

## Dataset name: w400\_v4.2

Participant ID pid

D000000

Acrostic acrostic

ZZZZZ

Examiner compby

Visit Code vc

YYY

Date of Visit vis\_dat

(mm/dd/yyyy)

### 400 Meter walk (Baseline Visit)

#### CRF 4.2

***Stopping Criteria for 400 Meter Walk:** 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. Record the reason for stopping.*

#### Observations of 400 Meter Walk

Accompany the subject to the starting line of the 400 meter walk with script and stop watch. Describe the 400 meter walk:

**Script:** "Now I would like to observe how you normally walk. You will be walking 10 complete laps around the course, which corresponds to about 1/4 mile. I would like you to walk at your usual pace and without overexerting yourself. During this test, 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. At the end of lap 4, while you continue walking, I will ask you how hard you are working. After you have completed all 10 laps, I will tell you to stop, ask you to rate the difficulty of your breathing, 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."

*If subject uses a cane or other assistive device: "I would like you to attempt this test without your cane (or other assistive device)." Only a single straight cane may be used to complete the test; a walker or any other assistive device may not be used.*

**1.** Do you feel it would be safe to try to walk up and down this hallway 10 times?

safe\_w400

-9  
1 Yes (demonstrate)  
0 No (Go to 3a)  
-8 Don't Know (Go to 2)  
-6 Permanently Missing

**2.** Would you be willing to try it and see how you feel?

willing\_w400

-9  
1 Yes (demonstrate)  
0 No (Go to 3a)  
-6 Permanently Missing

**3.a** Did participant bring a single straight cane to the clinic?

walkdev\_w400

-9  
1 Yes (Go to Q.4)  
0 No (Go to Q.3b)  
-6 Permanently Missing

**3.b** Did participant bring a walker or other assistive device to the clinic?

walkdevb\_w400

-9  
1 Yes (Go to Q.13)  
0 No (Go to Q.13)  
-6 Permanently Missing

**4.** Do you feel it would be safe if you could use your cane?

safewkdv\_w400

-9  
1 Yes (demonstrate)  
0 No (Go to Q.13)

**Script: "I will demonstrate 1 lap." After completing demonstration, ask : "Do you have any questions?"**

**When subject indicates they feel ready to begin, the test may proceed:**

**Script: "I will walk behind you, When I say "GO", start walking at a comfortable pace you can maintain. Ready, Go."**

Start the stop watch when the subject takes their first step. If needed, for safety purposes, examiner should follow subject at a reasonable distance during test. Examiner should be close enough to subject to be able to provide help should subject falter during test, but not so close as to dictate the pace of the test. The examiner should be behind and to the side of the subject, just outside their peripheral vision. For every lap, the examiner should offer standard encouragement, and call out the number of laps completed and number remaining.

**Script: "You're doing a good job. You have completed \_\_ laps and have \_\_ to go."**

If the participant feels they need to stop and rest, they may stand in one place and rest. Participant should not lean on wall, table or any surface other than their cane. If they do lean, they should be immediately instructed not to do so and the test can continue. If participant needs to lean on wall, table or other surface for a second time during the rest stop or needs to lean again on a subsequent rest stop, stop the test (go to #7).

After 30 seconds, ask them if they can continue walking. If they can, continue the walk and note the rest on the form. (go on to #6)

If the participant appears to be in obvious distress or pain, you may recommend that he/she stand in place and rest for a moment. 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. (go on to #6)

If they cannot continue after a 60 second rest or if they need to sit down, stop the test. (go on to #7)

There is no limit to the number of rest stops as long as they can complete the walk without sitting. (record all stops on #6)

If the participant requests their cane, allow them to complete the test with the cane, and indicate below that a cane was used.

When an accelerometer is used please provide the following:		
Start Time	Stop Time	Accelerometer ID##
accelstrthr_w400accelstrtmn_w400 <div> <div></div> <div></div> </div> <div> <div>HH</div> <div>MM</div> </div> <div>(record time in a 24-hr clock)</div>	accelstphr_w400accelstpmn_w400 <div> <div></div> <div></div> </div> <div> <div>HH</div> <div>MM</div> </div> <div>(record time in a 24-hr clock)</div>	Last 4 digits of the serial number accelid_w400 <div></div>

**5. Mark an X in the corresponding box when each lap is completed**

Lap 1	Lap 2	Lap 3	Lap 4	Please tell me how hard you feel you are working right now. Is it	a. howhard_w400
					-9 1 Light 2 Somewhat hard 3 Hard 4 Very Hard -6 Permanently Missing <div></div>

lap1_w400 value ="1" <input type="checkbox"/>	lap2_w400 value ="1" <input type="checkbox"/>	lap3_w400 value ="1" <input type="checkbox"/>	lap4_w400 value ="1" <input type="checkbox"/>	"light", "somewh at hard", "hard" or "very hard"?	(If the participant reports "hard" or "very hard", read script below.)
--	--	--	--	--	--

**Script:** 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.

Lap 5	Lap 6	Lap 7	Lap 8	Lap 9	Lap 10
lap5_w400 value ="1" <input type="checkbox"/>	lap6_w400 value ="1" <input type="checkbox"/>	lap7_w400 value ="1" <input type="checkbox"/>	lap8_w400 value ="1" <input type="checkbox"/>	lap9_w400 value ="1" <input type="checkbox"/>	lap10_w400 value ="1" <input type="checkbox"/>

6. For each rest stop, Mark an X corresponding to the length of time of the rest (standing rests only):

Rest stop number 1:	reststp1_w400 -9 1 < 30 sec 2 31-60 sec 3 > 60 sec (test stopped) -6 Permanently Missing <input type="text"/>
Rest stop number 2:	reststp2_w400 -9 1 < 30 sec 2 31-60 sec 3 > 60 sec (test stopped) -6 Permanently Missing <input type="text"/>
Rest stop number 3:	reststp3_w400 -9 1 < 30 sec 2 31-60 sec 3 > 60 sec (test stopped) -6 Permanently Missing <input type="text"/>
Rest stop number 4:	reststp4_w400 -9 1 < 30 sec 2 31-60 sec 3 > 60 sec (test stopped) -6 Permanently Missing <input type="text"/>
Rest stop number 5:	reststp5_w400 -9 1 < 30 sec 2 31-60 sec 3 > 60 sec (test stopped) -6 Permanently Missing <input type="text"/>
Rest stop number 6:	reststp6_w400 -9 1 < 30 sec 2 31-60 sec 3 > 60 sec (test stopped) -6 Permanently Missing <input type="text"/>
Rest stop number 7:	reststp7_w400 -9 <input type="text"/>

	<div> <div>1 &lt; 30 sec</div> <div>2 31-60 sec</div> <div>3 &gt; 60 sec (test stopped)</div> <div>-6 Permanently Missing</div> </div> <div></div>
Rest stop number 8:	<div>reststp8_w400</div> <div> <div>-9</div> <div>1 &lt; 30 sec</div> <div>2 31-60 sec</div> <div>3 &gt; 60 sec (test stopped)</div> <div>-6 Permanently Missing</div> </div> <div></div>
Rest stop number 9:	<div>reststp9_w400</div> <div> <div>-9</div> <div>1 &lt; 30 sec</div> <div>2 31-60 sec</div> <div>3 &gt; 60 sec (test stopped)</div> <div>-6 Permanently Missing</div> </div> <div></div>
Rest stop number 10:	<div>reststp10_w400</div> <div> <div>-9</div> <div>1 &lt; 30 sec</div> <div>2 31-60 sec</div> <div>3 &gt; 60 sec (test stopped)</div> <div>-6 Permanently Missing</div> </div> <div></div>
<div>Total Number of stops: tot_stop_w400</div> <div></div>	

**7.** If the test is terminated prior to the subject completing 400 meters, the point at which they stopped should be marked, and the subject accompanied to the nearest chair. After the subject is comfortably seated, their accomplished distance should be measured.

Complete laps will be counted as 40 meters each and the remaining incomplete lap should be measured with the Redi-Measure as described below . Record the total distance and time at termination of test.

If the participant stopped in the first half of the lap (after leaving the starting cone but before getting to the distant cone) then measure the distance from the starting cone to where they stopped. If the participant stopped in the second half of the lap (after leaving the distant cone but before getting back to the starting cone) then measure the distance from the distant cone to the stopping point and add 20 meters.

