

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

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

Please place a mark on the scales  
below to indicate the effect of your disease  
on your well-being:



① Which effect had the disease on your well-being over the last week?



Evaluation by  
the doctor

② Which effect had the disease on your well-being over the last six months?



BAS-G =

(mean of questions 1 and 2)