

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID: _____
Interviewer Name: _____
Interview Date: _____

BLSA Long Distance Corridor Walk - Ver 1.2

Section Title: Pre-Test Questions

Instructions:

Date Completed

Tester ID

☐ Blank

ELIGIBILITY ASSESSMENT

Examiner note: Review eligibility criteria 1-4 prior to describing the Long Distance Corridor Walk test to the participant.

Does participant need to use a walking aid, such as a cane, to walk distances?

☐ Yes ☐ No Click to deselect entry

(1) Was the participant able to complete the fast-paced 6 meter walk with or without a walking aid?

☐ Yes ☐ No Click to deselect entry
If No, do Usual Pace walk (2.5 min), unless participant is not ambulatory.
Mark "No" and Meet excel. criteria" Q7 both Usual Pace Walk and 400 Meter Walk

(2) Are there abnormal ECG hardcopy references?

☐ Yes ☐ No ☐ ECG not done or not available Click to deselect entry

Specify ECG abnormality

- ☐ Mobitz type II 2nd or 3rd degree heart block
☐ Q-wave > 1mm in 2 contiguous leads
☐ ST depression > 2mm w/o LVH or LBBB
☐ ST elevation > 2mm w/o LBBB and early repolarization

Do not test without physician review. Go to Q7 Usual Pace Walk and Q7 400 Meter Walk

☐ Mobitz type II 2nd or 3rd degree heart block

☐ Q-wave > 1mm in 2 contiguous leads

☐ ST depression > 2mm w/o LVH or LBBB

☐ ST elevation > 2mm w/o LBBB and early repolarization

Sitting Blood Pressure and Heart Rate (radial pulse):

Sitting blood pressure: Systolic (mmHg) Diastolic (mmHg)

Heart rate: (bpm)

(3) Was the participant's resting heart rate (radial pulse) greater than 120 bpm?

☐ Yes ☐ No

Click to deselect entry If Yes, Do NOT test Go to Q7 Usual Pace Walk and Q7 400 Meter Walk

(4) Was the participant's systolic blood pressure > 180 mmHg or diastolic pressure > 110mmHg?

☐ Yes ☐ No

Click to deselect entry If Yes, Do NOT test Go to Q7 Usual Pace Walk and Q7 400 Meter Walk

Examiner Note: If none of the above exclusions have been met, proceed to the next page and prepare the participant for testing.

(6) Was Cosmed worn during the test?

☐ Yes ☐ No

Click to deselect entry

Mask size:

☐ Small ☐ Medium ☐ Large

Click to deselect entry

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Section Title: Exclusion Test Modification**Instructions:**

INTRODUCTION: "This test assesses your physical fitness by having you walk for 2 minutes, 30 seconds and then walking as quickly as possible for 400 meters (or 1/4 mile). First, I need to ask you a few questions to make sure it is safe for you to do this test."

(1) Within the past 3 months, have you had a heart attack?

☐ Yes ☐ No ☐ Don't know Click to deselect entryIf YES, Do NOT test Go to Q7 Usual Pace Walk and Q7 400 Meter Walk

(2) Within the past 3 months, have you had angioplasty?

☐ Yes ☐ No ☐ Don't know Click to deselect entryIf YES, Do NOT test. Go to Q7 Usual Pace Walk and Q7 400 Meter Walk

(3) Within the past 3 months, have you had heart surgery?

☐ Yes ☐ No ☐ Don't know Click to deselect entryIf YES, Do NOT test Go to Q7 Usual Pace Walk and Q7 400 Meter Walk

Examiner Note: If responses to questions 1-3 are "no" or "don't know" attach heart rate monitor (refer to LDCW operations manual for instructions) and administer the 2:30 walk.

Demonstrate and introduce both walks: "This is a two part walking test. For the first part, I would like you to walk continuously for 2 minutes 30 seconds at your usual, comfortable walking pace. Starting at the line labeled START, walk to the cone at the other end, go around it like this and return, go around this cone and keep walking in the same fashion, until 2 minutes 30 seconds are up and I tell you to stop. Please stay where you are when I say STOP so I can record the distance you covered. For the second part, I would like you to walk 10 complete laps as quickly as possible, without running."

Give the participant the "stop" symptoms: "Please tell me if you feel chest pain, tightness or pressure, you become short of breath, lightheaded or dizzy, or feel knee, hip, calf, or back pain. If you experience any of these symptoms, you may slow down or stop. Any questions?"

