	eter Walk - Alternate Protocol	
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te of Vi	sit:	
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sit Code	:	
sit_code	}	
rcode:		
arcode}		
1.	Do you feel it would be safe to try to walk up and down this hallway 20 times?	(safe) () (1) Yes (demonstrate (2) No (Go to Q3) (-8) Don't Know (Go
2.	Would you be willing to try it and see how you feel? Keep in mind that you	{willing}
	may stop at any time.	() (1) Yes (demonstrate (2) No (Go to Q3)
		(1) Yes (demonstrate (2) No (Go to Q3)
3.	Did participant bring a cane (walking device) to the clinic? (no other assistive devices are allowed; e.g. quad canes or walkers)	(1) Yes (demonstrate

								(2)	No (Go to Q13)
Did the	participan	t use an a	ssistive wa	ılking devi	ce during	the test?		{device}	
								() (1) (2)	Yes No
	<b>V</b>								
{lap1}	{lap2}	{lap3}	{lap4}	{lap5}	{lap6}	{lap7}	{lap8}	{lap9}	{lap10}
Lap 1*	Lap 2	Lap 3	Lap 4	Lap 5	Lap 6	Lap 7	Lap 8**	Lap 9	Lap 10
*After 10	0 meters:								
6.a	10 Mete time:	r split	{comp10	OM}	Second	S			
					g right nov	v. Is it "ligl	ht",		rd}
"somew	hat hard",	, "hard" or	"very hard	d"?				(1) (2) (3) (4)	Light Somewhat hard Hard Very Hard
(cont) M	lark an X i	n the corre	esponding	box below	v when ead	ch lap is co	ompleted:		
{lap11}	{lap12}	{lap13}	{lap14}	{lap15}	{lap16} □	{lap17}	{lap18}	{lap19}	{lap20} □
Lap 11	Lap 12	Lap 13	Lap 14	Lap 15	Lap 16	Lap 17	Lap 18	Lap 19	Lap 20
Record	the numbe	er of rest s	tops by le	ngth (only	standing :	rests are a	llowed):		
< 30 sec	onds		{restLT3	0}					
30.01 - 6	60 seconds	s	{rest306	0}					
> 60 sec any)	onds (sto	p test if	{restGT6	60}					
	Mark and {lap1} Lap 1* *After 16 6.a  Please t "somew (cont) M {lap11} Lap 11 Record < 30 sec	Mark an X in the collaps { lap2}  Lap Lap 2 1*  *After 10 meters: 6.a 10 Meter time:  Please tell me how "somewhat hard";  (cont) Mark an X in the collaps { lap11} { lap12}  Lap Lap 11 12  Record the number < 30 seconds	Mark an X in the correspond  { ap1}	Mark an X in the corresponding box be {lap1} {lap2} {lap3} {lap4}  Lap Lap 2 Lap 3 Lap 4  1*  *After 10 meters:  6.a 10 Meter split time:  Please tell me how hard you feel you a "somewhat hard", "hard" or "very hard"  (cont) Mark an X in the corresponding {lap11} {lap12} {lap13} {lap14}  Lap Lap Lap Lap Lap  11 12 13 14  Record the number of rest stops by leter contact the stops of the stops	Mark an X in the corresponding box below when { ap1}	Mark an X in the corresponding box below when each lap is a second from the corresponding box below	{lap1}       {lap2}       {lap3}       {lap4}       {lap5}       {lap6}       {lap7}         Lap       Lap 2       Lap 3       Lap 4       Lap 5       Lap 6       Lap 7         1*       *After 10 meters:       **Comp10M}       Seconds         6.a       10 Meter split time:       {comp10M}       Seconds    Please tell me how hard you feel you are working right now. Is it "light" somewhat hard", "hard" or "very hard"? (cont) Mark an X in the corresponding box below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below when each lap is contained that the corresponding has below the corresponding has	Mark an X in the corresponding box below when each lap is completed:  {lap1} {lap2} {lap3} {lap4} {lap5} {lap6} {lap7} {lap8}  Lap Lap 2 Lap 3 Lap 4 Lap 5 Lap 6 Lap 7 Lap 1* 8***  *After 10 meters:  6.a 10 Meter split time:  Please tell me how hard you feel you are working right now. Is it "light", "somewhat hard", "hard" or "very hard"?  (cont) Mark an X in the corresponding box below when each lap is completed:  {lap11} {lap12} {lap13} {lap14} {lap15} {lap16} {lap17} {lap18}  Lap	Did the participant use an assistive walking device during the test?    Gevice  O (1) (2) (2) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4

Do you feel it would be safe if you could use your cane (or other device)?

{safewkdv}

8	a. Did the participant com	plete the 400 meter walk?		{walk_comp} () (1) Yes (2) No
	If No, Number of	f meters completed:		{m_cmp}
	b. Time to walk 400 meters	s or to stop the test:		{walk_min}{walk_sec
9.	Pulse (beats per 30 second	ds x 2):		{end_bpm
10.	If test stopped early, ask "  {stp_brth}  Shortness of breath  {stp_chst}  Chest Pain  {stp_leg}  Leg Pain	Why did you feel you couldn't  {stp_fnt} □  Feeling Faint or Dizzy  {stp_fat} □ Fatigue  {stp_oth} □ Other  If Other, Specify:	continue?"  {stp_otsp}	
11.	At end of walk ask, is there	e anything bothering you? ecify what:	{end_bosp}	{end_both} () (1) Yes (specify) (2) No
	If Yes, please sp	ecify what:	{end_bosp}	

	{obs_none} ■ None	{obs_disc} ☐  Signs of discomfort		
	{obs_brth} ☐  Shortness of breath  {obs_whz} ☐	{obs_unst} ☐ Unsteadiness  {obs_swt} ☐ Sweating		
	Wheezing / dyspnea	,		
	{obs_oth}  Other	If Other, Specify:	{obs_otsp}	
13.	Comments:			
	{comments}			

## 400 Meter Walk - Alternate (10 M) Course

A( VI D/	ID: CROSTIC: ISIT: ATE of VISIT:			
	rticipant uses cane or other assistive device: er walking device).	i would like you	u to attempt this test v	without your cane (or
1.	Do you feel it would be safe to try to walk up  ☐ Yes → Read script below ☐ No → Go to Q3 ☐ Don't Know → Go to Q2	p and down this	hallway up to 20 times?	
2.	Would you be willing to try it and see how y  ☐ Yes → Read script below ☐ No → Go to Q3	ou feel? Keep in	mind that you may sto	p at any time.
3.	Did participant bring a single straight cane to or walkers)  ☐ Yes → Go to Q4  ☐ No → Go to Q13	o the clinic? (no	other assistive devices	allowed; e.g. quad canes
4.	Do you feel it would be safe if you could use  ☐ Yes → Read script below ☐ No → Go to Q13	e your cane?		
feel r	ot: I will demonstrate 1 lap. (Demonstrate.) ready to begin, the test may proceed: I will v fortable pace you can maintain. Ready? C	valk behind you		
5.	Did the participant use an assistive walking  Yes  No	device during th	e test?	

6. Mark an <b>X</b> in the corresponding box below when each lap is completed:									
Lap 1	Lap 2	Lap 3	Lap 4	Lap 5	Lap 6	Lap 7	Lap 8	Lap 9	Lap 10
*							**		
	* After 10 meters:								
	6a. 10 meter split time:  Seconds								
** After la	** After lap 8:								
	se tell me ho y hard"?	ow hard yo	u feel you	are workin	ig right nov	w. Is it "lig	ht", "somev	vhat hard",	"hard" or
	Light								
	Somewhat ha	ard							
	Hard								
	☐ Very Hard								
If pa	rticipant repo	rts "hard" o	r "very hard	l": I would l	like to remi	ind you to	walk at you	ır usual pa	ce without
	exerting you								
	omfortable to rest for a fev		•	op walking	and tell m	e. If you no	eed to, you	may Stand	in place
6. (con	6. (cont) Mark an <b>X</b> in the corresponding box below when each lap is completed:								
Lap 11	Lap 12	Lap 13	Lap 14	Lap 15	Lap 16	Lap 17	Lap 18	Lap 19	Lap 20
7. Rec	7. Record the number of rest stops by length (only standing rests are allowed):								
< 3	) seconds						Total r	number of s	tops:
30.	30.01 - 60 seconds								
> 6	> 60 seconds (stop test if any)								
00 D:4	ho participes	t complete	tha 100 ma	tor well-2					
	the participan Yes	Complete	u 16 400 1116	ici waik?					
	No → Numbe	er of meters	completed	:					

8b. Time to walk 400 meters or to stop the test:  Minutes Seconds
9. Pulse (beats per 30 seconds x 2):  bpm
10. If test stopped early, ask Why did you feel you couldn't continue?
☐ Shortness of breath ☐ Feeling faint or dizzy
Chest pain Fatigue
☐ Leg pain ☐ Other →
11. At end of walk ask, <b>is there anything bothering you?</b>
☐ Yes →
□ No
12. Observed symptoms at end of walk: (Mark all that apply.)
☐ None ☐ Signs of discomfort
☐ Shortness of breath ☐ Unsteadiness
☐ Wheezing / dyspnea ☐ Sweating
☐ Other →
13. Comments: