

## SIX MINUTE WALK TEST

ID NUMBER:																			
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FORM CODE: SMW  
 VERSION: 1.0 02/11/2025

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

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** Please read the script exactly as written, including the encouragement prompts.

**Blood Pressure Safety Guidelines:** 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 (SpO<sub>2</sub> <88% on room air, may be modified for altitude) are approved reasons for not conducting the six-minute walk test.

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 delivery system?

Continuous flow nasal cannula<sub>1</sub>

Pulsed delivery system<sub>2</sub>

Nasal cannula with 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>    %

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7b) Pulse

<input type="text"/>	<input type="text"/>	<input type="text"/>	min <sup>-1</sup>
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7c) Breathlessness (using the Borg CR-10 scale)

<input type="text"/>	<input type="text"/>
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7d) Perceived exertion (using the Borg RPE 6-20 scale)

<input type="text"/>	<input type="text"/>
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8) Type of course (course should be 30 meters long (length/leg) where one lap is then equal to 60 meters)

Questions 8a, 8a1, and 8a1a were removed.

8b) Number of full laps (with one lap equal to two lengths/legs)

<input type="text"/>	<input type="text"/>	laps
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8c1) Distance walked final partial lap

<input type="text"/>	<input type="text"/>	<input type="text"/>	meters
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8d1) Total distance walked (laps (item 8b1) x 60 + final partial lap (8c1))

<input type="text"/>	<input type="text"/>	<input type="text"/>	meters
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**Note: This item will be automatically calculated in CDART.**

9) Stopped before six minutes elapsed?

No<sub>0</sub> → **End Form**

Yes<sub>1</sub>

Questions 9a1 and 9a2 were removed.

9b) Primary reason for stopping early (select one)

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.  
Please also complete the Adverse Event Form.

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

- 9b5a)  Angina
- 9b5b)  Lightheadedness
- 9b5c)  Intolerable dyspnea (required rescue inhaler)
- 9b5d)  Leg cramps
- 9b5e)  Staggering
- 9b5f)  Diaphoresis
- 9b5g)  Pale or ashen appearance
- 9b5h)  Mental confusion or headache
- 9b5i)  Other

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

**END OF FORM**