Stage A & C Sample Data Collection Form

Instructions: Review a minimum of 20 patient charts (or another number determined to be appropriate) from patients most recently admitted, and complete this Data Collection Form, one form per patient chart. This form and the questions included can be customized to meet your needs. The questions relating to specific performance measures are identified (*****) other questions are included to provide additional information should you be interested in analyzing it.

1. Patient ID (assign a unique identifier to help you track, should you need to review the patient chart at a later time)

[   ]

2. Gender

☐ Male ☐ Female

3. Age

☐ Under 20

☐ 21-30

☐ 31-40

☐ 41-50

☐ 51-60

☐ 61-70

☐ 71-80

☐ 80+

4. Ethnicity

☐ African American

☐ Asian

☐ Caucasian

☐ Latino/Hispanic

☐ Other

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5. Date of first visit (mm/yyyy)

6. Date of MS diagnosis (mm/yyyy)

* 7. Has the patient been assessed for symptoms of DEPRESSION?

⬚ Yes ⬚ No

8. Was the patient assessed for depression at first visit?

⬚ Yes ⬚ No ⬚ NA (not available)

9. How were the patient's depression symptoms assessed? (check all that apply)

☐ Two-question screening test

☐ Beck Depression Inventory (BDI)

☐ Patient Health Questionnaire (PHQ-9)

☐ Other: _____

* 10. Was a diagnosis of depression made?

⬚ Yes ⬚ No

(If you answered "No" for this patient, please skip to question #16)

* 11. Is there a documented care plan for managing the patient's depression?

⬚ Yes ⬚ No

12. If yes, what is included in the care plan? (check all that apply)

☐ Psychiatric Referral

☐ Pharmacotherapy (single medication)

☐ Pharmacotherapy (more than one medication)

13. Is there documented periodic assessment of effectiveness of depression management?

⬚ Yes ⬚ No

14. Were assessments made at every visit?

☐ Yes ☐ No

15. Was there a change in medication or dose based on the reassessment?

☐ Yes ☐ No

* 16. Has the patient been assessed for symptoms of FATIGUE?

☐ Yes ☐ No

17. Was the patient assessed for fatigue at first visit?

☐ Yes ☐ No ☐ NA (not available)

18. How were the patient's fatigue symptoms assessed? (check all that apply)

☐ Patient detailed history

☐ Krupp's Fatigue Severity Scale (FSS)

☐ Modified Fatigue Impact Scale (MFIS)

☐ Other:_____

* 19. Were fatigue symptoms recorded for this patient?

☐ Yes ☐ No
(If you answered "No" for this patient, please skip to question #27)

* 20. Is there a documented care plan for managing the patient's fatigue?

☐ Yes ☐ No

21. If yes, what is included in the care plan? (check all that apply)

☐ Behavioral Modification (eg, pacing or relaxation)

☐ Pharmacotherapy (single medication)

☐ Pharmacotherapy (more than one medication)

☐ Other

22. Is there documented periodic assessment of effectiveness of fatigue management?

☐ Yes ☐ No

23. Were assessments made at every visit?

☐ Yes ☐ No

24. Has the plan been modified based on reassessment of the patient's fatigue?

☐ Yes ☐ No

25. Was there a change in non-pharmacologic therapy based on the reassessment?

☐ Yes ☐ No

26. Was there a change in medication or dose based on the reassessment?

☐ Yes ☐ No

* 27. Has the patient been assessed for MOBILITY IMPAIRMENTS/FALLS?

☐ Yes ☐ No

28. If yes, was the patient's mobility assessed at first visit?

☐ Yes ☐ No ☐ NA (not available)

29. How was the patient's mobility assessed? (check all that apply)

☐ Neurological Exam

☐ Expanded Disability Status Scale (EDSS)

☐ 12-item MS walking scale (MSWS-12)

☐ Timed 25-foot walk test

☐ Other:_____

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30. Which level of ambulation was recorded for the patient?

☐ Requires no assistance

☐ Requires minimal assistance (eg, handrail)

☐ Requires cane or walker

☐ Requires wheelchair or scooter

☐ No ambulation level recorded

* 31. Were mobility impairments/falls recorded for this patient?

