



The Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)

Please circle the number that corresponds to how you have felt over the last week.

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

1 2 3 4 5 6 7 8 9 10
None Moderate Very Severe

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

1 2 3 4 5 6 7 8 9 10
None Moderate Very Severe

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

1 2 3 4 5 6 7 8 9 10
None Moderate Very Severe

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

1 2 3 4 5 6 7 8 9 10
None Moderate Very Severe

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

1 2 3 4 5 6 7 8 9 10
None Moderate Very Severe

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

1 2 3 4 5 6 7 8 9 10
0 Hrs ½ Hr. 1 Hr. 1 ½ Hrs. 2 + Hours

FOR OFFICE USE ONLY

Avg. #5-#6

Total Score
1-4 +Avg.