Six Minute Walk

Subject ID	
Coordinator's initials	
Coordinator 5 milliais	(ana)
	(aaa)
Has the Safety Assessment form been completed for this subject?	○ Yes○ No
If No, then STOP. Do not complete this form until this has been	done.
Instructions At the end of each minute, give the subject the time elapsed, th	e time left, and the encouragement below.
MinuteEncouragement 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, "Four minutes. You have 2	2 minutes to go. Give it your all."
Did the subject attempt the 6-minute walk?	YesNo, safety concern noted on Safety form
If Yes, complete the rest of the form. If No, stop.	No, non-ambulatory No, subject refused, no safety concern
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



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Sauz and Heart Rate: Immediately after v	waik	
SaO2, immediately after walk		
	(MAX=100%)	
Heart Rate, immediately after walk		
	(bpm)	
SaO2 and Heart Rate: 1 minute post-wall	k	
SaO2, 1-min post-walk		
Heart Rate, 1-minute post-walk		
	(bpm)	
Symptoms of Limitation during the Walk		
Was the subject's walking limited?		
If Yes, mark all that apply.	☐ Back pain ☐ Joint pain ☐ Leg discomfort or fatigue ☐ Shortness of breath	

