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

Total of Q1 to Q4 (out of 40) [A]

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

Total of Q5 to Q6 divided by two (out of 10) [B]

Total Score out of 50 [A + B]

BASDAI (A + B) divided by five (score out of 10)