

What it feels like: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fears I've battled with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How emotionally it feels: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have seen at least ( ) many doctors: \_\_\_\_\_

I have been to the hospital at least ( ) many times: \_\_\_\_\_

Most hurtful things said to me: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How you can be supportive: \_\_\_\_\_  
\_\_\_\_\_

I have a story to tell.

Please take the time to read this in its entirety.