☐ Yes ☐ No

(If you answered "No" for this patient, please skip to question #39)

* 32. Is there a documented care plan for managing the patient's mobility impairments?

☐ Yes ☐ No

33. If yes, what is included in the care plan? (check all that apply)

☐ Physical therapy/rehabilitation

☐ Pharmacotherapy (single medication)

☐ Pharmacotherapy (more than one medication)

34. Is there documented periodic assessment of effectiveness of mobility management?

☐ Yes ☐ No

35. Were assessments made at every visit?

☐ Yes ☐ No

36. Has the plan been modified based on reassessment of the patient's mobility?

☐ Yes ☐ No

37. Was there a change in non-pharmacologic therapy based on the reassessment?

☐ Yes ☐ No

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38. Was there a change in medication or dose based on the reassessment?

☐ Yes ☐ No

* 39. Has the patient been assessed for symptoms of SPASTICITY?

☐ Yes ☐ No

40. If yes, was the patient assessed for spasticity at first visit?

☐ Yes ☐ No ☐ NA (not available)

41. How were the patient's spasticity symptoms assessed? (check all that apply)

☐ Ashworth or Modified Ashworth score

☐ Neurological Exam

☐ Other:_____

* 42. Were spasticity symptoms recorded for this patient?

☐ Yes ☐ No

(If you answered "No" for this patient, stop here)

* 43. Is there a documented care plan for managing the patient's spasticity symptoms?

☐ Yes ☐ No

44. If yes, what is included in the care plan? (check all that apply)

☐ Physical therapy/rehabilitation

☐ Pharmacotherapy (single medication)

☐ Pharmacotherapy (more than one medication)

45. Is there documented periodic assessment of effectiveness of spasticity management?

☐ Yes ☐ No

46. Were assessments made at every visit?

☐ Yes ☐ No

47. Has the plan been modified based on reassessment of the patient's spasticity?

☐ Yes ☐ No

48. Was there a change in non-pharmacologic therapy based on the reassessment?

☐ Yes ☐ No

49. Was there a change in medication or dose based on the reassessment?

☐ Yes ☐ No

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Performance Measures and Calculation Instructions

Measure #	Symptom	Performance Measure	Numerator	Numerator Calculation	Denominator	Denominator Calculation
I	Depression	Percentage of MS patients with documented assessment	Number with documented assessment for depression	Numerator = total number of "Yes" responses to Question 7	All residents	Denominator = total number of patient charts reviewed
II		Percentage of MS patients with documented care plan	Number with documented care plan for managing depression	Numerator = total number of "Yes" responses to Question 11	All residents with documented diagnosis of depression	Denominator = total number of "Yes" responses to Question 10
III	Fatigue	Percentage of MS patients with documented assessment	Number with documented assessment for fatigue	Numerator = total number of "Yes" responses to Question 16	All residents	Denominator = total number of patient charts reviewed
IV		Percentage of MS patients with documented care plan	Number with documented care plan for managing fatigue	Numerator = total number of "Yes" responses to Question 20	All residents with documented fatigue symptoms	Denominator = total number of "Yes" responses to Question 19
V	Mobility Impairment/ Falls	Percentage of MS patients with documented assessment	Number with documented assessment for mobility impairments/falls	Numerator = total number of "Yes" responses to Question 27	All residents	Denominator = total number of patient charts reviewed
VI		Percentage of MS patients with documented care plan	Number with documented care plan for managing mobility impairments	Numerator = total number of "Yes" responses to Question 32	All residents with documented mobility impairment/falls	Denominator = total number of "Yes" responses to Question 31
VII	Spasticity	Percentage of MS patients with documented assessment	Number with documented assessment for symptoms of spasticity	Numerator = total number of "Yes" responses to Question 39	All residents	Denominator = total number of patient charts reviewed
VIII		Percentage of MS patients with documented care plan	Number with documented care plan for managing spasticity	Numerator = total number of "Yes" responses to Question 43	All residents with documented spasticity symptoms	Denominator = total number of "Yes" responses to Question 42

Source: Cheng et al. Quality indicators for MS. Multiple Sclerosis. 2010;16(8):970-980.