

## SNAP Patient Questionnaire

Dear Patient,

Following the introduction of the new paracetamol overdose treatment regime (SNAP), we would like to ask you how you found your stay and treatment here on the A&E ward at Oldham.

This questionnaire is completely anonymous and the answers are kept confidential. Completing it should take no longer than 5 minutes.

Your feedback is very valuable to us and will help us to improve the service in the future.

**1. On the scale from 0 (not at all satisfied) to 10 (completely satisfied) how satisfied are you with (please circle your answer):**

**A. Care received in the A&E department (before admitting to the ward)**

1      2      3      4      5      6      7      8      9      10

**B. Care received in the A&E ward**

1      2      3      4      5      6      7      8      9      10

**C. Care received by the mental health team (if applicable):**

1      2      3      4      5      6      7      8      9      10

**D. Overall care received**

1      2      3      4      5      6      7      8      9      10

**What did we do well?** .....

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**What could we do better?** .....

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2. In relation to the antidote given to you in a drip:

A. Did you experience side effects like:

- feeling sick
- skin itching, swelling or redness
- other (please describe): .....
- vomiting
- pain in site of injection

B. Did the antidote treatment have to be stopped earlier than anticipated for any reason:

- yes (why?):.....
- no

3. If you were seen by the mental health team:

A. Were you seen by the mental health team:

- during antidote infusion before it was finished
- soon after antidote was finished – same day
- you had to wait several hours after antidote was finished
- you had to wait overnight

B. Would you rather be seen by the mental health team sooner, later than you were or it would have made no difference to you?

- sooner
- no difference
- later

4. If you have any other comments regarding your stay in the A&E ward or regarding this questionnaire, please write them below:

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5. About you:

A. Your age:

- 18-25
- 26-35
- 36-45
- 46-65
- over 65
- prefer not to say

B. Your sex:

- male
- female
- other/prefer not to say

Thank you for completing this questionnaire. Please seal it in the envelope provided and hand it to a member of the nursing staff.