

(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	SpO2	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?

<p><b>6MWT Termination Criteria:</b></p> <p><input type="checkbox"/> Chest pain or angina-like symptoms <input type="checkbox"/> Heart rate &gt; Predicted HR max. <input type="checkbox"/> Evolving mental confusion, light-headedness or incoordination <input type="checkbox"/> Physical or verbal severe fatigue</p>	<p><input type="checkbox"/> Intolerable dyspnoea, unrelieved by rest <input type="checkbox"/> Persistent SpO2 &lt;85% (Note: pending clinical presentation) <input type="checkbox"/> Abnormal gait pattern (leg cramps, staggering, ataxia) <input type="checkbox"/> Other clinically warranted reason</p>
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**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 SpO<sub>2</sub> < 85% on room air or on prescribed level of supplemental oxygen  
 Physical disability preventing safe performance  
 No contraindications identified

6MWT 2						Date:	Time:
Supplemental Oxygen						Mobility Aid	
Time mins	BP	SpO <sub>2</sub>	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 <sub>2</sub> <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                                      |