

Entered: \_\_/\_\_/20\_\_  
mm dd yy

Initials: \_\_\_\_\_

Verified: \_\_/\_\_/20\_\_  
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Initials: \_\_\_\_\_

For office use only.

400 Meter Walk Data Collection Form: Version 09/01/2010 FORMV

Patient ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ID

Form Completion Date \_\_/\_\_/20\_\_  
MWEDAT mm dd yy

Certification number: \_\_\_\_\_ CERT

Visit: \_\_\_\_\_ VISIT

**READ:** We would like you to attempt to walk 400 meters (about ¼ mile) at your usual walking pace, as a measure of physical function. So that I can record your heart rate before, during and after the walk I'd like you to wear a Polar heart rate monitor. The monitor has two pieces. The first piece is placed under your shirt against your chest with a band. The second piece, which displays your heart rate, is worn like a wrist watch. Immediately before and after the walk I will measure your heart rate. I will also measure your resting heart rate 2 minutes after you have completed the walk. Therefore, after the walk I will ask you to please sit and rest for 2 minutes. May I put the heart rate monitor on you now?

*After putting the Polar Heart Rate Monitor on the participant, accompany the participant to the starting line and ask him or her to sit in the chair at the start while you explain the next section.*

During this walk, I will ask you to rate how hard you feel you are working while you continue walking. When I ask you to rate how hard you are working during the walk, I want you to think about the total feeling of exertion in your overall body, including your breathing and muscles.

Please note, as a safety precaution if your heart rate goes above 135 beats per minute at any time during the walk the heart rate monitor will beep and I will ask you to slow down. Please do not be alarmed, simply slow down. If your heart rate remains above 135 beats per minute for more than 5 minutes I will end the walk and ask that you sit and rest.

If, at any time during the test, you feel any chest pain, tightness or pressure in your chest, you become short of breath or if you feel faint, lightheaded or dizzy, or you feel knee, hip, calf, or back pain please tell me. If you feel any of these symptoms, you may slow down or rest. You may also choose to stop the walk.

Do you have any questions?

1. Resting heart rate before start of walk: \_\_\_\_\_ bmp

HRSTART

**READ:** When I say 'GO,' start walking at your **usual pace**. Ready, GO."

*Cross off as each lap is completed. If using short course cross off half laps as well.*

	1	2	3	4*	5	6	7	8*	9	10
--	---	---	---	----	---	---	---	----	---	----

*Offer participant encouragement after each 40 meter lap.*

**READ:** Good job or you are doing well or keep it up. You have completed \_\_\_\_ laps and have \_\_\_\_ to go.

*\*After the 4<sup>th</sup> & 8<sup>th</sup> lap, read the following question to the participant:*

**READ:** Please tell me how hard you feel you are working right now. Is it "light", "somewhat hard", "hard", or "very hard"?

2. Did the participant complete the 4<sup>th</sup> lap? **LAP4**

0. No  1. Yes

2.1 If yes, response after the 4<sup>th</sup> lap: **LAP4WORK**

- 1. light
- 2. somewhat hard
- 3. hard\*
- 4. very hard\*

3. Did the participant complete the 8<sup>th</sup> lap? **LAP8**

0. No  1. Yes

3.1 If yes, response after the 8<sup>th</sup> lap: **LAP8WORK**

- 1. light
- 2. somewhat hard
- 3. hard\*
- 4. very hard\*

*\*If the participant reports "hard" or "very hard":*

**READ:** I would like to remind you to walk at your usual pace. If you develop chest pain or significant shortness of breath, or are too uncomfortable to continue, please stop walking and tell me. If you need to, you may stand in place and rest.

4. Record the following information about rest stops. For each rest stop, record the length of time of the rest (*standing rests only*). After 30 seconds and again after 60 seconds, ask participant if he/she feels okay to continue walking.

Rest Stop	< 30 sec (1)	30 sec (2)	31-59 sec (2)	60 sec (4)	> 60 sec (test stopped) (5)
1 <b>REST1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <b>REST2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <b>REST3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <b>REST4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>REST5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <b>REST6</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <b>REST7</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 <b>REST8</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 <b>REST9</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 <b>REST10</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Total number of rest stops: \_\_\_\_\_ (*rest stops*)  
**RESTNUM**

6. Did participant complete all 10 laps (*short course: count each lap as half lap*)? **LAPCOMP**  0. No  1. Yes → Skip to question 7

