

Duke Activity Status Index

Please indicate how much your health affects your daily activities. Place an **X** in the response column that is the best match for you.

Can you	Yes, with no difficulty (1)	Yes, with some difficulty (2)	No, I can't do this (3)
1 Take care of yourself, that is eating, dressing, bathing, and using the toilet?			
2 Walk indoors, such as around your house?			
3 Walk a block or two on level ground?			
4 Climb a flight of stairs or walk up a hill?			
5 Run a short distance?			
6 Do light work around the house like dusting or washing dishes?			
7 Do moderate work around the house like vacuuming, sweeping floors, carrying in groceries?			
8 Do heavy work around the house like scrubbing floors, or lifting or moving heavy furniture?			
9 Do yard work like raking leaves, weeding or pushing a power mower?			
10 Have sexual relations?			
11 Participate in moderate recreational activities like golf, bowling, dancing, double tennis, or throwing baseball or football?			
12 Participate in strenuous sports like swimming, singles tennis, football, and basketball or skiing?			