(4) Over the past 3 months, have you had new or worsening chest pain or pressure?

☐ Yes ☐ No ☐ Don't know Click to deselect entryIf YES, Do Usual Pace Walk Only. Then go to Q7 400 Meter Walk

(5) Over the past 3 months, have you had new or worsening symptoms of angina?

☐ Yes ☐ No ☐ Don't know Click to deselect entryIf YES, Do Usual Pace Walk Only. Then go to Q7 400 Meter Walk

(6) Over the past 3 months, have you had new or worsening shortness of breath at rest or low exertion?

☐ Yes ☐ No ☐ Don't know Click to deselect entryIf YES, Do Usual Pace Walk Only. Then go to Q7 400 Meter Walk

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Section Title: Usual Pace Walk

Instructions:

2-MINUTE 30-SECOND USUAL PACE WALK

Examiner Note: Accompany participant to the START for the 2:30 walk. Record participant's heart rate from the monitor. Ready stop watch.

TEST: "Now let's begin the 2-minute 30 - second walk. Remember to walk at your usual comfortable pace and stay where you are when I say STOP. I will tell you when you have 2 minutes to go, 1 minute to go, 30 seconds to go and 10 seconds remaining. Ready? GO."

*Examiner Note: Start timing with the first foot fall over the starting line. Provide standard encouragement each lap and the time remaining. Draw a line through the number on the form that corresponds to each lap completed. If heart rate exceeds 90% of the participant's age-predicted maximum $[(220 - \text{age}) * 0.90 \text{ or } 135 \text{ if aged } 70 \text{ or older}]$ within the first lap, stop the test and have the participant rest for 5 minutes. Restart the test and cross off lap numbers. If heart rate exceeds the predetermined maximum, ask the participant to slow down, but to continue walking for the full 2 minutes, 30 seconds. Indicate that heart rate exceeded maximum on the data collection form and whether the participant completed the 2-minute walk. Record ending heart rate, number of laps, and meter mark on form. If heart rate exceeded the predetermined maximum, do NOT administer the 400m walk.*

(1) Heart rate: _____ (bpm)

(2) Did heart exceed predetermined maximum during the first lap? ☐ Yes ☐ No Click to deselect entry **If YES**, stop participant and have them sit quietly for 5 minutes, then restart test.

Check off as each lap is completed.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 laps

(3) Did heart exceed predetermined maximum any time during the 2:30 walk? ☐ Yes ☐ No Click to deselect entry **If YES**, tell participant to slow down, but continue walking until you say, "STOP".
Do NOT do 400 meter walk.

(4) Number of laps completed: _____ laps

(5) Number of additional meters: _____ meters

(6) Heart rate at the end of 2:30 walk or at STOP: _____ (bpm)

(7) Did the participant complete the 2:30 walk? ☐ Yes ☐ No Click to deselect entry (7a) If No, Reason not done: ☐ Exclusion criteria ☐ Chest pain ☐ Short of Breath ☐ Felt faint ☐ Knee pain ☐ Hip pain ☐ Calf pain ☐ Back pain ☐ Other ☐ Refused ☐ No time or tester

(7b) If Yes, did the participant
need to use walking aid?

☒ Yes ☐ No

[Click to deselect entry](#)

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Section Title: 400 Meter Walk**Instructions:****400-METER WALK**

Examiner Note: Accompany participant to the START for the 400-meter walk. Ready stop watch.

Test: "Now let's begin the 400-meter walk. For this part, you will be walking 10 complete laps around the course. Please walk as quickly as you can over the full 10 laps. I will keep count for you and tell you the number of laps remaining each time you pass the start line and when to STOP. Any questions? Ready? GO."

