



# SIX MINUTE WALK TEST

ID NUMBER:										
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FORM CODE: **SMW**  
 VERSION: 3.0 01/17/2018

Event: \_\_\_\_\_

0a) Date of Collection   /   /

0b) Staff Code

**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.

Questions 1 and 2 were removed.

3) Supplemental oxygen during test (please see MOP for criteria)

- No<sub>0</sub> → **Go to 4**
- Yes<sub>1</sub>

3a) What is the oxygen flow?

.  L/min

3b) What type of oxygen?

- Continuous flow nasal canula<sub>1</sub>
- Pulsed delivery system<sub>2</sub>
- Conserving device<sub>3</sub>

4) At rest prior to six-minute walk

4a) SpO<sub>2</sub>

%

4b) Pulse

min<sup>-1</sup>

5) Continuous oximetry recorded?

- No<sub>0</sub>
- Yes<sub>1</sub>

6) Start time of six minute walk

:   hour : minutes

7) Immediately following six-minute walk

7a) SpO<sub>2</sub>

%

7b) Pulse

min<sup>-1</sup>

7c) Breathlessness

7d) Perceived exertion

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8) Calculation of walking distance (cones should be 30 meters apart)

8a2) Length of walking course

meters

8b1) Number of full laps (two lengths or legs)

laps

8c1) Distance walked final partial lap

meters

9) Stopped before six minutes elapsed?

No<sub>0</sub> → **End Form**

Yes<sub>1</sub>

9a1) Duration before stopping

minutes

9a2) Duration before stopping

seconds

9b) Primary reason for stopping early

9b1) Desaturation to <80%

No<sub>0</sub>

Yes<sub>1</sub> → **End Form**

9b2) Foot, knee, hip or other orthopedic pain

No<sub>0</sub>

Yes<sub>1</sub> → **End Form**

9b3) Muscle fatigue or pain

No<sub>0</sub>

Yes<sub>1</sub> → **End Form**

9b4) Breathlessness

No<sub>0</sub>

Yes<sub>1</sub> → **End Form**

9b5) Adverse event

No<sub>0</sub> → **End Form**

Yes<sub>1</sub>

If yes, to Adverse event for 9b5, please select all that apply. Note: this does not replace completing the Adverse Event Form.

9b5a)  Angina

9b5b)  Lightheadedness

9b5c)  Intolerable dyspnea (required rescue inhaler)

9b5d)  Leg cramps

9b5e)  Staggering

9b5f)  Diaphoresis

9b5g)  Pale or ashen appearance

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Event: \_\_\_\_\_

9b5h)  Mental confusion or headache

9b5i)  Other

9b5i1) If Other, please explain \_\_\_\_\_

**END OF FORM**