

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

End of Test

BP _____

BP _____

HR _____

HR _____

SpO₂ _____

SpO₂ _____

Dyspnea (Borg) _____

Dyspnea (Borg) _____

Fatigue (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: _____