



39080



Interviewer (initials)

COPD Gene ID

Month

Day

Year

Center (eg, NJC)

6-Minute Walk Test

Has the *Safety Assessment* form been completed for this subject?

Yes No

If **No**, then **STOP**. Do not complete or submit this form until this has been done.

Oxygen, Distance Walked, and Course

Supplemental O2 during walk L/min

If none used, enter 0 .

Distance walked ft

Enter distance in **feet**.

Course layout Straight Circular

SaO2 and Heart Rate

Immed end of walk SaO2 % Heart rate bpm

1-min post-walk

Note: If SaO2 = 100, then enter 99.

Symptoms of Limitation during the Walk

Was your walking limited?

Yes No

If **Yes**, mark all that apply.

Back pain Joint pain Leg discomfort or fatigue Shortness of breath

Instructions

At the end of each minute, give the subject the time elapsed, the time left, and the encouragement below

Minute Encouragement

- 1 Do your best.
- 2 Try your hardest.
- 3 Keep going.
- 4 Give it your all.
- 5 Walk faster if you can.

Example: at the end of minute 4, say

4 minutes. You have 2 minutes to go. Give it your all.

