

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 (e.g., illness)? _____
2. Did I fall into self-pity or bitterness about having this illness today? Yes _____ No _____ What were the signs of rejecting my suffering today? _____
3. Did I accept the fact that I will suffer from having this disease? Yes _____ No _____ Did I hate my illness or make it a part of my life, a normal part of my existence? _____
4. 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? _____
5. Did I feel proud of myself for how well I withstood the unpleasantness from having my illness? Yes _____ No _____
6. What techniques did I use to help me assimilate my suffering into my life? Rate how effective those techniques were from 0 to 5, with 5 being extremely helpful.
 - a. Self-talk; Rating _____
 - b. Imagery; Rating _____
 - c. Symbolic gesturing; Rating _____
 - d. Anchoring; Rating _____
 - e. Anything else: _____; Rating _____