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.

<table>
<thead>
<tr>
<th>Patient Name:</th>
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<tbody>
<tr>
<td>Date of Birth (DOB):</td>
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<td>MRN:</td>
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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
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? _____