

Name :

Age :

BLSA ID

Visit No.

VISIT

LDCWTID

Tester ID

Date Completed

LDCWDATE

BLSAID

# LONG DISTANCE CORRIDOR WALK - MODIFIED

## ELIGIBILITY ASSESSMENT

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

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

Yes  1 No  0 **LDCW05**

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

Yes  1 No  0 **LDCW01**

Do Usual Pace Walk (2.5min), unless participant is not ambulatory. Mark "NO" and "Meet excl. criteria" on Q.7, page 5

**2** Are there abnormal ECG hardcopy references? **LDCW02**

Yes  1

No  0 ECG not done  2 or not available

- LDCW02A1** Mobitz Type II 2nd or 3rd degree heart block
- LDCW02A2** Q-wave > 1mm in 2 contiguous leads
- LDCW02A3** ST depression > 2mm w/o LVH or LBBB
- LDCW02A4** ST elevation > 2mm w/o LBBB and early repolarization

Go to Q.3, below

Do NOT test without physician review. Go to Q.7, page 3 and Q.7, page 5

Sitting blood pressure and heart rate (radial pulse):

3a. Systolic

3b. Diastolic

3c. Heart rate  bpm

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

Yes  1 **LDCW03**

Do NOT test. Go to Q.7, page 3 and Q.7, page 5

No  0

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

Yes  1 **LDCW04**

Do NOT test. Go to Q.7, page 3 and Q.7, page 5

No  0

*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  1 **LDCW06**

6A. Mask size: **LDCW06A**  
11- Small  22 Medium  33 Large

No  0

Note to TeleForm Reviewer:  
Questions 7 at page 3 and at page 5  
MUST be checked.



BLSA ID

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## LONG DISTANCE CORRIDOR WALK - MODIFIED

**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."

### EXCLUSION / TEST MODIFICATION QUESTIONS

1. Within the past 3 months, have you had a heart attack? **LDCW11**

Yes  1 →

Do **NOT** test. Go to Q.7, page 3 and Q.7, page 5

No  0    Don't know  2

2. Within the past 3 months, have you had angioplasty? **LDCW12**

Yes  1 →

Do **NOT** test. Go to Q.7, page 3 and Q.7, page 5

No  0    Don't know  2

3. Within the past 3 months, have you had heart surgery? **LDCW13**

Yes  1 →

Do **NOT** test. Go to Q.7, page 3 and Q.7, page 5

No  0    Don't know  2

4. Over the past 3 months, have you had new or worsening chest pain or pressure? **LDCW14**

Yes  1 →

Do **2:30 walk only**, then go to Q.7, page 5

No  0    Don't know  2

5. Over the past 3 months, have you had new or worsening symptoms of angina? **LDCW15**

Yes  1 →

Do **2:30 walk only**, then go to Q.7, page 5

No  0    Don't know  2

6. Over the past 3 months, have you had new or worsening shortness at breath at rest or low exertion? **LDCW16**

Yes  1 →

Do **2:30 walk only**, then go to Q.7, page 5

No  0    Don't know  2

**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?"

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### LONG DISTANCE CORRIDOR WALK - MODIFIED

#### 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 - age) \* 0.90 or 135 if aged 70 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:    **MDCW21**  
bpm

2. Did heart exceed predetermined maximum during the first lap?

Yes  1 No  0 →  1  2  3  4  5  6  7  8 Cross off as each lap is completed  
↓ **MDCW22** **MDCW22A no field level processing**

*Stop participant and have them sit quietly for 5 minutes, then restart test.*

3. Did heart exceed predetermined maximum at any time during the 2:30 walk?

Yes  1 No  0 **MDCW23**  
↓

*Tell participant to slow down, but continue walking until you say, "STOP." Do NOT do 400 meter-walk.*

4. Number of laps completed:  **MDCW24** 5. Number of additional meters:   **MDCW25**

6. Heart rate at end of 2:30 walk or at STOP:    **MDCW26**  
bpm

7. Did the participant complete the 2:30 walk?

**MDCW27** Yes  1 No  0 → **MDCW27A**  
↓  
Met exclusion criteria  1 Had knee pain  5 Other  9  
Felt chest pain  2 Had hip pain  6 Refused  77  
Felt short of breath  3 Had calf pain  7 No time or tester  99  
Felt faint  4 Had back pain  8

7b. Did the participant need to use walking aid?  
Yes  1 No  0 **MDCW27B**



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# LONG DISTANCE CORRIDOR WALK

## 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 - 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. Cross off lap and record lap split time as each lap is completed.

