

Dermatology Services Questionnaire

1. Which clinic are you attending?

2. Are you...? (Please select one)

A patient of the service ☐

A carer of a patient ☐

A member of staff ☐

3. Is this a first appointment or a follow-up appointment?

First appointment ☐

Follow-up appointment ☐

4. How far have you travelled today?

Less than a mile ☐

4-5 miles ☐

1-3 miles ☐

More than 5 miles ☐

5. Did you have any problems travelling to the clinic today? If yes, please expand on your answer.

No ☐

Yes ☐

6. Did you receive your appointment date when you expected? If no, please expand on your answer.

Yes ☐

No ☐

7. Is your clinic appointment time convenient for you? If no, please expand on your answer.

Yes ☐

No ☐

8. Would you prefer an evening or weekend appointment? If yes, please expand on your answer.

No ☐

Yes ☐

9. How would you rate the quality of advice and guidance that you received about your condition?

Excellent ☐

Ok ☐

Good ☐

Poor ☐

Please expand on your answer _____

10. Have you used the telephone consultation service?

Yes ☐

No ☐

10a. If yes, how would you rate this element of the service?

Excellent ☐

Ok ☐

Good ☐

Poor ☐

Please expand on your answer _____

11. Would you be happy to receive a telephone consultation for elements of your care? For example, advice and guidance? If no, please tell us why.

Yes ☐

No ☐ _____

12. Would you like to see other health services provided in a community health setting?

Yes ☐

No ☐

12a. If yes, which services? _____

If you have any further comments about dermatology services, please write these below:

On request this questionnaire can be provided in different formats, such as large print, audio or Braille versions, and in other languages by calling 0800 218 2333