



# ASAS Health Index

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please answer all statements by placing one check mark per statement to indicate which response applies best to you **at the moment** taking your rheumatic disease into account (the term “rheumatic disease” contains all forms of spondyloarthritis including ankylosing spondylitis as well as other disease states like non-radiographic axial spondyloarthritis) .

1. Pain sometimes disrupts my normal activities.
  - I agree
  - I do not agree
2. I find it hard to stand for long.
  - I agree
  - I do not agree
3. I have problems running.
  - I agree
  - I do not agree
4. I have problems using the toilet facilities.
  - I agree
  - I do not agree
5. I am often exhausted.
  - I agree
  - I do not agree
6. I am less motivated to do anything that requires physical effort.
  - I agree
  - I do not agree
7. I have lost interest in sex.
  - I agree
  - I do not agree
  - Not applicable, I do not want to answer
8. I have difficulty operating the pedals in my car.
  - I agree
  - I do not agree
  - Not applicable, I cannot / do not drive



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9. I am finding it hard to make contact with people.
- I agree
- I do not agree
10. I am not able to walk outdoors on flat ground.
- I agree
- I do not agree
11. I find it hard to concentrate.
- I agree
- I do not agree
12. I am restricted in traveling because of my mobility
- I agree
- I do not agree
13. I often get frustrated.
- I agree
- I do not agree
14. I find it difficult to wash my hair.
- I agree
- I do not agree
15. I have experienced financial changes because of my rheumatic disease.
- I agree
- I do not agree
16. I sleep badly at night.
- I agree
- I do not agree
17. I cannot overcome my difficulties.
- I agree
- I do not agree

**Thank you for answering this questionnaire.**