

**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 O<sub>2</sub>:** no yes \_\_\_\_ L/min **Assistive device:** no yes \_\_\_\_\_

**Pre Test/Baseline**

**End of Test**

**BP** \_\_\_\_\_

**BP** \_\_\_\_\_

**HR** \_\_\_\_\_

**HR** \_\_\_\_\_

**SpO<sub>2</sub>** \_\_\_\_\_

**SpO<sub>2</sub>** \_\_\_\_\_

**Dyspnea (Borg)** \_\_\_\_\_

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**Fatigue (Borg)** \_\_\_\_\_

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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