Massachusetts General Hospital
Dermatology

Sample of e-visit survey questions

Overall, how has your acne been since your last visit?
- Better
- The same
- Worse

Where is your acne (check all that apply)?
Select all that apply. If none apply, select "None of the above".
- Face
- Upper chest
- Upper back
- Other
- None of the above

Please upload 3 or more images of your acne. If possible, also load into Patient Gateway, (optional)
Here is a guide for taking photos: https://www.dermnetnz.org/assets/Uploads/ATA-Teledermatology-poster.pdf
- Stand in a well-lit room (natural lighting is preferable).
- If possible, ask a friend or family member to take the photos
- Include at least 3 images
- Include images from a distance to show where rash is located
- Include close-ups to show texture/quality of rash
Total size of all uploads is limited to 8 megabytes. You may upload JPEG, PNG, GIF, or PDF files.

Are you experiencing any of the following?
Select all that apply. If none apply, select "None of the above".
- Dryness or rash involving eyes, lips, nose (including nosebleeds), skin?
- Changes in night vision
- Mood changes
- Unusual muscle aches or joint pains
- Any gastrointestinal issues like stomach upset, nausea/vomiting, diarrhea, blood in stool, change in appetite?
- Other
- None of the above
Have you missed any doses of your medication?

- Yes
- No

Are you a woman of child-bearing potential?

- Yes
- No

Note: If you are female on Accutane, you are considered "woman of child-bearing potential," so click YES. This has to do with the negative pregnancy test in iPledge.

If you have any questions or concerns not addressed above, please enter here. If you have any urgent questions/concerns, please call our office at 617-726-2914 (Optional)

Be sure to add any explanatory details here if you didn’t have room to explain above!

The bottom has a reminder to get LABS (if applicable)