

(Affix patient label here)

Patient ID:

Family name:

Given name(s):

Date of birth:

Sex: M F I

Six Minute Walk Test (6MWT) recording form

- Medical history checked
 Medical clearance provided for the patient to participate in exercise testing

Contraindications to 6MWT:

- Resting heart rate > 120 beats / min after 10 minutes rest (relative contraindication)
 Systolic blood pressure > 180 mm Hg +/- diastolic blood pressure > 100 mm Hg (relative contraindication)
 Resting SpO₂ < 85% on room air or on prescribed level of supplemental oxygen
 Physical disability preventing safe performance
 No contraindications identified

6MWT 1						Date:	Time:
Supplemental Oxygen						Mobility Aid	
Time mins	BP	SpO ₂	HR	RPE	Distance walked	Rests / comments	
Rest							
1							
2							
3							
4							
5							
6							
Recovery 1							
2							

Total distance: _____ **Symptom recovery:** _____ **HR recovery:** _____

Limiting factor: _____

Was test terminated? No Yes If yes: when?

6MWT Termination Criteria:

- | | |
|--|---|
| <input type="checkbox"/> Chest pain or angina-like symptoms | <input type="checkbox"/> Intolerable dyspnoea, unrelieved by rest |
| <input type="checkbox"/> Heart rate > Predicted HR max. | <input type="checkbox"/> Persistent SpO ₂ <85% (Note: pending clinical presentation) |
| <input type="checkbox"/> Evolving mental confusion, light-headedness or incoordination | <input type="checkbox"/> Abnormal gait pattern (leg cramps, staggering, ataxia) |
| <input type="checkbox"/> Physical or verbal severe fatigue | <input type="checkbox"/> Other clinically warranted reason |

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6MWT 2						Date:	Time:
Supplemental Oxygen						Mobility Aid	
Time mins	BP	SpO ₂	HR	RPE	Distance walked	Rests / comments	
Rest							
1							
2							
3							
4							
5							
6							
Recovery 1							
2							

Total distance: _____ **Symptom recovery:** _____ **HR recovery:** _____

Limiting factor: _____

Was test terminated? No Yes If yes: when?

6MWT Termination Criteria:

- | | |
|--|---|
| <input type="checkbox"/> Chest pain or angina-like symptoms | <input type="checkbox"/> Intolerable dyspnoea, unrelieved by rest |
| <input type="checkbox"/> Heart rate > Predicted HR max. | <input type="checkbox"/> Persistent SpO ₂ <85% (Note: pending clinical presentation) |
| <input type="checkbox"/> Evolving mental confusion, light-headedness or incoordination | <input type="checkbox"/> Abnormal gait pattern (leg cramps, staggering, ataxia) |
| <input type="checkbox"/> Physical or verbal severe fatigue | <input type="checkbox"/> Other clinically warranted reason |