

BASDAI

The Bath Ankylosing Spondylitis Disease Activity Index

PLEASE PLACE A MARK ON EACH LINE BELOW TO INDICATE YOUR ANSWER TO EACH QUESTION, RELATING TO THE PAST WEEK.

(1) How would you describe the overall level of fatigue / tiredness you have experienced?

NONE _____ VERY SEVERE

(2) How would you describe the overall level of AS neck, back, or hip pain you have had?

NONE _____ VERY SEVERE

(3) How would you describe the overall level of pain/swelling in joints other than neck, back or hips you have had?

NONE _____ VERY SEVERE

(4) How would you describe the overall level of discomfort you have had from any areas tender to touch or pressure?

NONE _____ VERY SEVERE

(5) How would you describe the overall level of morning stiffness you have had from the time you wake up?

NONE _____ VERY SEVERE

(6) How long does your morning stiffness last from the time you wake up?

0 _____ 1/2 _____ 1 _____ 1 1/2 _____ 2 or more
hrs hrs hrs hrs hrs