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 VO2peak=_________[METS]