①	LDCW41Am	LDCW41As	LDCW41Em	LDCW41Es
②	LDCW41Bm	LDCW41Bs	LDCW41Gm	LDCW41Gs
③	LDCW41Cm	LDCW41Cs	LDCW41Hm	LDCW41Hs
④	LDCW41Dm	LDCW41Ds	LDCW41Im	LDCW41Is
⑤	LDCW41Em	LDCW41Es	LDCW41Jm	LDCW41Js
⑥			LDCW41Fm	LDCW41Fs
⑦			LDCW41Gm	LDCW41Gs
⑧			LDCW41Hm	LDCW41Hs
⑨			LDCW41Im	LDCW41Is
⑩			LDCW41Jm	LDCW41Js

2. Time at end of 400 meters or STOP:  :  .   
Minutes      Seconds      Hundredths

3. Heart rate at end of 400 meters or STOP:    LDCW43 bpm

4. Blood pressure at end of 400 meters or STOP:    LDCW44A systolic         LDCW44B diastolic

5. Did participant complete all 10 laps? LDCW45      LDCW45A      LDCW45B  
Yes  1    No  0 → Number of laps completed:     Number of additional meters:

6. Heart rate after 2 minutes:    LDCW46 bpm

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# LONG DISTANCE CORRIDOR WALK

7. Did the participant complete the 400-meter walk?

**LDCW47**

Yes  1 No  0



7b. Did the participant need to use walking aid?

**LDCW47B** Yes  1 No  0

Met exclusion criteria <input type="radio"/> 1	<b>LDCW47A</b>	Felt faint <input type="radio"/> 4
Did not finish 2:30 walk <input type="radio"/> 10		Had knee pain <input type="radio"/> 5
Elevated HR during 2:30 walk <input type="radio"/> 11		Had hip pain <input type="radio"/> 6
Had symptoms during 2:30 walk <input type="radio"/> 13		Had calf pain <input type="radio"/> 7
Felt chest pain <input type="radio"/> 2		Had back pain <input type="radio"/> 8
Felt short of breath <input type="radio"/> 3		No time or tester <input type="radio"/> 99
Refused <input type="radio"/> 77		Other <input type="radio"/> 9
Fatigue/Exhaustion/Tiredness <input type="radio"/> 14		

↓

**LDCW47C**

*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?

<b>LDCW48A</b> Chest pain	Yes <input type="radio"/> 1	No <input type="radio"/> 0	Don't know <input type="radio"/> 8
<b>LDCW48B</b> Shortness of breath	Yes <input type="radio"/> 1	No <input type="radio"/> 0	Don't know <input type="radio"/> 8
<b>LDCW48C</b> Knee pain	Yes <input type="radio"/> 1	No <input type="radio"/> 0	Don't know <input type="radio"/> 8
<b>LDCW48D</b> Hip pain	Yes <input type="radio"/> 1	No <input type="radio"/> 0	Don't know <input type="radio"/> 8
<b>LDCW48E</b> Calf pain	Yes <input type="radio"/> 1	No <input type="radio"/> 0	Don't know <input type="radio"/> 8
<b>LDCW48F</b> Back pain	Yes <input type="radio"/> 1	No <input type="radio"/> 0	Don't know <input type="radio"/> 8
<b>LDCW48G</b> Foot pain	Yes <input type="radio"/> 1	No <input type="radio"/> 0	Don't know <input type="radio"/> 8
<b>LDCW48H</b> Leg cramps	Yes <input type="radio"/> 1	No <input type="radio"/> 0	Don't know <input type="radio"/> 8
<b>LDCW48I</b> Numbness or tingling in your legs or feet	Yes <input type="radio"/> 1	No <input type="radio"/> 0	Don't know <input type="radio"/> 8

*Examiner Note: Please remove the heart rate monitor (if you haven't done so already) and escort the participant to his/her next station.*

