



## Exam 6

### Six Minute Walk Test

Participant ID #:   
Acrostic:   
Technician ID:   
Date:  /  /   
Month Day Year  
Borg questions: ☐ Self-administered  
☐ Interviewer-administered Interviewer ID:

#### 1. EXCLUDE if: (select all that apply)

- ☐ Use of wheelchair, crutches or walker
- ☐ Inability to walk because of musculoskeletal problems
- ☐ Heart rate of less than 50 or more than 110 beats per minute at rest
- ☐ Systolic blood pressure of >180 OR diastolic blood pressure of >110 SBP  DBP
- ☐ Chest pain within the past four weeks
- ☐ New or worsening symptoms of chest pain, shortening of breath, or fainting in the past 8 weeks
- ☐ None of the above (include)

#### 2. Supplemental oxygen during the test?

- ☐ Yes →  L/min Type:
- ☐ No

3. Baseline heart rate

4. Baseline SpO<sub>2</sub>  %



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#### 5. Pre-test Borg Dyspnea Fatigue Scale

Por favor, rellene el círculo que usted considere que corresponde a su nivel de falta de aliento y fatiga usando esta escala:

Grado	Falta de aliento	Fatiga
Nada en lo absoluto	<input type="radio"/> 0	<input type="radio"/> 0
Muy, muy leve (apenas lo noto)	<input type="radio"/> 0.5	<input type="radio"/> 0.5
Muy leve	<input type="radio"/> 1	<input type="radio"/> 1
Leve	<input type="radio"/> 2	<input type="radio"/> 2
Moderado	<input type="radio"/> 3	<input type="radio"/> 3
Algo intenso	<input type="radio"/> 4	<input type="radio"/> 4
Intenso (gran dificultad)	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
Muy intenso	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9
Muy, muy intenso (máximo de intensidad)	<input type="radio"/> 10	<input type="radio"/> 10



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6. Start time   :   :   (military time)  
Hr Min Sec

7. End time   :   :   (military time)  
Hr Min Sec

8. Stopped or paused before 6 minutes?

☐ Yes



Reason:

☐ No

9. a) Number of complete laps (a):   (x 40 meters)

b) Number of additional meters (b):   (1 marker = 2meters)

Total distance walked in 6 minutes:  meters

10. Post-walk heart rate

11. Post-walk SpO<sub>2</sub>    %



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#### 12. Post-test Borg Dyspnea Fatigue Scale

Por favor, rellene el círculo que usted considere que corresponde a su nivel de falta de aliento y fatiga usando esta escala:

Grado	Falta de aliento	Fatiga
Nada en lo absoluto	<input type="radio"/> 0	<input type="radio"/> 0
Muy, muy leve (apenas lo noto)	<input type="radio"/> 0.5	<input type="radio"/> 0.5
Muy leve	<input type="radio"/> 1	<input type="radio"/> 1
Leve	<input type="radio"/> 2	<input type="radio"/> 2
Moderado	<input type="radio"/> 3	<input type="radio"/> 3
Algo intenso	<input type="radio"/> 4	<input type="radio"/> 4
Intenso (gran dificultad)	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
Muy intenso	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9
Muy, muy intenso (máximo de intensidad)	<input type="radio"/> 10	<input type="radio"/> 10



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13. Other symptoms at the end of exercise:

- ☐ chest pain
- ☐ calf pain
- ☐ dizziness
- ☐ leg pain
- ☐ hip pain
- ☐ other:

14. Results:

- ☐ Complete
- ☐ Incomplete
- ☐ Not Done

Reason incomplete or not done

- ☐ Equipment malfunction
- ☐ Participant physically unable to continue
- ☐ Participant refused
- ☐ Other: