

# BASDAI WORKSHEET

## Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) 1 of 2

- Screening    Week 0    Week 2    Week 6    Week 12    Week 18    Week 24  
 Week 30    Week 36    Week 42    Week 48    Week 54    Week 60    Week 66  
 Week 72    Week 78    Week 84    Week 90    Week 96    Week 102

For answering the question below, we have supplied you with a horizontal line. The end of the horizontal line represents the very best and the very worst situation. Put a single vertical line across the horizontal line at the spot that you feel best reflects your answer to each question relating to the PAST WEEK (at the ends or somewhere in between).

No



Yes



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



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



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



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No



Yes



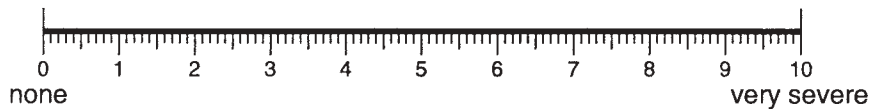
1. How would you describe the overall level of fatigue/tiredness you have experienced?



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- |                                  |                                  |                                  |                                  |                                   |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Week 0  | <input type="checkbox"/> Week 2  | <input type="checkbox"/> Week 6  | <input type="checkbox"/> Week 12 | <input type="checkbox"/> Week 18  | <input type="checkbox"/> Week 24 | <input type="checkbox"/> Week 30 |
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Yes



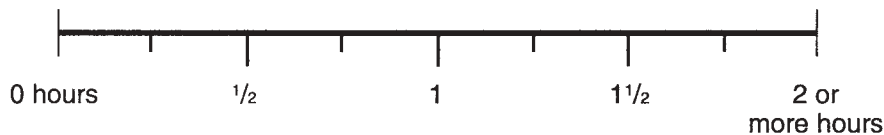
4. How would you describe the overall level of discomfort you have had from any areas tender to touch or pressure?



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



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



Subject Signature: \_\_\_\_\_

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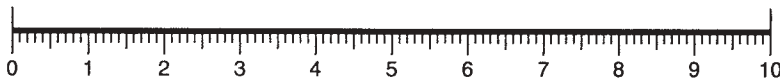
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Subject Signature: \_\_\_\_\_

## Bath Ankylosing Spondylitis Disease Activity Index

Transcribe each measurement from the BASDAI worksheet.	
1. How would you describe the overall level of fatigue/tiredness you have experienced?	<input style="width: 50px;" type="text"/> (##.# cm)
2. How would you describe the overall level of AS <u>neck, back or hip</u> pain you have had?	<input style="width: 50px;" type="text"/> (##.# cm)
3. How would you describe the overall level of pain/swelling in joints other than neck, back or hips you have had?	<input style="width: 50px;" type="text"/> (##.# cm)
4. How would you describe the overall level of discomfort you have had from any areas tender to touch or pressure?	<input style="width: 50px;" type="text"/> (##.# cm)
5. How would you describe the overall level of morning stiffness you have had from the time you wake up?	<input style="width: 50px;" type="text"/> (##.# cm)
6. How long does your morning stiffness last from the time you wake up?	<input style="width: 50px;" type="text"/> (##.# cm)

Form Template Name:	Form Template Version:	Form Study Version:
BASDAI_1	1.00 13-Jun-2002	1.00 13-Jun-2002