



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
	Total Score =		
	Estimate peak O2 = .43 * (DASI) + 9.6 =		
	METS = (/ 3.5)		

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.

Interpreter Information (To be completed by Inova staff, if applicable):

In person Telephonic Video Interpreter name/ID number (if applicable) _____
 Patient/Designated Decision Maker was offered and refused interpreter Waiver Signed

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

