

DASI

Subject ID: _____

Please complete the survey below.

Thank you!

1. Can you take care of yourself (eating, dressing, bathing, or using the toilet)? Yes
 No

2. Can you walk indoors, such as around your house? Yes
 No

3. Can you walk a block or two on level ground? Yes
 No

4. Can you climb a flight of stairs or walk up a hill? Yes
 No

5. Can you run a short distance? Yes
 No

6. Can you do light work around the house, such as dusting or washing dishes? Yes
 No

7. Can you do moderate work around the house, such as vacuuming, sweeping floors or carrying in the groceries? Yes
 No

8. Can you do heavy work around the house, such as scrubbing floors or lifting and moving heavy furniture? Yes
 No

9. Can you do yard work, such as raking leaves, weeding or pushing a power mower? Yes
 No

10. Can you have sexual relations? Yes
 No

11. Can you participate in moderate recreational activities, such as golf, bowling, dancing, doubles tennis or throwing a baseball or football? Yes
 No

12. Can you participate in strenuous sports, such as swimming, singles tennis, football, basketball or skiing? Yes
 No

Score _____