

SIX MINUTE WALK TEST

ID NUMBER: FORM CODE: SMW VERSION: 4.0 11/19/2018 Event:
0a) Date of Collection / / / / / / / / Ob) Staff Code / Ob)
Instructions: Please read the script exactly as written, including the encouragement prompts. Blood Pressure: The SMW test should be delayed or postponed if systolic blood pressure is >180 or diastolic blood pressure is >100. Other Safety Guidelines: Clinically significant cardiac, orthopedic or balance difficulties or resting hypoxemia (SpO2 <88% on room air, may be modified for altitude) are reasons for not conducting the six-minute walk test.
Questions 1 and 2 were removed.
3) Supplemental oxygen <u>during</u> test (please see MOP for criteria) ☐ No ₀ → Go to 4 ☐ Yes ₁ 3a) What is the oxygen flow? ☐ L/min
3b) What type of oxygen? ☐ Continuous flow nasal canula₁
Pulsed delivery system ₂
☐ Conserving device₃
4) At rest prior to six-minute walk 4a) SpO ₂ 4b) Pulse min
5) Continuous oximetry recorded? No ₀ Yes ₁
6) Start time of six minute walk hour : minutes
7) Immediately following six-minute walk
7a) SpO ₂ 9
7b) Pulse min-

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ID NUMBER:			FORM CODE: SMW VERSION: 4.0 11/19/2018	Event:	
7c) Breathlessness					
7d) Perceived exertio	on				
8a) Type of course used 30 meters x 2 le 100 feet x 2 len Other ₃					
8a1) Specify Other	er:		x 2 lengths		
M	se course un Neters ₁ Teet ₂	its:			
8b1) Number of full laps	(two lengths	or legs)			laps
8c1) Distance walked fir (meters if 8a or 8	-	ers, feet	t if 8a or 8a1a is in feet)		
9) Stopped before six m No₀→ End Form Yes₁	inutes elapse	ed?			
9a1) Duration be	fore stopping				minutes
9a2) Duration bet	fore stopping				seconds
9b) Primary reaso	on for stoppir	g early			
9b1) Desatura ☐ No₀ ☐ Yes₁	tion to <80% → End Form				
9b3) Muscle fa	→ End Form		edic pain		
9b4) Breathles:	→ End Form sness → End Form				

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9b5) A	lve	rse e	ever	nt			
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_	_	res₁					
_							
							b5, please select all that apply. Note: this does not replace it Form.
9b	āa)		Ang	ina			
9b	5b)	l	_igh	the	ade	dnes	ss
9b	5c)	□ I	ntol	era	ble	dysp	onea (required rescue inhaler)
9b	5d)	□ L	_eg	cra	mp	s	
9b	5e)		Stag	gge	ring		
9b	5f)		Diap	oho	resi	s	
9b	5g)	□ F	Pale	or	asł	nen a	appearance
9b5h) Mental confusion or headache							
9b5i) Other							
		9b5	5i1)	If C	Othe	er. ple	ease explain

END OF FORM

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