SIX MINUTE WALK TEST WORKSHEET

Name ___________________ DOB ___________ Test date ___________

Gender: M/F   Race __________

Height _____ft _____in   Weight _______lbs_______kg

Medications taken before the test (dose and time)
____________________________________________________________________
__________________________________________________________________

Supplemental O₂: no   yes ____ L/min   Assistive device: no   yes ______

Pre Test/Baseline
BP ____________________
HR ____________________
SpO₂___________________
Dyspnea (Borg) ________
Fatigue (Borg) __________

End of Test
BP ____________________
HR ____________________
SpO₂___________________
Dyspnea (Borg) ________
Fatigue (Borg) __________

Stopped or paused before 6 minutes completed? No   Yes, reason___________

Other symptoms at the end of test: angina   dizziness   hip, knee, calf pain
other __________________________________________

Number of laps__________(x100 meters) + final partial lap_______meters= total
distance walked in 6 minutes: ________________ meters

Comments:

Technician: ____________________________________________
RATE OF PERCEIVED DYSPNEA

0  Not at all
1  Very Slight
2  Slight
3  Moderate
4  Somewhat Hard
5  Severe
6
7  Very Severe
8
9
10 Very, very severe
RATE OF PERCEIVED EXERTION

0  Not at all
1  Very light
2  Light
3
4  Somewhat Hard
5
6  Hard
7  Very hard
8
9  Extremely hard
10 Maximum exertion