

Duke Activity Status Index

Highpoint Health

Name: _____

<i>Can you: Check each box to indicate YES</i>	Date: Admission	Date: 30/60 Day	Date: Discharge
1. Take care of yourself, that is, eat, dress, bathe or use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Walk indoors, such as around your house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Walk a block or two on level ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Climb a flight of stairs or walk up a hill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Run a short distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do light work around the house like dusting or washing dishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do moderate work around the house like vacuuming, sweeping floors or carrying groceries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do heavy work around the house like scrubbing floors or lifting or moving heavy furniture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do yard work like raking leaves, weeding or pushing a power mower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have sexual relations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Participate in moderate recreational activities like golf, bowling, dancing, doubles tennis or football?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Participate in strenuous sports like swimming, singles tennis, football, basketball or skiing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score: _____

Functional Capacity in METS: _____