



INSTRUCTIONS FOR SIX MINUTE WALK TEST SMW, VERSION 4.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Six Minute Walk Test should be completed during the participant's Clinic Visit 5.

Notes: The SMW test should be delayed or postponed if systolic blood pressure is >180 or diastolic blood pressure is >100. Clinically significant cardiac, orthopedic or balance difficulties or resting hypoxemia (SpO₂ <88% on room air, may be modified for altitude) are reasons for not conducting the six-minute walk test.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Note: Items 1 and 2 have been removed.

- Item 3. **Supplemental oxygen during test.** Select only one option among the two possible choices.
- Select No if supplemental oxygen was not during test (please see MOP for criteria). [Go to Q4]
 - Select Yes if supplemental oxygen was not during test (please see MOP for criteria).

Item 3a. **Oxygen flow** If Yes to Q3, record the supplemental oxygen in L/min in the space provided.

- Item 3b. **Type of oxygen.** If Yes to Q3, select only one option among the three possible choices.
- Select Continuous flow nasal cannula if continuous flow nasal cannula was used during test.
 - Select Pulsed delivery system if pulsed delivery system was used during test.
 - Select Conserving device if conserving device was used during test.

Item 4a. **SpO₂** Record SpO₂ at rest prior to six-minute walk in % in the space provided.

Item 4b. **Pulse** Record Pulse at rest prior to six-minute walk in min⁻¹ in the space provided.

- Item 5. **Continuous oximetry recorded.** Select only one option among the two possible choices.
- Select No if continuous oximetry was not recorded.
 - Select Yes continuous oximetry was recorded.

Item 6. **Start time of six-minute walk** Record the start time of six-minute walk in % in hours:minutes in the space provided.

Item 7a. **SpO₂** Record SpO₂ immediately following the six-minute walk in % in the space provided.

Item 7b. **Pulse** Record Pulse immediately following the six-minute walk in min⁻¹ in the space provided.

Item 7c. **Breathlessness** Record Breathlessness immediately following the six-minute walk in the space provided.

Item 7d. **Perceived exertion** Record Perceived exertion immediately following the six-minute walk in the space provided.

Item 8a. **Type of course used** Select only one option among the three possible choices.

- Select 30 meters x 2 lengths if the course used is 30 meters x 2 lengths. [Go to 8b1]
- Select 100 feet x 2 lengths if the course used is 100 feet x 2 lengths. [Go to 8b1]
- Select Other if a different course was used.

Item 8a1. **Specify Other** Record type of course used in the space provided.

Item 8a1a. **Course units** Select only one option among the two possible choices.

- Select Meters if the course units are in meters.
- Select Feet if the course units are in feet.

Item 8b1. **Number of full laps** Record Number of full laps (two lengths or legs) that the subject completed in the space provided.

Item 8c1. **Distance walked final partial lap** Record distance the subject walked final partial lap in the space provided. This should be in meters if 8a or 8a1a is in meters or feet if 8a or 8a1a is in feet.

Item 9. **Stopped before six minutes elapsed.** Select only one option among the two possible choices.

- Select No if subject did not stop the test before six minutes elapsed. [Go to End]
- Select Yes if subject did stop the test before six minutes elapsed.

Item 9a1. **Duration before stopping** Record duration before stopping in minutes in the space provided.

Item 9a2. **Duration before stopping** Record duration before stopping in second in the space provided.

Item 9b1. **Desaturation to <80%.** Select only one option among the two possible choices.

- Select No if desaturation to <80% was not the primary reason that the subject stopped before six minutes elapsed. [Go to End]
- Select Yes if desaturation to <80% was the primary reason that the subject stopped the test before six minutes elapsed. [Go to End]

Item 9b2. **Foot, knee, hip or other orthopedic pain.** Select only one option among the two possible choices.

- Select No if foot, knee, hip or other orthopedic pain was not the primary reason that the subject stopped before six minutes elapsed.
- Select Yes if foot, knee, hip or other orthopedic pain was the primary reason that the subject stopped the test before six minutes elapsed. [Go to End]

Item 9b3. **Muscle fatigue or pain.** Select only one option among the two possible choices.

- Select No if muscle fatigue or pain was not the primary reason that the subject stopped before six minutes elapsed.

- Select Yes if muscle fatigue or pain was the primary reason that the subject stopped the test before six minutes elapsed. [Go to End]

Item 9b4. **Breathlessness.** Select only one option among the two possible choices.

- Select No if breathlessness was not the primary reason that the subject stopped before six minutes elapsed.
- Select Yes if breathlessness was the primary reason that the subject stopped the test before six minutes elapsed. [Go to End]

Item 9b5. **Adverse event.** Select only one option among the two possible choices.

- Select No if an adverse event was not the primary reason that the subject stopped before six minutes elapsed. [Go to End]
- Select Yes if an adverse event was the primary reason that the subject stopped the test before six minutes elapsed.

Items 9b5a-i **Type of adverse event.** If Yes to Q9b5, select all the adverse event types that apply.

Item 9b5i1 **If Other.** If the response to Q9b5i is other, enter the other type of adverse event in the space provided.

Save and close the form.