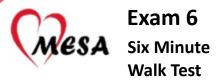


$C_{\lambda a}$	Exam 6	Participant ID #:						Acrostic:							
MES	A Six Minute Walk Test	Technician ID:					Date:	Month /		ay	/		Yea	ar	_
		Borg questions:					d inistered	d Inter	view	er II	ɔ: [_
1. EXCLUDE if:	(select all that apply)														
☐ Use of	wheelchair, crutches or wa	alker													
☐ Inabilit	y to walk because of musc	uloskeletal problems													
☐ Heart r	ate of less than 50 or mor	e than 110 beats per min	ute at	rest						1	_	一			
☐ Systolic	c blood pressure of >180 C	R diastolic blood pressur	e of >	110	S	ВР		DBP							
☐ Chest p	pain within the past four w	eeks													
☐ New or	worsening symptoms of o	chest pain, shortening of	breatl	n, or f	aintii	ng in	the pas	t 8 weeks							
□ None o	of the above (include)														
2. Supplement	tal oxygen during the test?	,													
O Yes -	L/min	Туре:]					
3. Baseline hea	art rate														
4. Baseline Sp0	02 %														



5. Pre-test Borg Dyspnea Fatigue Scale

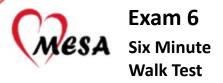
Please fill in the circle that you believe is your level of shortness of breath and fatigue using this scale:

Grade	Shortness of breath	Fatigue
Nothing at all	O 0	O 0
Very, very slight (just noticeable)	O.5	O 0.5
Very slight	O 1	0 1
Slight (light)	O 2	O 2
Moderate	O 3	O 3
Somewhat severe	O 4	O 4
Severe (heavy)	O 5	O 5
	O 6	O 6
Very severe	O 7	0 7
	O 8	0 8
	O 9	O 9
Very, very severe (maximal)	O 10	O 10



Exam 6 Six Minute Walk Test

6. Start time Hr Min Sec (military time)
7. End time Hr Min Sec (military time)
8. Stopped or paused before 6 minutes?
O Yes — Reason: O No
9. a) Number of <u>complete</u> laps (a): (x 40 meters)
b) Number of additional markers (b): (1 marker = 2 meters)
Total distance walked in 6 minutes: meters
10. Post-walk heart rate
11. Post-walk SpO ₂ %



12. Post-test Borg Dyspnea Fatigue Scale

Please fill in the circle that you believe is your level of shortness of breath and fatigue using this scale:

	Shortness of	
Grade	breath	Fatigue
Nothing at all	O 0	O 0
Very, very slight (just noticeable)	O.5	O 0.5
Very slight	O 1	O 1
Slight (light)	O 2	○ 2
Moderate	○ 3	3
Somewhat severe	O 4	O 4
Severe (heavy)	○ 5	O 5
	O 6	O 6
Very severe	O 7	O 7
	0 8	0 8
	O 9	O 9
Very, very severe (maximal)	O 10	O 10

13. Otl	ner symptom	s at the end of exercise:
	chest pain	
	calf pain	
	dizziness	
	leg pain	
	hip pain	
	other:	
	L	
14. Re	sults:	
0	Complete	Reason incomplete or not done
0	Incomplete	O Equipment malfunction
0	Not Done	O Participant physically unable to continue
		O Participant refused
		O Other: