

Appendix 1

Teledermatology Patient Survey – Real-time Interactive Modality

1. I have confidence that the doctor can help me by using teledermatology.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

2. Teledermatology was more convenient than having to travel to the clinic to see the doctor.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

3. I am concerned about my privacy when teledermatology is used.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

4. I felt comfortable with the telemedicine equipment used.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

5. There were technical problems that made it difficult for me to hear or see the doctor.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

6. I would rather have a teledermatology consult than go to see the doctor.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

7. Overall, I am satisfied with the teledermatology consult process.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**