

The Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)

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, 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 hrs            ½            1            1½            2 or more hours

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