

Name: _____

Date: _____

Please draw a mark on each line below to indicate your level of ability with each of the following activities in the past 7 days:



1	Putting on your socks or tights without help or aids (e.g. sock aid)	easy 0 1 2 3 4 5 6 7 8 9 10 impossible	<input type="checkbox"/>
2	Bending forward from the waist to pick up a pen from the floor without an aid	easy 0 1 2 3 4 5 6 7 8 9 10 impossible	<input type="checkbox"/>
3	Reaching up to a high shelf without help or aids (e.g. helping hand)	easy 0 1 2 3 4 5 6 7 8 9 10 impossible	<input type="checkbox"/>
4	Getting up out of an armless dining room chair without using your hands or any other help	easy 0 1 2 3 4 5 6 7 8 9 10 impossible	<input type="checkbox"/>
5	Getting up off the floor without help from lying on your back	easy 0 1 2 3 4 5 6 7 8 9 10 impossible	<input type="checkbox"/>
6	Standing unsupported for 10 minutes without discomfort	easy 0 1 2 3 4 5 6 7 8 9 10 impossible	<input type="checkbox"/>
7	Climbing 12–15 steps without using a handrail or walking aid, one foot on each step	easy 0 1 2 3 4 5 6 7 8 9 10 impossible	<input type="checkbox"/>
8	Looking over your shoulder without turning your body	easy 0 1 2 3 4 5 6 7 8 9 10 impossible	<input type="checkbox"/>
9	Doing physically demanding activities (e.g. physiotherapy exercises, gardening or sports)	easy 0 1 2 3 4 5 6 7 8 9 10 impossible	<input type="checkbox"/>
10	Doing a full day's activities whether it be at home or at work	easy 0 1 2 3 4 5 6 7 8 9 10 impossible	<input type="checkbox"/>

Evaluation by the doctor

BASFI =
 (sum of answers 1 to 10 divided by 10)