*Examiner Note: Start timing with the first foot fall over the starting line. Provide standard encouragement each lap and the number of laps remaining. Draw a line through the number on the form that corresponds to each lap completed and record the lap split time. If heart rate exceeds 90% of the participant's age-predicted maximum $[(220 - \text{age}) * 0.90]$ or 135 if aged 70 or older, ask the participant to slow down, but to continue walking for the full 400 meters, if they can without symptoms. Indicate that heart rate exceeded maximum on the data collection form and whether the participant completed the 400-meter walk. Record ending heart rate and total time. Restart stopwatch to time the 2-minute recovery time. Assess blood pressure and record on form. At 2 minutes check and record heart rate.*

(1) Record lap split time as each lap is completed - Min:Sec.Hundredths

Lap 1:	(Minutes)	(Seconds.Hundredths)
Lap 2:	(Minutes)	(Seconds.Hundredths)
Lap 3:	(Minutes)	(Seconds.Hundredths)
Lap 4:	(Minutes)	(Seconds.Hundredths)
Lap 5:	(Minutes)	(Seconds.Hundredths)
Lap 6:	(Minutes)	(Seconds.Hundredths)
Lap 7:	(Minutes)	(Seconds.Hundredths)
Lap 8:	(Minutes)	(Seconds.Hundredths)
Lap 9:	(Minutes)	(Seconds.Hundredths)
Lap 10:	(Minutes)	(Seconds.Hundredths)

(2) Time at end of 400 meters or STOP:

(Minutes)

(Seconds.Hundredths)

(3) Heart rate at the end of 400 meters or at STOP:
(bpm)

(4) BP at the end of 400 meters or STOP:

Systolic (mmHg) Diastolic (mmHg)

(5) Did participant complete all 10 laps? ☐ Yes ☐ No Click to deselect entry

If no, number of laps completed: (laps) Number of additional meters: (meters)

(6) Heart rate after 2 minutes: (bpm)

(7) Did the participant complete the 400 meter walk? ☐ Yes ☐ No Click to deselect entry

(7a) Reason not done: ☐ Exclusion criteria ☐ Did not finish 2:30 walk ☐ Elevated HR during 2:30 walk ☐ Had symptoms during 2:30 walk ☐ Chest pain ☐ Short of Breath ☐ Felt faint ☐ Knee pain ☐ Hip pain ☐ Calf pain ☐ Back pain ☐ Fatigue/Exhaustion/Tiredness ☐ No time or tester ☐ Other ☐ Refused If other, please specify

(7b) Did the participant need to use walking aid? ☐ Yes ☐ No Click to deselect entry

Borg Score

Examiner Note: Ask the following questions of all participants who attempted the 2:30 and/or the 400-meter walks, including those who completed all components.

(8) While you were walking, did you experience any of the following:

Chest pain: ☐ Yes ☐ No ☐ Don't know Click to deselect entry

Shortness of breath: ☐ Yes ☐ No ☐ Don't know Click to deselect entry

Knee pain: ☐ Yes ☐ No ☐ Don't know Click to deselect entry

Hip pain: ☐ Yes ☐ No ☐ Don't know Click to deselect entry

Calf pain: ☐ Yes ☐ No ☐ Don't know Click to deselect entry

Back pain: ☐ Yes ☐ No ☐ Don't know Click to deselect entry

Foot pain: ☐ Yes ☐ No ☐ Don't know Click to deselect entry

Leg cramps: ☐ Yes ☐ No ☐ Don't know Click to deselect entry

Numbness or tingling in your legs or feet: ☐ Yes ☐ No ☐ Don't know Click to deselect entry

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Section Title: Arm Swing

Observe LEFT arm swing when walking:

- ☐ Normal
- ☐ Abnormal (diminished in contrast of the other arm)
- ☐ Absent
- ☐ Not attempted unable to walk unaided

Observe RIGHT arm swing when walking:

- ☐ Normal
- ☐ Abnormal (diminished in contrast of the other arm)
- ☐ Absent
- ☐ Not attempted unable to walk unaided

Do you notice hand tremor on the LEFT arm?

- ☐ Never
- ☐ Intermittent (rare < 10% of the walking time - 30 sec for a 5km/h gait)
- ☐ Intermittent (moderate < 50% of the walking time)
- ☐ Intermittent (frequent >= 50% of the walking time)
- ☐ Persistent
- ☐ Not attempted unable to walk unaided

Do you notice hand tremor on the RIGHT arm?

- ☐ Never
- ☐ Intermittent (rare < 10% of the walking time - 30 sec for a 5km/h gait)
- ☐ Intermittent (moderate < 50% of the walking time)
- ☐ Intermittent (frequent >= 50% of the walking time)
- ☐ Persistent
- ☐ Not attempted unable to walk unaided

Activity Monitor - 400 meter walk

Start time:

☐ Am ☐ Pm Click to deselect entry

Stop time:

☐ Am ☐ Pm Click to deselect entry