

Please check the boxes in the “**Entry**” column to indicate that YES you can CURRENTLY complete this task. Leave the “**Exit**” column blank.

DATE:		
Can you: (Check the box to indicate YES)	Entry	Exit
1. Take care of yourself that is, eating, dressing or using the toilet?	<input type="checkbox"/>	<input type="checkbox"/>
2. Walk indoors, such as around the house?	<input type="checkbox"/>	<input type="checkbox"/>
3. Walk a block or 2 on level ground?	<input type="checkbox"/>	<input type="checkbox"/>
4. Climb a flight of stairs or walk up a hill?	<input type="checkbox"/>	<input type="checkbox"/>
5. Run a short distance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do light work around the house like dusting or washing dishes?	<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"/>
8. Do heavy work around the house like scrubbing floors, or lifting or moving heavy furniture?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do yard work like raking leaves, weeding, or pushing the lawn mower?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have sexual relations?	<input type="checkbox"/>	<input type="checkbox"/>
11. Participate in moderate recreational activities like golf, bowling, dancing, doubles tennis, or throwing a baseball or football?	<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"/>
For Office Use:	DASI Score	
	Functional Capacity in METS	

Signature of Person Completing: _____ Time: _____ Date: _____



Place Label Here