



42301



Interviewer (initials)

[][] [][]

COPD Gene ID

[][] [][] [][] [][]

Month

[][]

Day

[][]

Year

[][] [][] [][]

Center (eg, NJC)

[][] [][]

6-Minute Walk Test

Has the *Safety Assessment* form been completed for this subject?

Yes No

If **No**, then **STOP**.

Oxygen, Distance Walked, and Course

Supplemental O2 during walk [][] L/min

If none used, enter 0 .

Distance walked [][][][] ft

Enter distance in **feet**.

Course layout Straight Circular

Symptoms of Limitation

Was your walking limited?

Yes No

If **Yes**, mark all that apply.

Back pain Joint pain Leg discomfort or fatigue Shortness of breath

