THE KEYS PROJECT

The KEYS Project
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SUPPORTED & CONTROLLED ALCOHOL REDUCTION:

Nutritional Needs Questionnaire

	Yes	No
Diet Are you eating LESS than one meal every day?	☐	☐
Weight Has there been significant weight loss in the last few months?	☐	☐
Memory Do you have episodes of confusion or problems with your memory?	☐	☐
Vomiting Are you retching or vomiting most days?	☐	☐
Neurological symptoms Do you have regular pins and needles, numbness or balance problems?	☐	☐

IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, SEEK MEDICAL ADVICE AS TO WHETHER THE CLIENT NEEDS VITAMINS BY INJECTION.