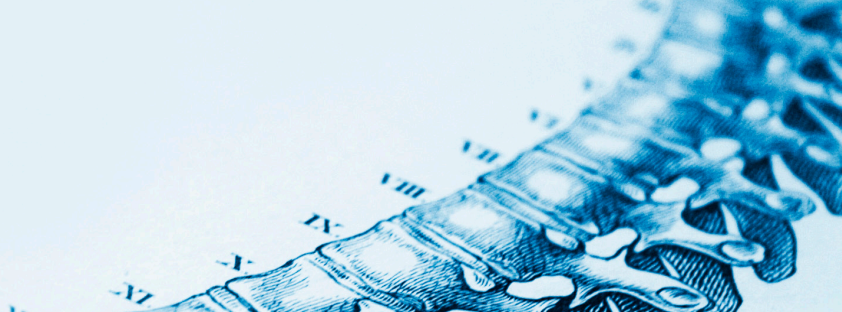


# Clinical Toolkit:

## IBP Questionnaire and HCP Triage Form



### Inflammatory back pain screening tool

Have you experienced back pain for > 3 months?

If Yes, proceed with the following questions

1. Did the back pain start before the age of 40?	Yes	No
2. Did the back pain develop gradually?	Yes	No
3. Does the back pain improve with exercise?	Yes	No
4. Does the back pain NOT improve with rest?	Yes	No
5. Does the back pain occur at night and improve after getting up?	Yes	No
<b>Total questions answered Yes* =</b>		

Adapted from ASAS IBP criteria: Sieper J et al. *Ann Rheum Dis*. 2009;68:784–788.

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Version Date: April 2019 US-P-CZ-nraxp-1900033

**\*Criteria for IBP are fulfilled if at least 4 of 5 questions are answered Yes.**

### Labs and Radiographic evaluation (please provide original reports and images)

#### HLA B-27 Positive

Yes  No  Not Done

#### Elevated CRP (If yes, specify level)

Yes\_\_\_\_\_  No  Not Done

#### Sacroiliac (SI) joint X-Ray (Ferguson view), optional

Yes  No  Not Done

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AxSpA Clinical Resource Toolkit Version 1, November 2019