

Participant ID:

{pid}

Date of Visit:

{d_form}

Acrostic:

{acrostic}

Administered By:

{compy}

Visit Code:

{visit_code}

Barcode:

{barcode}

400 Meter Walk

1. **Do you feel it would be safe to try to walk up and down this hallway 10 times?**

{safe}

- ()
- (1) Yes (demonstrat
- (2) No (Go to Q3)
- (-8) Dont Know (Go

2. **Would you be willing to try it and see how you feel? Keep in mind that you may stop at any time.**

{willing}

- ()
- (1) Yes (demonstrat
- (2) No (Go to Q3)

3. **Did participant bring a single straight cane (walking device) to the clinic? (no other assistive devices allowed; e.g. quad canes or walkers)**

{walkdev}

- ()
- (1) Yes (Go to Q4)
- (2) No (Go to Q13)

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

{safewkdv}

- ()
- (1) Yes (demonstrat
- (2) No (Go to Q13)

5. Did the participant use an assistive walking device during the test?

{device}

- ()
- (1) Yes
- (2) No

6. Mark an X in the corresponding box below when each lap is completed:

{lap1}	{lap2}	{lap3}	{lap4}	{lap5}	{lap6}	{lap7}	{lap8}	{lap9}	{lap10}
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lap 1*	Lap 2	Lap 3	Lap 4**	Lap 5	Lap 6	Lap 7	Lap 8	Lap 9	Lap 10

**After 20 meters:*

6.a 20 Meter split time: Seconds

***After lap 4:*

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

{howhard}

- ()
- (1) Light
- (2) Somew
- (3) Hard
- (4) Very H

7. Record the number of rest stops by length (only standing rests are allowed):

< 30 seconds

30.01 - 60 seconds

> 60 seconds (stop test if any)

Total Number of stops:

8 a. Did the participant complete the 400 meter walk?

{walk_comp}

- ()
- (1) Yes
- (2) No

If No, Number of meters completed:

{m_cmp}

Meters

b. Time to walk 400 meters or to stop the test:

{walk_min}

Minutes

{walk_sec}

Seconds

9. Pulse (beats per 30 seconds x 2):

{end_bpm}

BPM

10. If test stopped early, ask "Why did you feel you couldn't continue?"

{stp_brth}

Shortness of breath

{stp_fnt}

Feeling Faint or Dizzy

{stp_chst}

Chest Pain

{stp_fat}

Fatigue

{stp_leg}

Leg Pain

{stp_oth}

Other

If Other, Specify:

{stp_otsp}

11. At end of walk ask, Is there anything bothering you?

{end_both}

- ()
- (1) Yes (specify)
- (2) No

If Yes, please specify what:

{end_bosp}

12. Observed symptoms at end of walk: (Mark an X to all that apply.)

{obs_none}

None

{obs_disc}

Signs of discomfort

{obs_brth}

Shortness of breath

{obs_unst}

Unsteadiness

{obs_whz}

Wheezing / dyspnea

{obs_swt}

Sweating

{obs_oth}

Other

If Other, Specify:

{obs_otsp}

13. Comments:

{comments}


400 Meter Walk

PID: _____ ADMINISTERED BY:

ACROSTIC: _____

VISIT: _____

DATE of VISIT: / / 20



If participant uses cane or other assistive device: **I would like you to attempt this test without your cane (or other walking device).**

1. Do you feel it would be safe to try to walk up and down this hallway up to 10 times?

Yes → Read script below

No → Go to Q3

Don't Know → Go to Q2

2. Would you be willing to try it and see how you feel? Keep in mind that you may stop at any time.

Yes → Read script below

No → Go to Q3

3. Did participant bring a single straight cane to the clinic? (no other assistive devices allowed; e.g. quad canes or walkers)

Yes → Go to Q4

No → Go to Q13

4. Do you feel it would be safe if you could use your cane?

Yes → Read script below

No → Go to Q13

Script: **I will demonstrate 1 lap.** (Demonstrate.) **Do you have any questions?** When participant indicates they feel ready to begin, the test may proceed: **I will walk behind you. When I say "Go" start walking at a comfortable pace you can maintain. Ready? Go.**

5. Did the participant use an assistive walking device during the test?

Yes

No

6. Mark an **X** 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
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* After 20 meters:

6a. 20 meter split time:

. Seconds

** After lap 4:

6b. Please tell me how hard you feel you are working right now. Is it "light", "somewhat hard", "hard" or "very hard"?

- Light
- Somewhat hard
- Hard
- Very Hard

If participant reports "hard" or "very hard": **I would like to remind you to walk at your usual pace without overexerting yourself. 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 for a few moments.**

7. Record the number of rest stops by length (only standing rests are allowed):

< 30 seconds	<input type="text"/> <input type="text"/>	Total number of stops: <input type="text"/> <input type="text"/>
30.01 - 60 seconds	<input type="text"/> <input type="text"/>	
> 60 seconds (stop test if any)	<input type="text"/> <input type="text"/>	

8a. Did the participant complete the 400 meter walk?

- Yes
- No → Number 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, **Is there anything bothering you?**

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: