

DUKE ACTIVITY STATUS INDEX

Patient Activity Survey

Please answer the questions based on whether you are currently *doing* the stated activity. For example, if you are not currently running as part of your current regular exercise routine, do not check the first column. Do not check what you *think* you can do, only what you are *actually* doing right now.

Patient Name _____ Date _____

Please put an X in the appropriate box CAN YOU.....	Yes, with no difficulty	Yes, with some difficulty	No, I can't do this	Don't do this for other reasons
1. Take care of yourself—that is, eating, dressing, bathing, and using the toilet?				
2. Walk indoors, such as around your house?				
3. Walk a block on level ground?				
4. Climb a flight of stairs or walk up a hill?				
5. Run a short distance				
6. Do light work around the house like dusting or washing dishes?				
7. Do moderate work around the house like vacuuming, sweeping floors, carrying in groceries?				
8. Do heavy work around the house like scrubbing floors, or lifting or moving heavy furniture?				
9. Do yard work like raking leaves, weeding or pushing a power mower?				
10. Have sexual relations?				
11. Participate in moderate recreational activities like golf, bowling, dancing, double tennis, or throwing a baseball or football?				
12. Participate in strenuous sports like swimming, singles tennis, softball, football and basketball or skiing?				

If you are limited in some activities, is it mostly because of (circle the number or numbers that applies)

1. Heart condition (chest pain, etc.)
2. Muscle / orthopedic problems
3. Shortness of breath, fatigue or other symptoms