



PATIENT SECTION

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|------|-----------------------|------------------------|
| NAME | DATE (DD / MM / YYYY) | PERSONAL HEALTH NUMBER |
| | | |

Please circle the number that most closely corresponds to your condition during the past week: _____

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

None 0 1 2 3 4 5 6 7 8 9 10 Very severe

2. How would you describe the overall level of inflammatory neck, back or hip pain you have had?

None 0 1 2 3 4 5 6 7 8 9 10 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 0 1 2 3 4 5 6 7 8 9 10 Very severe

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

None 0 1 2 3 4 5 6 7 8 9 10 Very severe

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

None 0 1 2 3 4 5 6 7 8 9 10 Very severe

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

0 1 2 3 4 5 6 7 8 9 10
0 hrs (=0) 1/2 hr (=2.5) 1 hr (=5) 1 1/2 hr (=7.5) 2 hrs (=10)

PATIENT CONSENT

Personal information on this form is collected under the authority of, and in accordance with, the British Columbia Pharmaceutical Services Act and Freedom of Information and Protection of Privacy Act.

I authorize the prescriber to release to PharmaCare and the Ministry of Health the information contained in the this form and any other related information in the prescriber's custody as required for adjudication, monitoring and evaluation.

Patient's Signature

Date

PHYSICIAN SECTION

Calculating a patient's score: The higher the score, the more severe the patient's disease activity.

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|---|--|
| 1. Add the scores from questions 1 through 4. | |
| 2. Add the scores of questions 5 and 6, then divide by 2. | |
| 3. Add the totals from Step 1 and 2 above. | |
| 4. Divide the total from Step 3 above by 5. | |
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| | |

← CURRENT SCORE
PREVIOUS BASDAI
CHANGE