

Six Minute Walk Test Recording Sheet

Name:

Date:

Age:

Predicted HRmax (220-age):

Medications:

FEV₁:

FVC:

Initial Assessment

Walk 1

Date:

Time:

Bronchodilator/time since last dose:

BP	Supplemental Oxygen	Gait Aid
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Time mins	SpO ₂	HR	Dyspnoea	Rests
Rest				
1				
2				
3				
4				
5				
6				
Recovery 1				
2				

Distance:

Limiting factor to the test:

SOB Low SpO₂

Leg fatigue Other: _____

Walk 2

Date:

Time:

Bronchodilator/time since last dose:

BP	Supplemental Oxygen	Gait Aid
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Time mins	SpO ₂	HR	Dyspnoea	Rests
Rest				
1				
2				
3				
4				
5				
6				
Recovery 1				
2				

Distance:

Limiting factor to the test:

SOB Low SpO₂

Leg fatigue Other: _____

Clinical note for using the recording sheet:

You do not need to record SpO₂%, heart rate and dyspnoea every minute but there is space on the table above if you wish to.

Final Assessment

FEV₁:

FVC:

Walk 1

Date:

Time:

Bronchodilator/time since last dose:

BP	Supplemental Oxygen	Gait Aid
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Time mins	SpO ₂	HR	Dyspnoea	Rests
Rest				
1				
2				
3				
4				
5				
6				
Recovery 1				
2				

Distance:

Limiting factor to the test:

SOB

Low SpO₂

Leg fatigue

Other: _____