



Initial Assessment   
  \_\_\_\_\_ - Day Reassessment   
  Discharge

The Duke Activity Status Index (DASI) is a self-administered questionnaire that measures a patient's functional capacity. It can be used to get a rough estimate of a patient's peak oxygen uptake.

**Instructions: Please circle yes or no to the following questions.**

Item	Activity	Yes	No
1	Can you take care of yourself (eating dressing bathing or using the toilet)?	2.75	0
2	Can you walk indoors such as around your house?	1.75	0
3	Can you walk a block or two on level ground?	2.75	0
4	Can you climb a flight of stairs or walk up a hill?	5.50	0
5	Can you run a short distance?	8.00	0
6	Can you do light work around the house like dusting or washing dishes?	2.70	0
7	Can you do moderate work around the house like vacuuming, sweeping floors, or carrying in groceries?	3.50	0
8	Can you do heavy work around the house like scrubbing floors or lifting and moving heavy furniture?	8.00	0
9	Can you do yard work like raking leaves, weeding, or pushing a power mower?	4.50	0
10	Can you have sexual relations?	5.25	0
11	Can you participate in moderate recreational activities like golf, bowling, dancing, doubles tennis, or throwing a baseball or football?	6.00	0
12	Can you participate in strenuous sports like swimming, singles tennis, football, basketball, or skiing?	7.50	0
	<b>Total Score =</b>		
	<b>Estimate peak O<sub>2</sub> = .43 * (DASI) + 9.6 =</b>		
	<b>METS = ( / 3.5 )</b>		

**Patient** (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

If patient is unable to complete:

**Completed by** (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Completed by** (print name): \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

**Clinician** (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Clinician** (print name): \_\_\_\_\_

**Reference:** Hitaky MA Boineau RE et al. A brief self-administered questionnaire to determine functional capacity (The Duke Activity Status Index). Am J Cardio. 1989; 64:651-654.

## PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Record # \_\_\_\_\_

Gender:  Male  Female

## Inova Cardiac Rehabilitation Duke Activity Survey Index

IAH   
  IFH   
  IFOH   
  ILH   
  IMVH

