

## 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](http://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? \_\_\_\_\_

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