some self-harm related items, it is recommended to follow suicide risk assessment protocols to determine the severity and immediacy of the risk. Items include:

18. I thought of hurting myself (*Very Strong*)
19. I didn't believe in my right to live (*Very Strong*)
20. I wanted to punish myself (*Much*)
21. The idea of death had a certain fascination for me (*Rather*)

The client rated their overall wellbeing over the past week as 15%. This reflects very poor subjective wellbeing, suggesting the client is experiencing significant distress and impairment in their quality of life.]

Dynamically adjusting item descriptions/symptom areas:

To improve the readability of the item descriptions/symptom areas, these are dynamically adjusted i.e., "...these include concentration difficulties (*item 1*), helplessness (*item 2*), absent-mindedness (*item 3*), feelings of disgust (*item 4*), self-harm related concerns including thoughts of self-harm (*item 5*) and doubts about one's right to live (*item 7*), and mistrust of others (*item 6*)."

This is done using the below mapping system:

Symptom Area Mapping (23 items):

Item	Symptom Area Description
1	concentration difficulties
2	helplessness
3	absent-mindedness
4	feelings of disgust
5	thoughts of self-harm
6	mistrust of others
7	doubts about one's right to live
8	loneliness
9	inner tension
10	frightening intrusive images
11	self-hatred
12	urges toward self-punishment
13	shame
14	rapid mood cycling
15	internal or external voices/noises
16	sensitivity to criticism
17	vulnerability
18	preoccupation with death
19	sense of meaninglessness
20	fear of losing control
21	self-disgust
22	detachment from self
23	worthlessness

Thematic Groupings (when 2+ items from same group appear in top items):

Group	Items	Prefix
Self-image	11, 13, 21, 23	difficulties with self-image such as
Inner experience	9, 17	(joined with "and")
Dissociation	3, 22	dissociative experiences including
Self-harm	5, 7, 12, 18	self-harm related concerns including
Interpersonal	6, 8	interpersonal difficulties such as
Cognitive/Perceptual	1, 10, 15	cognitive and perceptual difficulties including

Critical Item Flag (Conditional)

If Items 5, 7, 12, or 18 (self-harm and suicidal ideation items) are scored 1, 2, 3 or 4:

"Critical Item Responses: The client has endorsed responses to some self-harm related items, it is recommended to follow suicide risk assessment protocols to determine the severity and immediacy of the risk. Items include:

- 5. I thought of hurting myself (*A little*)
- 7. I didn't believe in my right to live (*Rather*)
- 12. I wanted to punish myself (*Much*)
- 18. The idea of death had a certain fascination for me (*Very Strong*)"

Wellbeing Statement

The report includes the client's self-rated overall wellbeing from Item 24:

"The client rated their overall wellbeing over the past week as [score]%. [Contextual interpretation based on score level]."

Contextual interpretations:

- 0-20%: "This reflects very poor subjective wellbeing, suggesting the client is experiencing significant distress and impairment in their quality of life."
- 21-40%: "This reflects poor subjective wellbeing, suggesting the client is experiencing considerable distress that is likely impacting their daily functioning."
- 41-60%: "This reflects moderate subjective wellbeing, suggesting the client is experiencing mixed or fluctuating quality of life."
- 61-80%: "This reflects adequate subjective wellbeing, suggesting the client maintains reasonable quality of life despite any symptoms present."
- 81-100%: "This reflects good to excellent subjective wellbeing, suggesting the client perceives their overall quality of life positively."

In case there is a large discrepancy between this item and their overall level:

High wellbeing (80% and above) + High severity (High/Very High/Extremely High):

"Notably, this positive wellbeing rating contrasts with the elevated symptom severity, which may warrant further exploration of the client's insight, coping style, or current stabilising factors."

Low wellbeing (20% and lower) + Low severity (None/Low or Mild):

"Notably, this low wellbeing rating contrasts with the minimal borderline-typical symptoms reported, suggesting the client's distress may stem from factors outside the domains assessed by the BSL-23."

Example: "The client rated their overall wellbeing over the past week as 20%. This reflects very poor subjective wellbeing, suggesting the client is experiencing significant distress and impairment in their quality of life. Notably, this low wellbeing rating contrasts with the minimal borderline-typical symptoms reported, suggesting the client's distress may stem from factors outside the domains assessed by the BSL-23."

Developer

Bohus, M., Kleindienst, N., Limberger, M. F., Stieglitz, R.-D., Domsalla, M., Chapman, A. L., Steil, R., Philipsen, A., & Wolf, M. (2009). The short version of the Borderline Symptom List (BSL-23): Development and initial data on psychometric properties. *Psychopathology*, 42(1), 32–39. <https://doi.org/10.1159/000173701>

References

Bohus, M., Limberger, M. F., Frank, U., Chapman, A. L., Kühler, T., & Stieglitz, R.-D. (2007). Psychometric properties of the Borderline Symptom List (BSL). *Psychopathology*, 40(2), 126–132. <https://doi.org/10.1159/000098493>

Bohus, M., Kleindienst, N., Limberger, M. F., Stieglitz, R.-D., Domsalla, M., Chapman, A. L., Steil, R., Philipsen, A., & Wolf, M. (2009). The short version of the Borderline Symptom List (BSL-23): Development and initial data on psychometric properties. *Psychopathology*, 42(1), 32–39. <https://doi.org/10.1159/000173701>

Kleindienst, N., Jungkunz, M., & Bohus, M. (2020). A proposed severity classification of borderline symptoms using the borderline symptom list (BSL-23). *Borderline Personality Disorder and Emotion Dysregulation*, 7, 11. <https://doi.org/10.1186/s40479-020-00126-6>

Nicastro, R., Prada, P., Kung, A. L., Salamin, V., Dayer, A., Aubry, J. M., Guenot, F., & Perroud, N. (2016). Psychometric properties of the French borderline symptom list, short form (BSL-23). *Borderline Personality Disorder and Emotion Dysregulation*, 3(1), 4. <https://doi.org/10.1186/s40479-016-0038-0>

Robinson, S., Lang, J. E., Hernandez, A. M., Holz, T., Cameron, M., & Brannon, B. (2018). Outcomes of dialectical behavior therapy administered by an interdisciplinary team. *Archives of Psychiatric Nursing*, 32(4), 512–516. <https://doi.org/10.1016/j.apnu.2018.02.009>

Shen, J. E., Huang, Y. H., Huang, H. C., Chen, Y. L., Yen, C. F., & Ko, C. H. (2023). Psychometric properties of the Chinese Mandarin version of the Borderline Symptom List, short form (BSL-23) in suicidal adolescents. *Borderline Personality Disorder and Emotion Dysregulation*, 10, 23. <https://doi.org/10.1186/s40479-023-00230-3>

Soler, J., Vega, D., Feliu-Soler, A., Trujols, J., Soto, Á., Elices, M., Ortiz, C., Pérez, V., Bohus, M., & Pascual, J. C. (2013). Validation of the Spanish version of the borderline symptom list, short form (BSL-23). *BMC Psychiatry*, 13, 139. <https://doi.org/10.1186/1471-244X-13-139>

Yang, H., Lei, X., Zhong, M., Zhou, Q., Ling, Y., Jungkunz, M., & Yi, J. (2018). Psychometric properties of the Chinese version of the brief borderline symptom list in undergraduate students and clinical patients. *Frontiers in Psychology*, 9, 605. <https://doi.org/10.3389/fpsyg.2018.00605>

Zanarini, M. C., Gunderson, J. G., Frankenburg, F. R., & Chauncey, D. L. (1989). The revised diagnostic interview for borderlines: Discriminating BPD from other axis II disorders. *Journal of Personality Disorders*, 3(1), 10–18. <https://doi.org/10.1521/pedi.1989.3.1.10>

Assessment Questions

BSL-23 Response options:


0 = not at all, 1 = a little, 2 = rather, 3 = much, 4 = very strong

BSL-23 Instructions:

In the course of last week...

