### Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)

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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 or 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
   - ½
   - 1
   - 1 ½
   - 2 + hours

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### Scoring:

<table>
<thead>
<tr>
<th>Total of Q1 to Q4 (out of 40) [A]</th>
<th>Total of Q5 to Q6 divided by two (out of 10) [B]</th>
<th>Total Score out of 50 [A + B]</th>
<th>BASDAI (A + B) divided by five (score out of 10)</th>
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