BRITISH COLUMBIA | Ministry of Health Services
The Best Place on Earth

BASDAI
Bath Ankylosing Spondylitis–Disease Activity Index

PATIENT SECTION

NAME	DATE (DD / MM / YYYY)	PERSONAL HEALTH NUMBER

Please circle the number that most closely corresponds to your condition during the past week:

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

   None 0 1 2 3 4 5 6 7 8 9 10 Very severe

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

   None 0 1 2 3 4 5 6 7 8 9 10 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 0 1 2 3 4 5 6 7 8 9 10 Very severe

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

   None 0 1 2 3 4 5 6 7 8 9 10 Very severe

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

   None 0 1 2 3 4 5 6 7 8 9 10 Very severe

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

   0 1 2 3 4 5 6 7 8 9 10

   0 hrs (=0) **1/2 hr** (=2.5) **1 hr** (=5) **1 1/2 hr** (=7.5) **2 hrs** (=10)

PATIENT CONSENT

Personal information on this form is collected for the operations of the Ministry of Health. The Ministry will use the information in the decision to provide PharmaCare benefits for the medication requested, and for implementation, monitoring and evaluation of this and other Ministry programs, and for the management and planning of the health system generally. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, call Health Insurance BC at 1 604 683-7151 from Vancouver or, from elsewhere in BC, toll-free at 1 800 663-7100, and ask to consult a pharmacist concerning the Special Authority process.

I authorize the prescriber to release to PharmaCare and the Ministry of Health the information contained in the this form and any other related information in the prescriber's custody as required for adjudication, monitoring and evaluation.

Patient's Signature *Date*

PHYSICIAN SECTION

Calculating a patient's score: The higher the score, the more severe the patient's disease activity.

1. Add the scores from questions 1 through 4.		
2. Add the scores of questions 5 and 6, then divide by 2.		
3. Add the totals from Step 1 and 2 above.		
4. Divide the total from Step 3 above by 5.		← **CURRENT SCORE**
		PREVIOUS BASDAI
		CHANGE