

The DASI Patient Questionnaire (to be completed by the patient)

DUKE ACTIVITY STATUS INDEX

Name: _____ Date: _____

Can you: (please circle yes or no)

1. Take care of yourself, that is, eat, dress, bathe or use the toilet? Yes/No

2. Walk indoors, such as around your house? Yes/No

3. Walk a block or two on level ground? Yes/No

4. Climb a flight of stairs or walk up a hill? Yes/No

5. Run a short distance? Yes/No

6. Do light work around the house like dusting or washing dishes Yes/No

7. Do moderate work around the house like vacuuming, sweeping floors or carrying groceries? Yes/No

8. Do heavy work around the house like scrubbing floors or lifting or moving heavy furniture? Yes/No

9. Do garden work like raking leaves, weeding or pushing a lawn mower? Yes/No

10. Have sexual relations? Yes/No

11. Participate in moderate recreational activities like golf, bowling, dancing, doubles tennis or throwing a ball? Yes/No

12. Participate in strenuous sports like swimming, singles tennis, football, basketball or skiing? Yes/No

(To be completed by staff) Duke Activity Status Index (DASI) = sum of "Yes" replies