

## Teledermatology Patient Survey – Store-and-forward Modality

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

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

2. I am satisfied with the time it took for me to learn about the results of my teledermatology consult.

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

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

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

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

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

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

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

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

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