

## DUKE ACTIVITY STATUS INDEX

Name: \_\_\_\_\_ Hosp No: \_\_\_\_\_

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 yard work like raking leaves, weeding or pushing a power mower?   | Yes/No |
| 10. Have sexual relations?  | Yes/No |
| 11. Participate in moderate recreational activities like golf, bowling, Dancing, doubles tennis or throwing a baseball or football? | Yes/No |
| 12. Participate in strenuous sports like swimming, singles tennis Football, basketball or skiing?                                   | Yes/No |

Score=\_\_\_\_\_

Estimated VO<sub>2</sub>peak=\_\_\_\_\_ [METS]