

Participant ID

Nickname

Outcome visit

Diabetes Prevention Program Outcomes Study P12 Six Minute Walk Test Procedure Log

Complete Sections A and B of this form after a participant's eligibility is assessed at the 15A or 18A visit (15R and 18R for repeats). Complete Sections C, D, and E using the Six Minute Walk Test Worksheet for eligible participants.

A. Participant Identification

- 1. Clinic number
- 2. Participant number
- 3. Nickname
- 4. Date of randomization

month	day					year	
- 5. Sex

Male	1	Female	2
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- 6. Date of visit

month	day					year	
- 7. Outcome visit

P12VSTDT
 Replaced by
 DAYSRAND

VISIT

B. Eligibility Assessment

- 1. Seated arm blood pressure P12SBP

Systolic				/	Diastolic			

P12DBP mmHg
- 2. Heart rate P12HR

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bpm
- 3. Is the participant eligible to complete the six minute walk? P12ELIG

Yes	1	No	2
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If NO, specify reasons for ineligibility:

MARK WITH AN 'X' ALL THAT APPLY

- a. Participant experienced dizziness..... P12DIZNS
- b. Participant experienced shortness of breath P12SHTBR
- c. Participant experienced chest pain, pressure, or tightness..... P12CHPRE
- d. Participant feels unsafe to attempt the six minute walk P12UNSAFE
- e. Unstable angina or myocardial infarction during the previous month.....
- f. Heart rate (>120 or <40 bpm) or seated blood pressure (systolic >180 or diastolic >100)..... P12HRBP
- g. Other P12OTH

1. If OTHER, specify:

IF PARTICIPANT IS NOT ELIGIBLE, STOP: FORM IS COMPLETE.

Identification code of person completing form: Form entered in computer?

Participant ID

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Nickname

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Outcome visit

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C. Six Minute Walk Test

1. Stop watch time at the end of walk

P12EWLKT

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2. Did the participant stop to rest during the test?

P12REST Yes

1

 No

2

If YES,

a. Specify total length of time:

P12SPTM

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3. Did the participant complete the test?

P12CMTST Yes

1

 No

2

If NO,

a. Who stopped the test early?

P12STOP Administrator

1

 Participant

2

b. Reason for stopping:

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4. Did the participant use a walking aid?

P12WLKAD Yes

1

 No

2

If YES, specify:

MARK WITH AN 'X' ALL THAT APPLY

a. Walker P12WLKER

1

b. Cane P12CNE

1

c. Quad cane P12QDCNE

1

d. Other

1

1. **If OTHER, specify:**

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5. Borg CR-10 RPE level

P12BGLVL

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6. Heart rate (post-test)

P12HRPT

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 bpm

7. How did the participant feel after the test?

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8. Did the participant experience any symptoms during or after the test?

P12PATSYM Yes

1

 No

2

If YES, specify:

MARK WITH AN 'X' ALL THAT APPLY

a. Chest pain..... P12CSTPN

1

b. Feeling faint or dizzy..... P12FNTDIZ

1

c. Leg pain..... P12LGPN

1

d. Shortness of breath P12SOTBR

1

e. Other P12EXPOTH

1

Participant ID

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Nickname

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1. If OTHER, specify:

9. Did the examiner observe any symptoms during or after the test? P12EXSYMP Yes

 No

If YES, specify:

MARK WITH AN 'X' ALL THAT APPLY

- a. Shortness of breath P12EXSTBR
- b. Wheezing / Dyspnea P12WZDP
- c. Signs of Discomfort P12SGDIS
- d. Unsteadiness P12UNST
- e. Sweating P12SWT
- f. Other P12EXOTH

1. If OTHER, specify:

10. Number of lengths completed P12LGTH

11. Additional meters completed P12MTRS

Course Length: CLENGTH (meters)