

Unit:

ID:

Address:

6-Minute Walk Test Recording Form

First name

Last name

Date of Birth

Supplemental Oxygen: Yes No

Walking Limitations/other Problems:

Flow Rate O₂, (L/min): O₂Device:

Yes No

Walking aid: Yes No

BP pre test:

| <u>Measurements</u> | # 1 | | # 2 | | # 3 | |
|-------------------------------|-------------|------|-------------|------|-------------|------|
| • START | Date: | | Date: | | Date: | |
| • END | Time: | | Time: | | Time: | |
| • RECOVERY | | | | | | |
| START SpO ₂ , % | | Rec. | | Rec. | | Rec. |
| END | | | | | | |
| START HR, bpm | | Rec. | | Rec. | | Rec. |
| END | | | | | | |
| START Dyspnoea | | Rec. | | Rec. | | Rec. |
| END | | | | | | |
| START Leg Fatigue | | Rec. | | Rec. | | Rec. |
| END | | | | | | |

| WALKING DISTANCE | | | | |
|------------------|-----|-----|-----|------|
| M | # 1 | # 2 | # 3 | Ft |
| 30 | | | | 100 |
| 60 | | | | 200 |
| 90 | | | | 300 |
| 120 | | | | 400 |
| 150 | | | | 500 |
| 180 | | | | 600 |
| 210 | | | | 700 |
| 240 | | | | 800 |
| 270 | | | | 900 |
| 300 | | | | 1000 |
| 330 | | | | 1100 |
| 360 | | | | 1200 |
| 390 | | | | 1300 |
| 420 | | | | 1400 |
| 450 | | | | 1500 |
| 480 | | | | 1600 |
| 510 | | | | 1700 |
| 510 | | | | 1800 |
| 570 | | | | 1900 |
| 600 | | | | 2000 |
| 630 | | | | 2100 |
| 660 | | | | 2200 |
| 690 | | | | 2300 |
| 720 | | | | 2400 |
| 750 | | | | 2500 |
| | | | | |
| | | | | |

| | | | |
|--|--|--|--|
| Number of Stops/ Total Time Stopped | | | |
| SpO ₂ nadir, % | | | |
| Limiting Factors/ Reason for Stops | | | |
| TOTAL DISTANCE | | | |

Comments:

Assessor Name

Signature