



8. Date of admission (if applicable): \_\_\_\_\_

9. Brief outline of events up to hospital admission (if applicable)

10. What help and support was offered to you once you had been diagnosed?

11. What information about Korsakoffs/alcohol related brain damage were you given?

**Carenza Care**

12. What support and/or help were your family offered?

13. How long were you in contact with Carenza Care?

14. Please tell us about your experience with Carenza Care.

15. In what way did Carenza Care help you?

16. Is there anything that Carenza care did not offer that would've been helpful to you?

17. Why did you leave Carenza Care? (if applicable)

### Life After Carenza Care

18. How would you describe your life now?

19. What support/help do you receive now?

20. Are you able to get help or support quickly if you need it?

21. Is there any support and/or help that is **not** currently available to you that would have a significant positive impact on you?

What key messages would you like to give to health and social care professionals about people with Korsakoffs/alcohol related brain damage and how best to help them?

1.

2.

3.

**Thank you very much for completing this questionnaire.**