



Patient Name: \_\_\_\_\_ MR# \_\_\_\_\_ Date \_\_\_\_\_

### Duke Activity Status Index (DASI)

Please place a check in Column 1 for the activities you can currently do. Place a check in Column 2 for the activities you cannot do, but would like to.

Can You...

1. Take care of yourself, that is, eat, dress bathe or use 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 or carrying 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, doubles tennis or throwing a baseball or football?
12. Participate in strenuous sports like swimming, singles tennis football, basketball or skiing?

Column 1	Column 2	Weight
		2.75
		1.75
		2.75
		5.50
		8.00
		2.70
		3.50
		8.00
		4.50
		5.25
		6.00
		7.50

The sum of weights for "yes" replies = DASI Sum Total = \_\_\_\_\_ (columns 1+2)

Estimated Maximal METS =  $(0.43 \times \text{DASI} + 9.6) / 3.5 =$  \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## The Patient Health Questionnaire (PHQ-9)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Add Totals Together \_\_\_\_\_

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?

Not difficult at all     Somewhat difficult     Very difficult     Extremely difficult

# RATE YOUR PLATE

Think about the way you usually eat. For each food topic, put a check mark in column A, B, or C.

TOPIC	A	B	C
<b>1. RED MEAT*</b> <i>beef, hamburger, pork, lamb, veal</i>	<input type="checkbox"/> <b>Usually eat:</b> three times a week or more	<input type="checkbox"/> <b>Usually eat:</b> twice a week	<input type="checkbox"/> <b>Usually eat:</b> once a week or less
<b>2. RED MEAT* CHOICES</b> <i>beef, hamburger, pork, lamb, veal</i>	<input type="checkbox"/> <b>Usually eat:</b> high-fat cuts, such as ribs, brisket, T-bone steak, prime rib, sausage, regular or lean ground beef	<input type="checkbox"/> <b>Sometimes eat:</b> high-fat cuts such as: ribs, brisket, T-bone steak, prime rib, sausage, regular or lean ground beef	<input type="checkbox"/> <b>Usually eat:</b> lean beef such as round, loin, flank; lean pork and lamb such as loin and leg; veal; ground turkey breast Or, I rarely eat meat
<b>3. GROUND MEAT, BURGERS *</b>	<input type="checkbox"/> <b>Usually eat:</b> Regular, chuck or lean ground beef with more than 15% fat	<input type="checkbox"/> <b>Usually eat:</b> Ground sirloin or round, ground turkey, or ground beef with 10-15% fat.	<input type="checkbox"/> <b>Usually eat:</b> Ground turkey breast or vegetable patties like Boca or garden burgers or, I rarely eat ground meat or burgers
<b>4. CHICKEN, TURKEY, ETC.*</b>	<input type="checkbox"/> <b>Usually eat:</b> chicken, turkey, and other poultry with skin	<input type="checkbox"/> <b>Sometimes eat:</b> chicken, turkey, and other poultry with skin	<input type="checkbox"/> <b>Usually eat:</b> chicken, turkey, and other poultry without skin
<b>FISH*</b>	<input type="checkbox"/> <b>Usually eat:</b> Fish less than one a week	<input type="checkbox"/> <b>Usually eat:</b> Fish once a week	<input type="checkbox"/> <b>Usually eat:</b> Fish twice a week or more
<b>6. CHICKEN AND FISH CHOICES*</b>	<input type="checkbox"/> <b>Usually/often eat:</b> Fried chicken and/or fried fish and shellfish	<input type="checkbox"/> <b>Sometimes eat:</b> Fried chicken and/or fried fish and shellfish	<input type="checkbox"/> <b>Usually eat:</b> Chicken and fish that is baked, broiled, grilled, poached, roasted, etc
<b>7. COLD CUTS, HOT DOGS, BREAKFAST MEATS*</b>	<input type="checkbox"/> <b>Usually/often eat:</b> salami, bologna, other cold cuts, hot dogs, bacon, sausage	<input type="checkbox"/> <b>Sometimes eat:</b> salami, bologna, other cold cuts, hot dogs, bacon, sausage	<input type="checkbox"/> <b>Usually eat:</b> roast beef, turkey breast, ham, or low-fat cold cuts, low-fat hot dogs, low fat bacon/sausage Or, I rarely eat processed meats
<b>8. SERVING SIZES OF MEATS (COOKED)*</b>	<input type="checkbox"/> <b>Usually eat:</b> Large portions (7 oz. or more)	<input type="checkbox"/> <b>Usually eat:</b> Medium portions (4-6oz.)	<input type="checkbox"/> <b>Usually eat:</b> Small portions (3 oz. or less)
<b>9. MEATLESS MAIN DISHES</b> <i>like all-bean chili, bean burrito, lentil soup, meatless spaghetti sauce</i>	<input type="checkbox"/> <b>Rarely eat:</b> meatless main dishes	<input type="checkbox"/> <b>Usually eat:</b> meatless main dishes less than twice a week	<input type="checkbox"/> <b>Usually eat:</b> meatless main dishes twice a week or more

