

## Six-Minute Walk Test (6MWT) Tracking Sheet

<b>Date / Time:</b>	
What was your <b>Heart Rate</b> before the 6MWT (at 0 minutes)?	BPM
What was your Oxygen Saturation before the test?	%
What was your <b>Heart Rate</b> at 3 minutes?	BPM
What was your Oxygen Saturation at 3 minutes?	%
What was your <b>Heart Rate</b> after the 6MWT (at 6 minutes)?	BPM
What was your Oxygen Saturation after the 6MWT?	%
Did you have any symptoms during the 6MWT such as chest pain, shortness of breath, fatigue, dizziness?	Yes   or   No
If you did experience symptoms during your test, please note what you experienced.	Symptoms if applicable:
How many times (if any) did you have to take a break during your 6MWT?	Number of breaks taken:
Any additional information you would like your clinician to know:	