

Entered: __/__/20__
mm dd yy

Initials: _____

Verified: __/__/20__
mm dd yy

Initials: _____

For office use only.

400 Meter Walk Eligibility Form (WEF)– Version 04/16/2012 FORMV

Patient ID _____ - _____ - _____ ID WEFDAT Form Completion Date __/__/20__
mm dd yy

Certification number: _____ CERT VISIT Visit: _____

1. Does the patient use a wheel chair, walker or quad cane? **QUADCANE** 0.No 1. Yes → *If yes, do not test.*

2. Blood Pressure: __/__(mmHg) * **SBP/DBP**
(systolic) (diastolic)

Is SPB more than 180 mmHg? **SBP180** 0.No 1. Yes → *If yes, do not test.*

Is DPB more than 100 mmHg ? **DBP100** 0.No 1. Yes → *If yes, do not test.*

3. Resting heart rate: ____(bpm) * **HRATE**

Is resting heart rate more than 110 bpm? **HR110** 0.No 1. Yes → *If yes, do not test.*

Is resting heart rate less than 40 bpm? **HR40** 0.No 1. Yes → *If yes, do not test.*

4. Is there evidence of any of the following abnormal ECG findings in the last 12 months? Check “no” or “yes” for each:
No Yes

Atrial fibrillation or atrial flutter (new onset) **ECGAF** → *If yes, do not test.*

Wolff-Parkinson-White (WPW) or ventricular pre-excitation **ECGWPW** → *If yes, do not test.*

Idioventricular rhythm **ECGIR** → *If yes, do not test.*

Ventricular tachycardia **ECGVI** → *If yes, do not test.*

Third degree or complete A-V block **ECGTD** → *If yes, do not test.*

Any statement including reference to acute injury or acute ischemia, or marked T-wave abnormality **ECGAI** → *If yes, do not test.*

Abnormal cardiogram indicative of ischemia without medical/cardiac clearance for surgery: **ECGAC** (Specify: ECGACS) → *If yes, do not test.*

5. In the **past 3 months**:

5.1 Were you hospitalized for myocardial infarction or heart attack? **WEFMI** 0.No 1. Yes → *If yes, do not test.*

5.2 Have you had angioplasty or heart surgery? **WEFHEART** 0.No 1. Yes → *If yes, do not test.*

5.3 Have you seen a health care professional or thought about seeing a health care professional for new or worsening symptoms of chest pain? **WEFCP** 0.No 1. Yes → *If yes, do not test.*

5.4 Have you had angina? **WEFANG** 0.No 1. Yes → *If yes, do not test.*

5.5 Did you have major thoracic (chest), abdominal or joint surgery? **WEFSURG** 0.No 1. Yes → *If yes, do not test.*

5.6 Were you hospitalized for 3 or more days? **WEFHOSP** 0.No 1. Yes → *If yes, do not test.*

If participant has been disqualified– based on any of the above questions, skip to question 8 on the next page:

6. Do you feel it would be **UNSAFE** for you to walk up and down this hallway? 0.No 1. Yes → *If yes, do not test*

If yes, specify why by checking “no” or “yes” for each:		
6.1 Participant is light headed or dizzy.	<input type="checkbox"/> 0.No <input type="checkbox"/> 1. Yes	UNSAFELD
6.2 Participant did not feel well (e.g., too tired, ill, hot, sweaty, nervous)	<input type="checkbox"/> 0.No <input type="checkbox"/> 1. Yes	UNSAFENW
6.3 Participant was afraid of falling	<input type="checkbox"/> 0.No <input type="checkbox"/> 1. Yes	UNSAFEAF
6.4 Participant said that it was painful to walk or had an injury that limited walking.	<input type="checkbox"/> 0.No <input type="checkbox"/> 1. Yes	UNSAFEPW
6.5 Test results (ECG/BP/HR) pending	<input type="checkbox"/> 0.No <input type="checkbox"/> 1. Yes	UNSAFETR
6.6 Other: (Specify: _____ UNSAFES _____)	<input type="checkbox"/> 0.No <input type="checkbox"/> 1. Yes	UNSAFEO

7. Are you wearing shoes that make it difficult for you to walk? **BADSHOE** 0.No 1. Yes → *If yes, do not test*
If patient has comfortable shoes to change into ask participant to change shoes and mark no.

8. Did the participant agree to perform the corridor walk? **AGREEWLK** 0.No 1. Yes → If no, do not test

9. Is there an area where the corridor walk can be performed? **WALKAREA** 0.No 1. Yes → If no, do not test

*If physical measures are done within 24 hours of completing this form, then the blood pressure (item 1.3) and resting pulse (item 1.4) can be transcribed from the Research Coordinators Assessment form.