

## **SELF-EVALUATION FORM TO DETECT REJECTION OF SUFFERING**

1. What was the highest amount of distress that I felt today, from 0 to 5, with 5 being the most I could possibly suffer from having this condition?
2. Did I fall into self-pity or bitterness about having this illness today? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Were there any signs of rejecting my suffering today? Yes \_\_\_\_\_ No \_\_\_\_\_  
What were they? \_\_\_\_\_
4. Did I use the self-dialogue, imagery, symbolic gesture, or other technique I learned in treatment to manage my suffering? Yes \_\_\_\_\_ No \_\_\_\_\_ Which one did I use?
5. Did I accept the fact that I will suffer from having this illness today? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did I hate my illness or make it a normal part of my existence? \_\_\_\_\_
6. Did I endure my suffering from having this illness? Yes \_\_\_\_\_ No \_\_\_\_\_ Did I endure the losses, pain, and deprivation that comes from having this disease?
7. Did I feel proud of myself for how well I withstood the unpleasantness from having my illness?  
Yes \_\_\_\_\_ No \_\_\_\_\_