



Bath Ankylosing Spondylitis-Disease Activity Index

PREVIOUS BASDAI

CHANGE

DAT	IENT	. CE	CT	ION
CAL	ІСІЯІ	OE.		IUIV

AIIE	NI SECT	ION												
NAME						DATE (DE	O / MM / YYY	Υ)	PERS	PERSONAL HEALTH NUMBER				
Plea	se circle	the nun	nber tha	t most	closely	correst	onds to	vour c	ondition	durina	the pa	st week	:	
					-	·								
1.	How wo	uld you c	describe	the ove		of fatig	jue/tiredr	•		kperiend	ed?			
	None	0	1	2	3	4	5	6	7	8	9	10	Very severe	
2.	How wo	uld you c	describe	the ove	rall level	of infla	mmatory	neck, l	oack or h	nip pain	you hav	e had?		
	None	0	1	2	3	4	5	6	7	8	9	10	Very severe	
3.	How wo	uld you c	describe	the ove	rall level	of pain	/swelling	j in joint	s other t	han nec	k, back	or hips	you have had?	
	None	0	1	2	3	4	5	6	7	8	9	10	Very severe	
4.	How wo	uld vou c	describe	the ove	rall level	of disc	omfort v	ou have	had fron	m anv ar	eas ten	der to to	ouch or pressure	?
	None	0	1	2	3	4	5	6	7	8	9	10	Very severe	
5.	How wo	uld you c	describe	the ove	rall level	of mor	ning stiff	ness yo	u have h	ad from	the tim	e you w	ake up?	
	None	0	1	2	3	4	5	6	7	8	9	10	Very severe	
6.	How lon	g does y	our mori	ning stiff	fness las	st from t	the time	you wal	ke up?					
		0	1	2	3	4	5	6	7	8	9	10		
	0 hrs (=0)		1/2 hr	1/2 hr (=2.5)		1 hr (=5)		1 1/2 hr	1 1/2 hr (=7.5)		2 hrs (=10)		
PATIE	NT CONS	ENT												
Pharr mana provis Insura Speci	naCare bene gement and sions of the ance BC at 1 al Authority	efits for the planning of planning of planning of preedom of 1604 683-7 process.	medication of the health f Information 7151 from N release to I	n requeste n system on and Pro /ancouver PharmaCa	ed, and for generally. For tection of or, from e	implemer Personal in Privacy A Isewhere Ministry	ntation, mo nformation oct. If you ha in BC, toll-toll-toll-toll-toll-toll-toll-toll	nitoring a will be us ave any q free at 1 8 ne informa	nd evaluationed and discussions ab uestions ab 300 663-710	on of this a closed in a bout the co 00, and as	and other accordanc ollection o k to consi	Ministry p ce with the of this infor ult a pharn	ne decision to provid programs, and for the privacy protection mation, call Health nacist concerning the other related informat	e
Patient's Signature														
	ICIAN SE ating a pa		ore: The	higher t	the score	e, the m	ore seve	re the p	atient's d	isease a	ctivity.			
1. A	dd the sco	ores from	questio	ns 1 thro	ough 4.									
2. Add the scores of questions 5 and 6, then divide by 2.														
3. Ad	dd the tot	als from S	Step 1 a	nd 2 abo	ove.									
4. Divide the total from Step 3 above by 5.										4	- CUR	RENT S	CORE	