



CARO REGION

SIX MINUTE WALK STRESS TEST WORK SHEET

PATIENT: _____ MR#: _____ DATE: _____ DOB: _____

PHYSICIAN: _____ TECH: _____ HT: _____ WT: _____ AGE: _____

DIAGNOSIS: _____

TREADMILL: _____ HALLWAY: _____ AMBULATE W/O O2 _____ AMBULATE W/ O2 _____

Pred Max HR: _____ 85% Max HR _____ O2 _____ L/min via: NP _____ TPO Cath _____ Pulse _____ Continuous _____

Time (min)	Speed (mph)/Grade %	O2 (l/min)	SaO2	HR	RPE*	METS or Distance (ft)
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____

Total ft. _____

Meters _____

SpO2 Nadir _____

*Rate of perceived exertion (1-10 Dyspnea scale)

RECOVERY _____ min _____

COMMENTS: _____

INTERPRETATION: _____

RECOMMENDATIONS: _____

PHYSICIAN SIGNATURE: _____ DATE: _____