Data Reporting Template for AAD 8: Chronic Skin Conditions: Patient Reported Quality-of-Life

NOTE: This standardized template is intended for use by clinicians in order to successfully report this measure.

Patient Name:
Date of Birth (DOB):
MRN:

Performance Measure Description:
The percentage of patients 18 and older on date of encounter with a skin condition whose quality-of-life was assessed and documented within the 12-month measurement period.

1. What SINGLE skin condition listed below is the patient answering the quality-of-life assessment questions about?
   - Psoriasis
   - Dermatitis
   - Acne
   - Rosacea
   - Urticaria
   - Hidradenitis suppurativa
   - Alopecia
   - Vitiligo
   - Keloids
   - None of the Above

2. Date Ranges (mm/dd/yyyy):
   a. Date the quality-of-life assessment was completed: __________________

3. Quality-of-Life Skin Assessment Questionnaire:
   NOTE: All three (3) questions must be completed in order to successfully report this measure. Response choices for each of the three items must range from 0-6.

   0 1 2 3 4 5 6
   Not at all bothered-----------------------------------------------Very severely bothered

For more information, see: aad.org/MIPS
PATIENT RESPONDED TO THESE QUESTIONS:
During the past week, how often have you been bothered:
   a. By the **SYMPTOMS** from your skin condition (for example, itching, burning, stinging or hurting)?
      Score: _____
   b. **EMOTIONALLY** by this skin condition (for example, worry, embarrassment, frustration, annoyance, or depression)? Score: _____
   c. By the effects of this skin condition on your **ACTIVITIES** (for example, interacting with friends and family, showing affection, working or doing what you enjoy)? Score: _____

4. **Care Plan (Yes/No):**
   a. Was shared decision-making between patient and doctor regarding how symptoms, emotions, and activities are impacting the QOL of patient discussed and recorded in the medical record? _____

5. **Documented Exclusions and Exceptions (Yes/No):**
   a. Did the patient have a severe mental and/or physical incapacity that prevented him or her from completing the assessment? _____
   b. Did you document a patient reason(s) for not using the quality-of-life assessment (e.g. patient declines to complete the tool, etc.)? _____
   c. Was the patient diagnosed with a skin condition that is included in the denominator definition (e.g. psoriasis, dermatitis), but identified a skin condition that is not (e.g. melanoma, nevi) the main condition on their assessment? _____

For more information, see: [aad.org/MIPS](https://aad.org/MIPS)