

Clinic Dermatology Survey for Rural Health

Thank you for participating in this 19-question **anonymous** survey. Your responses will help us understand the dermatological health needs in rural areas and improve healthcare services.

Your decision to participate in this study is completely voluntary. If you decide to not participate in this study, it will not affect the care or services to which you are entitled. Please contact the clinic with any questions you may have.

- I confirm that I am or above the age of 18 years old and wish to participate in the study.

A **dermatologist** is a specialist medical doctor who manages diseases related to skin, hair, and nails.

Section 1: Demographic Information

- **Age:**
 - 18-25
 - 26-35
 - 36-45
 - 46-55
 - 56-65
 - Over 65
- **Gender:**
 - Male
 - Female
 - Other (please specify): _____
- **Occupation:**
 - (please specify): _____
- **Education Level:**
 - Middle School Education
 - Some High School education
 - High School Diploma/GED
 - Some College education
 - Associate's Degree
 - Bachelor's Degree
 - Master's Degree
 - Other (please specify): _____

- **Combined Household Income per year:**

- Prefer not to say
- Less than \$30,000
- \$30,000-\$60,000
- \$60,000-\$90,000
- \$90,000-\$120,000
- More than \$120,000

Section 2: Dermatological Health

- **Have you ever been diagnosed with a skin condition?**

- Yes
- No

- **If yes, what condition(s) were you diagnosed with?**

- Acne
- Eczema
- Psoriasis
- Skin infections
- Skin cancer
- Other (please specify): _____

- **Have you experienced any of the following skin issues in the past year? (Check all that apply)**

- Itching
- Redness
- Swelling
- Rash
- Dryness
- Other (please specify): _____

- **How often do you experience skin issues?**

- Daily
- Weekly
- Monthly
- Rarely
- Never

Section 3: Access to Dermatological Care

- **How do you typically travel to your appointments?**
 - Car
 - Walk
 - Bike
 - Friend/family member
 - Public transportation
 - Healthcare services
- **Have you ever been referred out to a dermatologist for treatment?**
 - Unsure
 - Yes
 - No
- **How far is the nearest dermatology office from your home?**
 - Unsure
 - Less than 5 miles
 - 5-15 miles
 - 15-30 miles
 - 30-45 miles
 - Over 45 miles
- **Do you have access to a dermatologist in your area?**
 - Unsure
 - Yes
 - No
- **If yes, how often do you visit the dermatologist?**
 - Regularly (at least once a year)
 - Occasionally (when needed)
 - Rarely (only in emergencies)
 - Never
- **If no, what are the main barriers to accessing dermatological care? (Check all that apply)**
 - Distance to healthcare facility
 - Cost of treatment
 - Lack of specialists in the area
 - Lack of transportation
 - Unsure when to see a dermatologist
 - Other (please specify): _____

Section 4: Treatment and Prevention

- **What preventive measures, if any, do you regularly use?** (Check all that apply)
 - Regular moisturizing
 - Regular face-washing
 - Using sunscreen
 - Regular skin checks
 - Topical antioxidants
 - Other (please specify): _____
- **What types of treatment have you used for skin conditions?** (Check all that apply)
 - Over-the-counter creams/ointments
 - Prescription medication
 - Home remedies
 - Alternative medicine
 - None
- **How effective do you find these treatments?**
 - Very effective
 - Somewhat effective
 - Not effective
 - N/A

Section 5: Health Education and Information

- **Where do you get most of your information about skin health?** (Check all that apply)
 - Healthcare providers
 - Social Media
 - Internet-based searches
 - Television/Radio
 - Community health workers
 - Friends/Family
 - Other (please specify): _____

Thank you for completing this survey. Your responses are valuable and will contribute to improving dermatological healthcare services in rural areas. Please contact the clinic with any further questions.