If no,

6.1 Number of laps completed ( <i>short course: count each lap as half lap</i> ). _____ ( <i>laps</i> ) <b>LAPNUM</b>					
6.2 How many additional meters walked after the last fully completed lap? _____ ( <i>meters</i> ) <b>LAPMETER</b>					
6.3 Why didn't the participant complete 400 meters ( <i>specify no or yes to each</i> )?					
No	Yes		No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Participant reported that they felt too tired during test <b>LAPTIRE</b>	<input type="checkbox"/>	<input type="checkbox"/>	Participant sat down during test <b>LAPSAT</b>
<input type="checkbox"/>	<input type="checkbox"/>	Reported chest pain, tightness, or pressure during test <b>LAPCP</b>	<input type="checkbox"/>	<input type="checkbox"/>	Participant needed to rest for more than 60 seconds <b>LAPREST</b>
<input type="checkbox"/>	<input type="checkbox"/>	Reported trouble breathing or shortness of breath during test <b>LAPSOB</b>	<input type="checkbox"/>	<input type="checkbox"/>	Participant requested or needed cane or assistive device <b>LAPCANE</b>
<input type="checkbox"/>	<input type="checkbox"/>	Reported feeling faint, lightheaded or dizzy during test <b>LAPDIZ</b>	<input type="checkbox"/>	<input type="checkbox"/>	More than 15 minutes elapsed from start of test <b>LAP15M</b>
<input type="checkbox"/>	<input type="checkbox"/>	Reported knee pain during test <b>LAPKNEE</b>	<input type="checkbox"/>	<input type="checkbox"/>	Participant heart rate was over 135 bpm for 5 minutes <b>LAPHR</b>
<input type="checkbox"/>	<input type="checkbox"/>	Reported hip pain during test <b>LAPHIP</b>	<input type="checkbox"/>	<input type="checkbox"/>	Participant refused <b>LAPREFU</b>
<input type="checkbox"/>	<input type="checkbox"/>	Reported leg pain during test <b>LAPCALF</b>	<input type="checkbox"/>	<input type="checkbox"/>	Other <b>LAPOTH</b> (Specify: __ <b>LAPOTHS</b> __)
<input type="checkbox"/>	<input type="checkbox"/>	Reported back pain during test <b>LAPBACK</b>			

7. Time at 400-m or at stop:   :   :    
 Min.                      Sec                      Hundredths/Sec  
**WALKM**                      **WALKS**                      **WALKH**

8. Heart rate at 400-m or at stop: \_\_\_\_\_ bpm **HREND**

9. Average heart rate at the end of the walk: \_\_\_\_\_ bpm (*record -2 "n/a" if heart rate was measured manually*)  
**HREND A**

10. Heart rate 2 minutes after stop: \_\_\_\_\_ bpm **HR2MIN**

11. How was heart rate measured for this test? **HRMEAS**  1. Polar Heart Monitor  2. Manually

12. While you were walking did you have any of the following symptoms:

	No	Yes	Don't Know	Refused
12.1 Chest pain? <b>SYMCEST</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2 Shortness of breath? <b>SYMSOB</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3 Knee pain? <b>SYMKNEE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4 Hip pain? <b>SYMHIP</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5 Calf pain? <b>SYMCALF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.6 Foot pain? <b>SYMFOOT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.7 Numbness or tingling in your legs or feet? <b>SYMNUM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.8 Leg cramps? <b>SYMLEG</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.9 Back pain? <b>SYMBACK</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.10 Other <b>SYMOTH</b> (specify ____ <b>SYMOTHS</b> ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Are you having any discomfort now? **DISNOW**  0. No  1. Yes

If yes,

What type of discomfort are you having?

*Note: If the participant develops, as a result of the corridor walk, chest pain or other symptoms listed below, the clinic supervisor should be notified immediately to determine whether or not medical attention is warranted. If the participant specifies an "other" symptom, it is up to the person administering the 400 meter walk to determine if a clinic supervisor should be notified to determine whether medical attention is needed. If uncertain, then the clinic supervisor should be notified. A "clinic supervisor" can be any person with medical training who has the ability to determine whether or not there is a need for medical attention prior to the participant leaving the research visit. "Medical attention" is defined as an intervention, prescription for physical therapy, prescription for or administration of medication, medical tests ordered, participant held for observation, etc by a trained medical professional.*

	No	Yes
13.1 Chest pain, pressure <b>DISCHEST</b>	<input type="checkbox"/>	<input type="checkbox"/>
13.2 Shortness of breath <b>DISSOB</b>	<input type="checkbox"/>	<input type="checkbox"/>
13.3 Loss of consciousness or an acute or new-onset bout of "dizziness" and /or "lightheadedness" <b>DISDIZ</b>	<input type="checkbox"/>	<input type="checkbox"/>
13.4 Persistent severe lower extremity pain that does not resolve <b>DISLOW</b>	<input type="checkbox"/>	<input type="checkbox"/>
13.5 Wheezing or dyspnea <b>DISDYS</b>	<input type="checkbox"/>	<input type="checkbox"/>
13.6 Back Pain <b>DISBP</b>	<input type="checkbox"/>	<input type="checkbox"/>
13.7 Other <b>DISOTH</b> Specify ____ <b>DISOTHS</b> ____	<input type="checkbox"/>	<input type="checkbox"/>