\* If you are a vegetarian, check column C for these (\*) topics

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NAME: _____	DATE: _____
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<b>10. EATING OUT</b> <i>in restaurants or getting take out food</i>	<input type="checkbox"/> <b>Usually</b> eat out or get take-out food <b>twice a week or more</b>	<input type="checkbox"/> <b>Usually</b> eat out or get take-out food <b>once a week</b>	<input type="checkbox"/> <b>Usually</b> eat out or get take-out food <b>less than once a week</b> OR Usually eat <b>low-fat restaurant meals</b>
<b>11. EGG YOLKS*</b>	<input type="checkbox"/> Usually eat : 6 more egg yolks a week	<input type="checkbox"/> Usually eat: 4-5 egg yolks a week	<input type="checkbox"/> Usually eat: 3 egg yolks or less a week Or, I usually eat cholesterol-free egg sub.
<b>12. MILK*</b>	<input type="checkbox"/> <b>Usually drink/use:</b> whole milk or cream	<input type="checkbox"/> <b>Usually drink/use:</b> 2% reduced-fat milk	<input type="checkbox"/> <b>Usually drink/use:</b> 1% low-fat or skim milk
<b>13. CHEESE</b> <i>include cheese on pizza, sandwiches, snacks &amp; in mixed dishes</i>	<input type="checkbox"/> <b>Usually eat:</b> regular cheese, such as cheddar, Swiss, and American	<input type="checkbox"/> <b>Sometimes eat:</b> regular cheese, such as cheddar, Swiss, and American	<input type="checkbox"/> <b>Usually eat:</b> reduced-fat or part-skim cheese Or, <b>Rarely</b> eat cheese
<b>14. FROZEN DESSERTS</b> <i>ice cream, etc.</i>	<input type="checkbox"/> <b>Usually eat:</b> regular ice cream, ice cream bars/sandwiches	<input type="checkbox"/> <b>Sometimes eat:</b> regular ice cream, ice cream bars/sandwiches	<input type="checkbox"/> <b>Usually eat:</b> sherbet, sorbet, low-fat frozen yogurt or icecream Or, <b>Rarely</b> eat frozen desserts
<b>15. COOKING METHOD</b>	<input type="checkbox"/> <b>Usually add:</b> oil, butter, or margarine to the pan	<input type="checkbox"/> <b>Sometimes add:</b> oil, butter, or margarine to the pan	<input type="checkbox"/> <b>Usually:</b> broil, bake, or steam without fats or oils or use cooking sprays (Pam™)
<b>16. COOKING FATS &amp; OILS</b> Choices for cooking and baking	<input type="checkbox"/> <b>Usually use:</b> Butter or stick margarine, shortening (i.e. Crisco), bacon drippings, and/or lard.	<input type="checkbox"/> <b>Usually use:</b> Liquid or tub margarine for cooking or baking.	<input type="checkbox"/> <b>Usually use:</b> Oils such as olive, corn, and Canola for cooking or, cook without fat/oils
<b>17. FRIED FOODS</b> <i>like French fries, egg rolls, onion rings, etc.</i>	<input type="checkbox"/> <b>Often eat:</b> fried foods	<input type="checkbox"/> <b>Sometimes eat:</b> fried foods	<input type="checkbox"/> <b>Rarely/Never eat:</b> fried foods
<b>18. SPREADS</b> <i>Added at the table</i>	<input type="checkbox"/> <b>Usually put:</b> butter or stick margarine on bread, potatoes, vegetables, etc.	<input type="checkbox"/> <b>Usually put:</b> liquid or regular tub margarine on bread, potatoes, vegetables, etc.	<input type="checkbox"/> <b>Usually put:</b> “light” tub margarine on bread, potatoes, vegetables Or, <b>Eat them plain</b>
<b>19. SALAD DRESSING &amp; MAYONNAISE</b>	<input type="checkbox"/> <b>Usually use:</b> regular salad dressing or mayonnaise	<input type="checkbox"/> <b>Sometimes use:</b> regular salad dressing or mayonnaise	<input type="checkbox"/> <b>Usually use:</b> light or fat-free salad dressing and mayonnaise
<b>20. SNACKS</b>	<input type="checkbox"/> <b>Usually eat:</b> regular chips, crackers, and nuts	<input type="checkbox"/> <b>Sometimes eat:</b> regular chips, crackers, and nuts	<input type="checkbox"/> <b>Usually eat:</b> fruit, pretzels, low-fat crackers or baked chips
<b>21. DESSERTS &amp; SWEETS</b>	<input type="checkbox"/> <b>Usually eat:</b> donuts, cookies, cake, pie, pastry or chocolate	<input type="checkbox"/> <b>Sometimes eat:</b> donuts, cookies, cake, pie, pastry, or chocolate	<input type="checkbox"/> <b>Usually eat:</b> fruit, angel food cake, lowfat or fat-free sweets

