

# SIX-MINUTE WALK TEST

Local Center Name \_\_\_\_\_

Randomization Number  
\_\_\_\_\_ / \_\_\_\_\_

PRINT Patient Name \_\_\_\_\_

Date Completed      Last Mo      First Day      M.I.      Yr

CODE: 1 = YES, 0=NO

1. Was the Quality of Life questionnaire completed? ..... **Q1**

a. If yes, who completed the questionnaire? **Q1A**

**CODE**  
1=Patient  
2=Patient with assistance (specify \_\_\_\_\_)  
3=Staff  
4=Other (specify \_\_\_\_\_)

b. If no, the reason why the questionnaire was not completed:

**Q1B**

**CODE**  
1=Patient died  
2=Patient refused  
3=Patient hospitalized (try to complete a form within  
4 weeks either in the hospital or at a later date)

2. What is the patient's weight today? **Q2\_LBS** lbs. OR **Q2\_KG** kg.

3. Distance completed at three-minutes: a. **Q3\_FT** ft or b. **Q3\_METER** meters

4. Did the participant finish the Six-Minute Walk Test? ..... **Q4**

a. If no, how long did the patient walk? **Q4\_MIN** min **Q4\_SEC** sec

5. Were there any breaks in continuity? ..... **Q5**

6. Indicate any of the following symptoms present?

a. Angina ..... **Q6A**

b. Dyspnea ..... **Q6B**

c. Fatigue ..... **Q6C**

d. Dizziness ..... **Q6D**

e. Syncope ..... **Q6E**

f. Other (specify **Q6F\_COM**)

7. Total distance travelled at six minutes (enter feet or meters):

a. **Q7\_FT** ft or b. **Q7\_METER** meters

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