

6 Minute Walk Test

Form #:
Visit #:
Subject #: -
Initials:
Date: (mm-dd-yyyy) - -

Missing Value Codes

A=lab or equipment failure W=Weakness related E=examiner error X=unknown
 T=unable to test due to temporary condition

| Timepoint | Clinical Evaluator Comments |
|-----------------------|--|
| After 1 minute | You are doing well. You have 5 minutes to go. |
| After 2 minutes | Keep up the good work. You have 4 minutes to go. |
| After 3 minutes | You are doing well. You are halfway done. |
| After 4 minutes | Keep up the good work. You have 2 minutes left. |
| After 5 minutes | You are doing well. You have only 1 minutes to go. |
| With 15 seconds to go | In a moment, I'm going to tell you to stop. When I do, just stop right where you are & I will come to you. |
| When timer rings | STOP! |

Were any assistive devices used?

No Yes (Check all that apply)

Brace, right Brace, left Walking stick Cane Other, specify: _____

Test Details:

Calculations

| Test | Number of laps | | Distance of incomplete lap (m) | Total distance |
|------|----------------------|----------------------------------|---|------------------------|
| 2MWT | <input type="text"/> | <input type="text"/> x 40m/lap = | <input type="text"/> . <input type="text"/> | = <input type="text"/> |
| 6MWT | <input type="text"/> | <input type="text"/> x 40m/lap = | <input type="text"/> . <input type="text"/> | = <input type="text"/> |

If test terminated in less than 6 minutes, reason for terminating:

Fall Sat down Other: _____

Number of rests

Evaluator Notes: _____

_____ - -

Clinical Evaluator Signature **Initials** **Date (mm-dd-yyyy)**