



SIX MINUTE WALK TEST

ID NUMBER:

FORM CODE: SMW
VERSION: 1.0 10/26/10

Visit Number

SEQ #

0a) Form Date..... //

0b) Initials

Instructions: Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. Please read the script exactly as written, including the encouragement prompts.

1) Any medications taken **since** the post-bronchodilator spirometry?.....

Yes..... Y

No N → **Go to 2**

a) Medication name: _____ Dose: _____ Time: : AM/PM

b) Medication name: _____ Dose: _____ Time: : AM/PM

c) Medication name: _____ Dose: _____ Time: : AM/PM

2) Was the blood pressure for this visit taken more than 4 hours prior to the 6MW?

Yes..... Y

No N → **Go to 3**

a) Systolic mm Hg

b) Diastolic mm Hg

3) Supplemental Oxygen **during** test (see MOP for criteria) (Y/N)

Yes..... Y

No N → **Go to 4**

a) If yes, flow L/min

b) Type

Continuous flow nasal canula 1

Pulsed delivery system (conserver) 2

4) At rest prior to 6MW

a) SpO2 %

b) Pulse min⁻¹

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5) Continuous oximetry recorded? (Y/N)

6) Start time of 6-minute walk: : AM/PM (*circle one*)

7) Immediately following 6MW

- a) SpO2 %
- b) Pulse..... min⁻¹
- c) Breathlessness.....
- d) Exertion.....

8a) Type of course used.....

- i) 30 meters x 2 lengths 1
- ii) 100 feet x 2 lengths 2
- iii) Other..... 3

Specify _____

8b) Number of full laps (2 lengths or legs):

8c) Distance walked final partial lap (in meters if 8a is meters, feet if 8a is in feet):

9) Stopped before 6 minutes? (Y/N)

Yes..... Y

No N → **Go to 10**

a) Duration (minutes:seconds): :

10) Give primary reason for stopping or not walking faster:

- 1. Desaturation to <80%
- 2. Foot, knee, hip or other orthopedic pain
- 3. Muscle fatigue or pain
- 4. Breathlessness
- 5. Adverse event

If yes to adverse event, select all that apply (this does not replace completing the Adverse Event Form):

- a. Angina
- b. Lightheadedness.....
- c. Intolerable dyspnea (required rescue inhaler).....
- d. Leg cramps
- e. Staggering.....

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- f. Diaphoresis

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- g. Pale or ashen appearance

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- h. Mental confusion or headache

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- i. Other

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please explain _____