1. It was hard for me to concentrate
2. I felt helpless
3. I was absent-minded and unable to remember what I was actually doing
4. I felt disgust
5. I thought of hurting myself
6. I didn't trust other people
7. I didn't believe in my right to live
8. I was lonely
9. I experienced stressful inner tension
10. I had images that I was very much afraid of
11. I hated myself
12. I wanted to punish myself
13. I suffered from shame
14. My mood rapidly cycled in terms of anxiety, anger, and depression
15. I suffered from voices and noises from inside or outside my head
16. Criticism had a devastating effect on me
17. I felt vulnerable
18. The idea of death had a certain fascination for me
19. Everything seemed senseless to me
20. I was afraid of losing control
21. I felt disgusted by myself
22. I felt as if I was far away from myself
23. I felt worthless

Sample Result



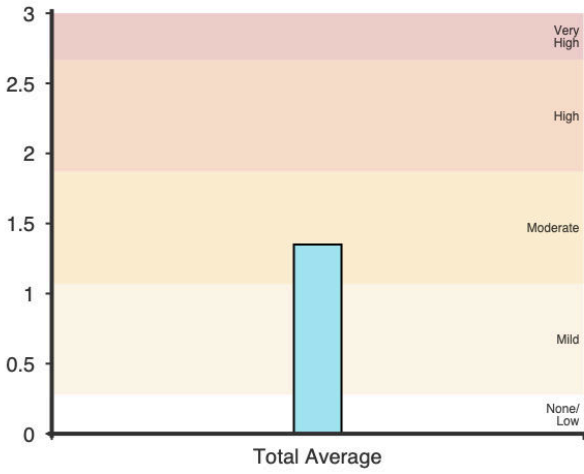
Assessment powered by **NovoPsych**

Borderline Symptom List (BSL-23)					
<i>Client Name</i>	Generic Client	<i>Date administered</i>	4 Dec 2025		
<i>Date of birth (age)</i>	1 Jan 1999 (26)	<i>Time taken</i>	2 min 39s		
<i>Assessor</i>	Dr Emerson Bartholomew				


Results					
	Average (0-4)	Non-Clinical Percentile	BPD Percentile	Descriptor	Above Cutoff?
Score	1.35	99.9	12.4	Moderate	No

The respondent indicated risk of self-harm. It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.

BSL-23 Total Average Score



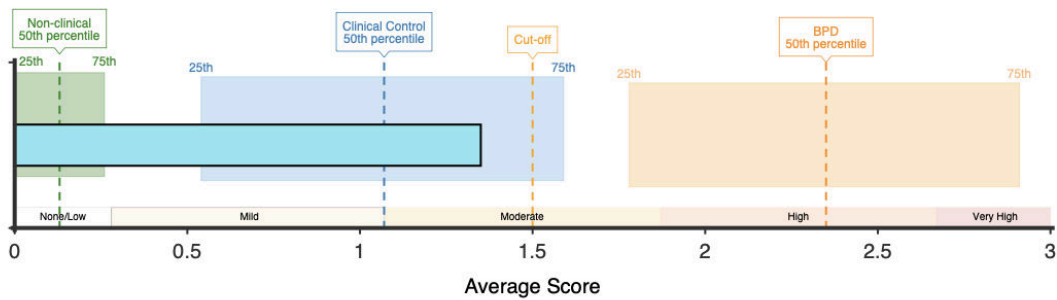
Risk Level	Score Range
None/Low	0 - 0.5
Mild	0.5 - 1.0
Moderate	1.0 - 1.5
High	1.5 - 2.5
Very High	2.5 - 3.0



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Client Name	Generic Client
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BSL-23 Total Average Score in Comparison to Non-clinical, Clinical Control, and BPD Distributions



Interpretation

The Borderline Symptom List (BSL-23) was administered on 4 December 2025. The client obtained a total average score of 1.35 out of a possible 4.00. This score falls below the clinical screening threshold and is at the 99th percentile compared to a non-clinical sample and the 12th percentile compared to individuals with diagnosed BPD. This indicates moderate borderline-typical symptoms. The client reports notable difficulties across multiple symptom areas characteristic of borderline presentations. These include concentration difficulties (*item 1*), helplessness (*item 2*), absent-mindedness (*item 3*), and inner tension (*item 9*). While this level indicates that symptom burden is present, some individuals scoring in this range may not meet full diagnostic criteria for BPD.

Risk of Self-harm or Suicide

The respondent indicated risk of self-harm or suicide based upon the following items:

- 5. I thought of hurting myself (A little)
- 12. I wanted to punish myself (A little)

It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.

The client rated their overall wellbeing over the past week as 30%. This reflects poor subjective wellbeing, suggesting the client is experiencing considerable distress that is likely impacting their daily functioning.