Did the participant complete the 400 meter walk?  
(Record time that first foot crosses the finish line.)

walk\_comp\_w400

-9

1 Yes

0 No (specify)

-6 Permanently Missing

If No, Number of meters completed: m\_cmp\_w400  M

**8.** TIME to walk 400 meters or to stopping the test: walk\_min\_w400  Minutes walk\_sec\_w400  Seconds  
 (Interviewer Note: Exclude if > 15 minutes and 0 seconds)

a. Did the participant use a straight cane during the test? device\_w400

-9

1 Yes

0 No

-6 Permanently Missing

### BORG Index

"This is a scale that asks you to rate the difficulty of your breathing. It starts at number 0, where your breathing is

causing you no difficulty at all, and progresses through to number 10, where your breathing difficulty is maximal. How much difficulty is your breathing causing you right now?" Ask the participant to specifically choose a number between 0 and 10, rather than the verbal descriptor.

Borg Grade borg\_w400

-9 -  
0 Nothing at all  
.5 0.5 - Very, very slight (just noticeable)  
1 Very slight  
2 Slight  
3 Moderate  
4 Somewhat Severe  
5 Severe  
6 Severe  
7 Very Severe  
8 Very Severe  
9 Very, very severe (almost maximal)  
10 Maximal  
-8 Don't Know  
-7 Refused  
-6 Permanently Missing

9. Sitting Radial Pulse: beats per 30 seconds X2 = end\_hr\_w400  bpm

10. If test stopped early, ask: "Why did you feel you couldn't continue?"

Shortness stp\_brth\_w400 value="1"  
of breath ☐

Feeling stp\_fnt\_w400 value="1"  
Faint or ☐  
Dizzy

Chest Pain stp\_chst\_w400 value="1"  
☐

Fatigue stp\_fat\_w400 value="1"  
☐

Leg Pain stp\_leg\_w400 value="1"  
☐

Other stp\_oth\_w400 value="1"  
☐

(specify) stp\_otspc\_w400

11. At end of walk ask, "Is there anything bothering you?"

end\_both\_w400

-9  
1 Yes (specify)  
0 No  
-6 Permanently Missing

If Yes, please specify what: end\_bospc\_w400

12. Observed Symptoms at end of walk: (check all that apply)

Shortness obs\_brth\_w400 value="1"  
of breath ☐

Unsteadiness obs\_unst\_w400 value="1"  
s ☐

Other obs\_oth\_w400 value="1"  
☐

Wheezing obs\_whz\_w400 value="1"  
/ dyspnea ☐

Sweating obs\_swt\_w400 value="1"  
☐

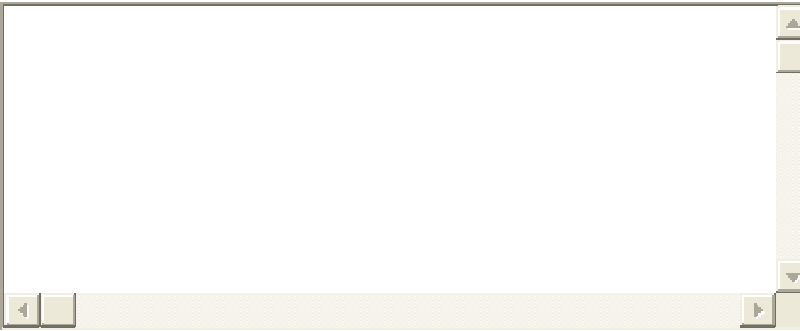
No obs\_no\_w400 value="1"  
symptom ☐

Signs of obs\_disc\_w400 value="1"  
discomfort ☐  
t

Specify Other obs\_otspc\_w400

13. Comments

comments\_w400



*Have the participant complete (i.e. self administer) the Efficacy for Walking instrument immediately following the 400 M Walk at SV1 (or at SV2 if not completed at SV1). At SV1/SV2, the Efficacy for Walking instrument need not be completed if the participant did not finish the 400 M Walk within 15 minutes.*

Source Form Language: lang

- 9 -
- 1 English
- 2 Spanish

-



Participant ID (affix ID label here)	<b>LIFE</b>	Acrostic <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	Visit Code <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>
	Examiner <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	Date of Visit <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	Visit Code <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>
	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>
	month	day	year

## 400 Meter Walk (Baseline Visit)

**Stopping Criteria for 400 Meter Walk:** *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.** Record the reason for stopping.*

### OBSERVATIONS OF 400 METER WALK

*Accompany the subject to the starting line of the 400 meter walk with script and stop watch.  
Describe the 400 meter walk:*

**Script:** “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. During this test, 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. At the end of lap 4, while you continue walking, I will ask you how hard you are working. After you have completed all 10 laps, I will tell you to stop, ask you to rate the difficulty of your breathing, 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.”

