

Patient name: \_\_\_\_\_  
MRN: \_\_\_\_\_

Date \_\_\_\_\_

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

Please read each question and check the box you feel is the most appropriate to describe how severe your condition has been in this area. Each question relates to how you have felt **in the past week**. Please only circle one box for each question. There is no wrong answer.

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
NONE					VERY SEVERE					

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
NONE					VERY SEVERE					

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
NONE					VERY SEVERE					

PLEASE TURN OVER

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	
NONE											VERY SEVERE

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	
0 hours						1 hour					2+ hours

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For clinician use:

Calculating the BASDAI

BASDAI: \_\_\_\_\_

A. Add scores for questions 1 – 4

B. Calculate the mean for questions 5 and 6

C. Add A and B and divide by 5 to give a final 0 - 10 score.

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

Note: MCII is 0.7 and PASS is 4.1 (PMID: 27307522)

If missing  $\leq 1$  items, impute the average of the remaining items to calculate final score.