

# BASDAI Bath Ankylosing Spondylitis Disease Activity Index

Please read each question to your patient and circle the box they feel is the most appropriate to describe how severe their condition has been in this area.

**Each question relates to how they have felt in 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 AS 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 the neck, back or hips?

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 tender areas 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?

<sup>0</sup> hours  0  1  2  3  4  5  6  7  8  9  10  2 or more hours  
1/2 hour 1 hour 1 1/2 hours

## Spinal Pain Score

7 How would you describe the overall level of pain you have experienced in your spine in the past week?

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

Score out of 10








For clinic use only

## BASDAI Score Calculation

A. Add the score from questions 1-4 together

B. Calculate the mean score of questions 5 and 6 (Add the scores from questions 5 and 6 together and divide by 2).

C. Add the total of A. and B. and divide by 5.

**BASDAI Score**

The higher the BASDAI score, the more severe the patient's disability due to their AS.

**Adapted from Garrett S et al. J Rheumatol. 1994;21:2286-91**

This PsA Assessment initiative is led by the UK PsA Assessment Academy for UK healthcare professionals only, organised and funded by AbbVie. Available to download at: [www.psoriatic-arthritis.co.uk](http://www.psoriatic-arthritis.co.uk)

# Have you been suffering from any neck or back pain recently?

**Yes**

**No**

If you answer 'No', please hand this form to your nurse or doctor.

If you answer **Yes**, please complete the questions on the other side of this page.

Please hand this page to your doctor or nurse when you have finished.