

Six Minute Walking Test

Lap counter:			
Patient name:			Patient ID:
Walk number:		Tech ID:	Date:
Gender:	Age:	Race:	Height: ft in meters
Weight: lbs kgs		Blood pressure:	
Medications taken before the test (dose and time):			
Supplemental oxygen during the test (Yes or No): (If yes): flow L/min, type			

	Baseline	End of test
TIME:	_____	_____
HEART RATE:	_____	_____
DYSPNEA:	_____	_____ (borg scale)
FATIGUE:	_____	_____ (borg scale)
SpO ₂ :	_____ %	_____ %

Stopped or pause before 6 minutes? Yes or No:	Reason:
Other symptoms at end of exercise: Angina, dizziness, hip, leg, or calf pain	
Number of laps: (x 60 meters) + final partial lap:	meters =
Total distanced walked in 6 minutes:	meters
Predicted distance: meters	Percent predicted: %
Tech comments:	
Additional notes:	