## Annex 1 Questionnaire

- 1. Have you ever had the opportunity to use the Teledentistry in your practice? ( ) Yes ( )No.
- 2. The use of Teledentistry will update your knowledge? ( ) Yes ( ) No.
- 3. The use of Teledentistry prevents the patient transfer? ( ) Yes ( ) No.
- 4. Your relations with patients would be less humanized because of Teledentistry? ( ) Yes ( ) No.
- 5. Teledentistry help your decision making? ( ) Yes ( )No.
- 6. Into patients, they would accept the use of Teledentistry? () Yes ( ) No.
- 7. The dentists would approve the use of Teledentistry? ( ) Yes ( )No
- 8. The managers of your institution encourage use of Teledentistry? () Yes () No.

9. What factors could hinder the use of Teledentistry in your practice? ( ) Time required; () quality technology; () Clinical resistance; () unavailability of consultants, () lack of qualified human resources; () Does not technological availability; () inadequate remuneration; () High costs, () the complexity of the cases; ( )others.

- 10. Who uses the Teledentistry in their practice demonstrates innovative spirit? ( ) Yes ( )No.
- 11. The fact of using the Teledentistry is a proof of professional competence? ( ) Yes ( )No.
- 12. Demonstrates that the trader is concerned about the quality of care? ( ) Yes ( )No.
- 13. Do you consider yourself competent? ( ) Yes ( )No.
- 14. You are a concerned professional to provide quality care to their patients? ( ) Yes ( ) No.
- 15. Are you a person open to new ideas? ( ) Yes ( )No.
- 16. Have you had the opportunity to use the Teledentistry in your practice? ( ) Yes ( )No.
- 17. What information and communication technologies do you use? ( ) Computer; () Electronic database; ()
- Internet; () Electronic dossiers; () Tele information; () E-mail: () Other.

Annex 1: Questionnaire.