Participant ID (affix ID label here)	<h1 style="margin: 0;">LIFE</h1>	Acoustic <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>
		Visit Code <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>

*If subject uses a cane or other assistive device: "I would like you to attempt this test without your cane (or other assistive device)." Only a single straight cane may be used to complete the test; a walker or any other assistive device may not be used.*

1. Do you feel it would be safe to try to walk up and down this hallway 10 times?	<input type="checkbox"/> Yes → Read script below <input type="checkbox"/> No → Go to Q3a <input type="checkbox"/> Don't Know → Go to Q2
2. Would you be willing to try it and see how you feel?	<input type="checkbox"/> Yes → Read script below <input type="checkbox"/> No → Go to Q3a
3a. Did participant bring a single straight cane to the clinic?	<input type="checkbox"/> Yes → Go to Q4 <input type="checkbox"/> No → Go to Q3b
3b. Did participant bring a walker or other assistive device to the clinic?	<input type="checkbox"/> Yes → Go to Q13 <input type="checkbox"/> No → Go to Q13
4. Do you feel it would be safe if you could use your cane?	<input type="checkbox"/> Yes → Read script below <input type="checkbox"/> No → Go to Q13

**Script: "I will demonstrate 1 lap." After completing demonstration, ask: "Do you have any questions?" When subject indicates they feel ready to begin, the test may proceed:**

**Script: "I will walk behind you, When I say 'GO', start walking at a comfortable pace you can maintain. Ready, Go."**

*Start the stop watch when the subject takes their first step. For safety purposes, examiner should follow subject at a reasonable distance during test. Examiner should be close enough to subject to be able to provide help should subject falter during test, but not so close as to dictate the pace of the test. The examiner should be behind and to the side of the subject, just outside their peripheral vision. For every lap, the examiner should offer standard encouragement, and call out the number of laps completed and number remaining.*

**Script: "You're doing a good job. You have completed \_\_ laps and have \_\_ to go."**

*If the participant feels they need to stop and rest, they may stand in one place and rest. Participant should not lean on wall, table or any surface other than their cane. If they do lean, they should be immediately instructed not to do so and the test can continue. If participant needs to lean on wall, table or other surface for a second time during the rest stop or needs to lean again on a subsequent rest stop, stop the test (go to #7).*

*After 30 seconds, ask them if they can continue walking. If they can, continue the walk and note the rest on the form. (go on to #6)*

*If the participant appears to be in obvious distress or pain, you may recommend that he/she stand in place and rest for a moment. 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. (go on to #6)*

*If they cannot continue after a 60 second rest or if they need to sit down, stop the test. (go on to #7)*  
*There is no limit to the number of rest stops as long as they can complete the walk without sitting. (record all stops on #6)*

*If the participant requests their cane, allow them to complete the test with the cane, and indicate below that a cane was used.*



Participant ID  
(affix ID label here)

**LIFE**

Acrostatic

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Visit  
Code

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*When an accelerometer is used please provide the following:*

Start Time			Stop Time			Accelerometer ID#
<input type="text"/> <input type="text"/> H H	<input type="text"/> <input type="text"/> M M	(record time in a 24-hr clock)	<input type="text"/> <input type="text"/> H H	<input type="text"/> <input type="text"/> M M	(record time in a 24-hr clock)	Last 4 digits of the serial number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. Mark an X in the corresponding box when each lap is completed.

Lap 1	Lap 2	Lap 3	Lap 4	<p><b>Please tell me how hard you feel you are working right now. Is it "light", "somewhat hard", "hard" or "very hard"?</b></p>	<p><b>a.</b> <input type="checkbox"/> 1. Light 2. Somewhat hard 3. Hard 4. Very Hard</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Lap 5	Lap 6	Lap 7	Lap 8	Lap 9	Lap 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Script:** 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.

