## **Finding the Words**



Fill in the blanks. Circle or underline the words listed or use the blank space to write your own words. When you are finished, please return this to me or the staff you're most comfortable sharing this letter with.

Dear \_\_\_\_\_,

**For the past** (day / week / month / year /\_\_\_\_\_), **I have been feeling** (unlike myself / sad / angry / nervous / moody / irritated / lonely / hopeless / afraid / overwhelmed / confused / stressed /empty / restless /difficulty getting out of bed or doing everyday tasks /\_\_\_\_\_\_).

I have had a hard time with (dialysis / changes to my lifestyle / changes caused by COVID-19 / changes in appetite / changes in weight / loss of interest in things I used to enjoy / hearing things that were not there/seeing things that were not there / little energy / concentrating / alcohol or drug use / skipping meals/over-eating / feeling like a burden / uncontrollable thoughts / nightmares / not sleep-ing enough / sleeping too much / losing friends and/or family / isolation / feeling out of control / thoughts of self-harm / separation/divorce / death of a loved one / ).

**Telling you this makes me feel** (nervous / hopeful / embarrassed / relieved / in control / self-conscious / out of control / \_\_\_\_\_\_\_), **but I'm telling you this because** (I'm worried / it is impacting my health / I am afraid / I don't want to feel like this / I don't know what to do / I don't have anyone else to talk to about this/\_\_\_\_\_\_).

I would like to (talk more about this later / create a plan to get better / have more support /\_\_\_\_\_) and I would like your help.

Thank you,

(Print your name\_\_\_\_\_

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