Scoring and Interpretation Information

The average score of items (range 0 to 4) is calculated, with a higher score indicating greater impairment. The total average score is computed by summing responses to all 23 items and dividing by 23. Scores can be calculated for respondents who complete at least 21 of the 23 items.

Six grades of symptom severity were defined by Kleindienst et al. (2020) based upon the distribution of scores in a large calibration sample of individuals with BPD (n = 241). The severity categories are based on standard deviation units from the mean score of the calibration sample:

Client Name	Generic Client
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- None/Low: 0 - 0.27
- Mild: 0.28 - 1.06
- Moderate: 1.07 - 1.86
- High: 1.87 - 2.66
- Very High: 2.67 - 3.46
- Extremely High: 3.47 - 4

Scores of 1.50 or higher indicate responses consistent with BPD, with empirical data showing this cut-off score discriminates between BPD patients and individuals with other clinical psychopathology. A lower threshold of 0.64 provides optimal discrimination between individuals with BPD and healthy controls.

Three percentile comparisons are provided, comparing the respondent's score to: (1) a healthy control group (n = 356; no history of psychopathology), (2) a clinical control group (n = 176; individuals with Axis I disorders but no BPD diagnosis), and (3) a BPD group (n = 317; met DSM-5 diagnostic criteria for BPD) from Kleindienst et al. (2020). A percentile of 50 means the client has scored at the typical level compared with the comparative group.

An average score of 1.50 corresponds to a percentile of 17 compared to the BPD group and a percentile above 99 compared to the healthy control group, indicating this score is typical for someone with BPD but extreme compared to someone without a psychiatric diagnosis.

There is an additional question (Item 24) that provides an indication of the client's perspective on their overall wellbeing, but it is not included in the overall score. The rating on this last question (from 0 to 100) is strongly correlated with specific indicators of wellbeing for BPD patients, including self-perception, affect regulation, self-destruction, dysphoria, loneliness, intrusions, and hostility (Bohus et al., 2007).

On first administration, a bar graph displays the total average score with severity range bands for reference. A comparison graph is also presented showing the respondent's score relative to the BPD diagnosed group, the clinical control group, and those without any psychiatric diagnosis. On multiple administrations, a line graph tracks the total average score over time to visualise changes in symptom severity.

Client Responses

		Not at all	A little	Rather	Much	Very strong
1	It was hard for me to concentrate	0	1	2	3	4
2	I felt helpless	0	1	2	3	4
3	I was absent-minded and unable to remember what I was actually doing	0	1	2	3	4



Client Name	Generic Client
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Client Responses (cont.)

		Not at all	A little	Rather	Much	Very strong
4	I felt disgust	0	1	2	3	4
5	I thought of hurting myself	0	1	2	3	4
6	I didn't trust other people	0	1	2	3	4
7	I didn't believe in my right to live	0	1	2	3	4
8	I was lonely	0	1	2	3	4
9	I experienced stressful inner tension	0	1	2	3	4
10	I had images that I was very much afraid of	0	1	2	3	4
11	I hated myself	0	1	2	3	4
12	I wanted to punish myself	0	1	2	3	4
13	I suffered from shame	0	1	2	3	4
14	My mood rapidly cycled in terms of anxiety, anger, and depression	0	1	2	3	4
15	I suffered from voices and noises from inside and/or outside my head	0	1	2	3	4
16	Criticism had a devastating effect on me	0	1	2	3	4
17	I felt vulnerable	0	1	2	3	4
18	The idea of death had a certain fascination for me	0	1	2	3	4
19	Everything seemed senseless to me	0	1	2	3	4
20	I was afraid of losing control	0	1	2	3	4
21	I felt disgusted by myself	0	1	2	3	4
22	I felt as if I was far away from myself	0	1	2	3	4



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Client Name | Generic Client

Client Responses (cont.)

		Not at all		A little		Rather		Much		Very strong		
		0	1		2		3		4			
23	I felt worthless											
24	Now we would like to know in addition the quality of your overall personal state in the course of the last week. 0% means absolutely down, 100% means excellent. Please check the percentage which comes closest.	Very Bad 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100% Exce llent
		0	10	20	30	40	50	60	70	80	90	100