6. For each rest stop, Mark an X corresponding to the length of time of the rest (standing rests only):

	< 30 sec.	31-60 sec.	> 60 seconds (test stopped)
Rest stop number 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest stop number 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest stop number 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest stop number 4:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest stop number 5:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest stop number 6:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest stop number 7:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest stop number 8:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest stop number 9:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest stop number 10:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total number of stops:

<input type="text"/>	<input type="text"/>
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Participant ID (affix ID label here)	<h1 style="margin: 0;">LIFE</h1>	Acrostic <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> Visit Code <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>
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7. If the test is terminated prior to the subject completing 400 meters, the point at which they stopped should be marked, and the subject accompanied to the nearest chair. After the subject is comfortably seated, their accomplished distance should be measured.

Complete laps will be counted as 40 meters and the remaining incomplete lap should be measured with the Redi-Measure as described below. Record the total distance and time at termination of test.

If the participant stopped in the first half of the lap (after leaving the starting cone but before getting to the distant cone) then measure the distance from the starting cone to where they stopped. If the participant stopped in the second half of the lap (after leaving the distant cone but before getting back to the starting cone) then measure the distance from the distant cone to the stopping point and add 20 meters.

Did the participant complete the 400 meter walk?  
 (Record time that first foot crosses the finish line.)

Yes

☐

No

☐

Number of  
meters  
completed:

--	--	--

M

8. TIME to walk 400 meters or to stopping the test:

--	--

Minutes

--	--

Seconds

(Interviewer Note: Exclude if > 15 minutes and 0 seconds)

8a. Did the participant use a straight cane during the test?

Yes

☐

No

☐

<div style="border: 1px solid black; padding: 5px; text-align: center;"> Participant ID  (affix ID label here) </div>	<b>LIFE</b>	Acrostic <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div>
		Visit Code <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div>

## BORG Index

“This is a scale that asks you to rate the difficulty of your breathing. It starts at number 0, where your breathing is causing you no difficulty at all, and progresses through to number 10, where your breathing difficulty is maximal. How much difficulty is your breathing causing you right now?”

Ask the participant to specifically choose a number between 0 and 10, rather than the verbal descriptor.

Borg Grade	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
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Borg Grade	Dyspnea descriptor
0	Nothing at all
0.5	Very, very slight (just noticeable)
1	Very slight
2	Slight
3	Moderate
4	Somewhat severe
5	Severe
6	
7	Very severe
8	
9	Very, very severe (almost maximal)
10	Maximal

Participant ID (affix ID label here)	<h1 style="margin: 0;">LIFE</h1>	Acrostic <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>  Visit Code <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
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9. Sitting Radial Pulse: beats per 30 seconds X2 = <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> bpm																		
10. If test stopped early, ask: <b>“Why did you feel you couldn’t continue?”</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">Shortness of Breath</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 50%; padding: 5px;">Feeling Faint or Dizzy</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Chest Pain</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Fatigue</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Leg Pain</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Other: (Specify) _____</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	Shortness of Breath	<input type="checkbox"/>	Feeling Faint or Dizzy	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Leg Pain	<input type="checkbox"/>	Other: (Specify) _____	<input type="checkbox"/>						
Shortness of Breath	<input type="checkbox"/>	Feeling Faint or Dizzy	<input type="checkbox"/>															
Chest Pain	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>															
Leg Pain	<input type="checkbox"/>	Other: (Specify) _____	<input type="checkbox"/>															
11. At end of walk ask, <b>“Is there anything bothering you?”</b> <div style="float: right; text-align: right;">           Yes <input type="checkbox"/>    No <input type="checkbox"/> </div> <div style="clear: both;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <i>If yes, please specify what:</i> _____         </div>																		
12. Observed Symptoms at end of walk: (X all that apply) <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%; padding: 5px;">Shortness of breath</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 33%; padding: 5px;">Unsteadiness</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 33%; padding: 5px;">Other: _____</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Wheezing / dyspnea</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Sweating</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">No symptoms observed</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Signs of discomfort</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td colspan="4"></td> </tr> </table>	Shortness of breath	<input type="checkbox"/>	Unsteadiness	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Wheezing / dyspnea	<input type="checkbox"/>	Sweating	<input type="checkbox"/>	No symptoms observed	<input type="checkbox"/>	Signs of discomfort	<input type="checkbox"/>				
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13. Comments: _____ _____ _____																		

*Have the participant complete (i.e. self administer) the Efficacy for Walking instrument immediately following the 400 M Walk at SV1 (or at SV2 if not completed at SV1). At SV1/SV2, the Efficacy for Walking instrument need not be completed if the participant did not finish the 400 M Walk within 15 minutes.*