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<b>22. GRAINS</b> Breads, cereal, rice, pasta	<input type="checkbox"/> <b>Usually eat:</b> white breads; white rice; low fiber cereals like corn flakes, krispies, etc	<input type="checkbox"/> <b>Sometimes eat:</b> white breads; white rice; low fiber cereals like corn flakes, krispies, etc	<input type="checkbox"/> <b>Usually eat:</b> whole grain breads; brown rice; whole grain cereals like oatmeal, bran cereals, Wheaties™, etc.
<b>23. FRUITS &amp; VEGETABLES</b> (1 serving = ½ cup or 1 piece of fruit)	<input type="checkbox"/> <b>Usually eat:</b> 1 serving or less a day	<input type="checkbox"/> <b>Usually eat:</b> 2-4 servings a day	<input type="checkbox"/> <b>Usually eat:</b> 5 or more servings a day

### Find your Rate Your Plate score:

Total checks in column A = x 1 = \_\_\_\_\_

Total checks in column B = x 2 = \_\_\_\_\_

Total checks in column C = x 3 = \_\_\_\_\_

TOTAL= \_\_\_\_\_

### What does your score mean?

#### If your score is:

**27-45:** There are many ways you can make your eating habits healthier.

**46-63:** There are some ways you can make your eating habits healthier.

**64-81:** You are making many healthy choices.

### What's Next?

**Look back at your Rate Your Plate.** Do you have any answers in Column C? If you do, great! You are already making some heart healthy choices. Look at your answers in Columns A and B. Where you checked Column A, can you start eating more like Column B? Over time, move toward Column C.

**Set goals.** Write down eating changes you are ready to make now.

Goal 1: \_\_\_\_\_

Goal 2: \_\_\_\_\_

Goal 3: \_\_\_\_\_

\* If you never eat these foods, check column C.

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