PNCR – Network for SMA	6-Minute Walk Test Proforma	rev. Nov/20

Name / ID:	**Diagnosis:**
Date of Birth:	**Date of Assessment:**
Age:	**Clinical Evaluator:**
Height: ☐ cm ☐ in	**Weight:** ☐ kg ☐ lbs
Footwear: ☐ Rubber soled shoes (preferred) ☐ Barefoot ☐ Other:	**Orthoses:** Foot: ☐ Yes ☐ No ☐ Type (below malleoli permitted): Trunk: ☐ Yes ☐ No
Flooring: ☐ Tile / linoleum (preferred) ☐ Hardwood ☐ Cement ☐ Carpet ☐ Other:	

Lap	Distance (Meters)	Time		Lap	Distance (Meters)	Time		Lap	Distance (Meters)	Time
1	25	___ : ___ ___		12	300	___ : ___ ___		23	575	___ : ___ ___
2	50	___ : ___ ___		13	325	___ : ___ ___		24	600	___ : ___ ___
3	75	___ : ___ ___		14	350	___ : ___ ___		25	625	___ : ___ ___
4	100	___ : ___ ___		15	375	___ : ___ ___		26	650	___ : ___ ___
5	125	___ : ___ ___		16	400	___ : ___ ___		27	675	___ : ___ ___
6	150	___ : ___ ___		17	425	___ : ___ ___		28	700	___ : ___ ___
7	175	___ : ___ ___		18	450	___ : ___ ___		29	725	___ : ___ ___
8	200	___ : ___ ___		19	475	___ : ___ ___		30	750	___ : ___ ___
9	225	___ : ___ ___		20	500	___ : ___ ___		31	775	___ : ___ ___
10	250	___ : ___ ___		21	525	___ : ___ ___		32	800	___ : ___ ___
11	275	___ : ___ ___		22	550	___ : ___ ___		END		

PNCR – Network for SMA	6-Minute Walk Test Proforma	rev. Nov/20

Name / ID:	Date of Birth:

Cumulative Minute Distance Walked (Meters)			
1 Minute Distance (M)	____ ____ ____	4 Minute Distance (M)	____ ____ ____
2 Minute Distance (M)	____ ____ ____	5 Minute Distance (M)	____ ____ ____
3 Minute Distance (M)	____ ____ ____	6 Minute Distance (M)	____ ____ ____

Post-Test Information

Did the participant fall? ☐ Yes ☐ No If yes, how many times? ☐ 1 ☐ > 1
Comments:

Was the test completed? ☐ Yes ☐ No
If no, what was the reason: ☐ Fell and unable to continue ☐ Sat down ☐ Other, explain:

Was the test valid? ☐ Yes ☐ No
If not, what was the reason?

Additional comments (i.e. behavior, participation, and overall well-being):

Clinical Evaluator / Assessor Information

Name of Clinical Evaluator:

Signature of Clinical Evaluator:

Name of Assessor: