Tele-dermatology

Patient Satisfaction Questionnaire

**1. Were you satisfied with how the doctor took your consent and explained what would happen?**

☐ Yes

☐ No

Space for comments…………………………………………………….

**2. How did your GP obtain photographs of your skin?**

☐ Digital Camera

☐ Personal Smartphone

☐ Using photos from your smartphone

☐ Tablet device

☐ Other (please specify)……………………………………..

**3. Did you feel comfortable with having your photograph taken in the surgery?**

☐ Yes

☐ No

Space for comments…………………………………………………….

**4. Overall, do you feel that using this service has helped you to get better?**

☐ Strongly agree

☐ Agree

☐ Not sure

☐ Disagree

☐ Strongly disagree

**5. Please include any further comments or suggestions below:**

**…………………………………………………………………………………………………………………………………………………………**