



## **Bath Ankylosing Spondylitis-Disease Activity Index**

**←** CURRENT SCORE

CHANGE

PREVIOUS BASDAI

PAT		T.	CE	CT		N.I
PALI	IEIN		36		w	IN

NAME				DATE (DD / MM / YYYY)			PERS	PERSONAL HEALTH NUMBER						
														1
Plea	se circle th	ne numbe	er that n	nost clo	sely corr	espond	ls to your	conditi	on durin	g the pa	st wee	k:		
1	How wou	ıld vou de	scribe th	ne overal	l level of	fatique	tiredness/	vou hav	ve evneri	enced?	_		-	
1.	None	0	1	2	3	atigue,	5	6	7	8	9	10	Very severe	
	None	V	'	2	3	٦	J	O	,	O	,	10	very severe	
2.	How wou	ld you de	scribe th	ne overal	l level of	inflamn	natory neo	ck, back	or hip pa	ain you h	ave had	1?		
	None	0	1	2	3	4	5	6	7	8	9	10	Very severe	
3.	How wou	ıld you de	scribe th	ne overal	l level of	pain/sw	velling in j	oints ot	her than	neck, ba	ck or hij	os you ha	ve had?	
	None	0	1	2	3	4	5	6	7	8	9	10	Very severe	
4	Hamman	مام درمان ما م	الف مائسم		عدادا	al:	£		£	4		4		
4.	How wou	·					,		,					
	None	0	1	2	3	4	5	6	7	8	9	10	Very severe	
5.	How wou	ld you de	scribe th	ne overal	l level of	mornin	g stiffness	you ha	ve had fr	om the ti	me you	ı wake up	?	
	None	0	1	2	3	4	5	6	7	8	9	10	Very severe	
6	How long	ı does vou	ır morni	na stiffn	occ lact fr	om the	time your	waka ur	2					
0.	riow iong	0 0	1	2	3	4	5	wake up	7. 7	8	9	10		
		0 hrs (=0)	'	1/2 hr		7	1 hr (=5)	O	, 1 1/2 h		,	2 hrs (=10	)	
												•	•	
Persona It will n (b) to in informa	ot be disclosed t mplement, moni ation, call Health	n this form is co to any persons tor and evaluat Insurance BC f	without the te this and o from Vancou ease to Pha	patient's con ther Ministry over at 1-604- armaCare a	programs, an 683-7151 or fi	rmation you id (c) to man rom elsewhe istry of He	provide will be page and plan for ere in BC toll fre ealth the info	e relevant to or the health ee at 1-800-6	and used solon system gene 663-7100 and	ely to (a) prov rally. If you h ask to consult	ide Pharma ave any que t a pharmac	Care benefits a estions about the ist concerning	on and Protection of Privace for the medication reque the collection or use of th the Special Authority pr ted information in th	ested, nis ocess.
			ent's Signat	ture			-		Do	nte				
	CIAN SECT ating a patie		The hig	her the s	core, the	more se	evere the p	oatient's	disease a	ctivity.				
1. Ad	ld the score	es from qu	estions	1 throug	h 4.									
2. Ad	ld the score	es of ques	tions 5 a	ınd 6, the	n divide	by 2.								
3. Ad	ld the total	s from Ste	p 1 and	2 above.										

4. Divide the total from Step 3 above by 5.