

ENRGISE PILOT STUDY: 400 METER WALK

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| Visit Date Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Staff ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Rev: _____ DE: _____ Date: _____ |
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STOPPING CRITERIA: *If the participant reports chest pain, tightness or pressure, significant shortness of breath or difficulty breathing, or feeling faint lightheaded or dizzy, STOP the TEST.*

Accompany the subject to the starting line of the 400m walk with this script and stop watch. Now I would like to observe how you normally walk. You will be walking 10 complete laps around the course, which corresponds to about ¼ mile. I would like you to walk at your usual pace and without overexerting yourself. At the end of Lap 4, I will ask you to rate how hard you feel you are working. When I ask you to rate how hard you are working during the walk, I want you to think about the total feeling of exertion in your overall body, including your breathing and muscles while you continue walking.

After you have completed all 10 laps, I will tell you to stop and then measure your heart rate. 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, but you may not lean against the wall or any other surface.

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| | 1. Did the participant bring a cane, walker, or other walking aid to the clinic? 1 <input type="checkbox"/> Yes → Go to Attempt Script 1 2 <input type="checkbox"/> No → Go to Demonstration Script 1 |
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| <u>ATTEMPT SCRIPT 1</u> | 2. Do you think you can do this test safely without your cane, walker or other walking aid? <i>(Only a single straight cane may be used for the test; a walker may not be used.)</i> 1 <input type="checkbox"/> Yes → Go to Demonstration Script 1 2 <input type="checkbox"/> No → Continue Attempt Script 2 |
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| <u>ATTEMPT SCRIPT 2</u> <i>I would like you to try it, even if you only take a few steps. I will be right beside you.</i> | 3. Would you be willing to try the test and see how you feel? 1 <input type="checkbox"/> Yes → Go to Demonstration Script 1 2 <input type="checkbox"/> No 4. Did the participant bring a single straight cane to the clinic? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → STOP, Go to SECTION 1 5. Would you be willing to try the test if you could use your cane? 1 <input type="checkbox"/> Yes → Go to Demonstration Script 1 2 <input type="checkbox"/> No → Go to Attempt Script 3 |
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| <p><u>ATTEMPT SCRIPT 3</u> Remember, I would like you to try it, even if you only take a few steps. I will be right beside you.</p> | <p>6. Can you give it a try? 1 <input type="checkbox"/> Yes → Go to SECTION 2 2 <input type="checkbox"/> No → STOP, Go to SECTION 1</p> |
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| <p><u>DEMONSTRATION SCRIPT 1</u> I will demonstrate 1 lap. <i>After completing demonstration, ask “Do you have any questions?”</i></p> | <p>7. Do you think you can do this test safely? 1 <input type="checkbox"/> Yes → Go to SECTION 2 2 <input type="checkbox"/> No → Go to Demonstration Script 2</p> |
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| <p><u>DEMONSTRATION SCRIPT 2</u> I would like you to try it, even if you only take a few steps. I will be right beside you.</p> | <p>8. Can you give it a try? 1 <input type="checkbox"/> Yes → Go to SECTION 2 2 <input type="checkbox"/> No → STOP, Go to SECTION 1</p> |
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SECTION 1: WALK NOT ATTEMPTED*

9. Indicate a reason for not attempting the 400 meter walk: (extra details can also be provided in SECTION 6)

1 Not Attempted, participant did not feel safe

2 Not Attempted, participant was unable to walk unassisted (used walker or was wheelchair bound)

3 Participant refused, no apparent reason

4 Other, specify →

Section 2: 400 METER WALK TEST

400 Meter Walk Instructions: Have the participant stand with both feet touching the starting line. When the participant indicates they feel ready to begin, the test may proceed. Start the stop watch when the participant takes their first step.

I will walk behind you. When I say “Go” start walking at a comfortable pace you can maintain. Ready. Go.

10. **LAPS:** Mark an X in the corresponding box when each lap is completed. After each lap say, **“You’re doing a good job. You have completed __ laps and have __ to go”.**

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| <p>1 <input type="checkbox"/> Lap 1</p> <p>1 <input type="checkbox"/> Lap 2</p> <p>1 <input type="checkbox"/> Lap 3</p> <p>1 <input type="checkbox"/> Lap 4 →</p> | <p><i>After Lap 4:</i> Please tell me how hard you feel you are working now. Is it light, somewhat hard, hard, or very hard?</p> <p>1 <input type="checkbox"/> Light</p> <p>2 <input type="checkbox"/> Somewhat Hard</p> <p>3 <input type="checkbox"/> Hard →</p> <p>4 <input type="checkbox"/> Very Hard →</p> | <p>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.</p> | <p>1 <input type="checkbox"/> Lap 5</p> <p>1 <input type="checkbox"/> Lap 6</p> <p>1 <input type="checkbox"/> Lap 7</p> <p>1 <input type="checkbox"/> Lap 8</p> <p>1 <input type="checkbox"/> Lap 9</p> <p>1 <input type="checkbox"/> Lap 10</p> <p>STOP</p> |
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11. **REST STOPS:** For each rest stop, mark an X corresponding to the length of the rest (standing rests only). After an initial 30 second rest, ask them if they can continue walking, If they need to rest longer, have them continue to stand. After another 30 seconds, ask them if they can continue walking. If they can, continue the walk and note the rest stop on the form. If they cannot continue after a 60 second rest or if they need to sit down, stop the test and go on to SECTION 3 to record the time.

| | <30 seconds | 31-60 seconds | >60 seconds |
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| Rest stop #1 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> → STOP |
| Rest stop #2 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> → STOP |
| Rest stop #3 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> → STOP |
| Rest stop #4 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> → STOP |
| Rest stop #5 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> → STOP |
| Rest stop #6 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> → STOP |
| Rest stop #7 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> → STOP |
| Rest stop #8 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> → STOP |
| Rest stop #9 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> → STOP |
| Rest stop #10 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> → STOP |

11a. Total Number of Stops:

SECTION 3: 400 METER WALK TIME

12. Time to walk 400 meters (Record time that first foot crosses the finish line or when the participant stops walking.) Note: If the participant does not complete the 400 m walk in <15 minutes, record 15 min 00 sec as the time in Q12 and measure and record the meters completed in Question 13. minutes seconds

13. Number of meters completed: meters

14. Did the participant use a straight cane during the test? ₁ Yes ₂ No

SECTION 4: 400 METER WALK SAFETY

15. Sitting Radial Pulse: beats per 30 seconds X 2 bpm

16. Is there anything bothering you?

₁ Yes →

₂ No

16a. Please specify: _____

17. Observed symptoms at the end of the walk: (Check all that apply)

₁ Shortness of breath ₁ Unsteadiness ₁ Signs of discomfort ₁ No Symptoms Observed

₁ Wheezing/Dyspnea ₁ Sweating ₁ Other, specify →

18. Did the participant complete the 400m walk?

₁ Yes → Go to SECTION 6

₂ No → Go to SECTION 5

SECTION 5: 400 METER WALK NOT COMPLETED*

19. Why did you feel you couldn't continue the walk?

₁ Shortness of Breath ₁ Fatigue ₁ Leg Pain ₁ Chest Pain

₁ Feeling Faint or Dizzy ₁ Other, specify →

20. Indicate a reason for not completing the 400 meter walk:

₁ Tried but unable to complete due to safety reasons

₂ Tried but unable to complete due to symptoms

₃ Other, specify →

CONTINUE TO SECTION 6

SECTION 6: COMMENTS

21. Provide any additional and relevant details:

*if this is the baseline visit please use the ineligible script found in the MOP