

Entered: __/__/20__ Initials: _____ Verified: __/__/20__ Initials: _____
mm dd yy mm dd yy

For office use only.

400 Meter Walk Eligibility Form (WEF)– Version 06/15/2006

Patient ID _____

Form Completion Date __/__/20__
mm dd yy

Certification number: _____

Visit: _____

1. Does the patient use a wheel chair, walker or quad cane? ☐ 0.No ☐ 1. Yes → *If yes, do not test.*

2. Blood Pressure: __/__(mmHg) *
(systolic) (diastolic)

Is SPB more than 180 mmHg? ☐ 0.No ☐ 1. Yes → *If yes, do not test.*

Is DPB more than 100 mmHg ? ☐ 0.No ☐ 1. Yes → *If yes, do not test.*

3. Resting heart rate: __ (bpm) *

Is resting heart rate more than 110 bpm? ☐ 0.No ☐ 1. Yes → *If yes, do not test.*

Is resting heart rate less than 40 bpm? ☐ 0.No ☐ 1. Yes → *If yes, do not test.*

4. Is there evidence of any of the following abnormal ECG findings in the last 12 months? Check “no” or “yes” for each:

No Yes

☐ ☐ Atrial fibrillation or atrial flutter (new onset) → *If yes, do not test.*

☐ ☐ Wolff-Parkinson-White (WPW) or ventricular pre-excitation → *If yes, do not test.*

☐ ☐ Idioventricular rhythm → *If yes, do not test.*

☐ ☐ Ventricular tachycardia → *If yes, do not test.*

☐ ☐ Third degree or complete A-V block → *If yes, do not test.*

☐ ☐ Any statement including reference to acute injury or acute ischemia, or marked T-wave abnormality → *If yes, do not test.*

☐ ☐ Abnormal cardiogram indicative of ischemia without medical/cardiac clearance for surgery: → *If yes, do not test.*
(Specify: _____)

5. In the **past 3 months**:

5.1 Were you hospitalized for myocardial infarction or heart attack? ☐ 0.No ☐ 1. Yes → *If yes, do not test.*

5.2 Have you had angioplasty or heart surgery? ☐ 0.No ☐ 1. Yes → *If yes, do not test*

5.3 Have you seen a health care professional or thought about seeing a health care professional for new or worsening symptoms of chest pain? ☐ 0.No ☐ 1. Yes → *If yes, do not test*

5.4 Have you had angina? ☐ 0.No ☐ 1. Yes → *If yes, do not test*

5.5 Did you have major thoracic (chest), abdominal or joint surgery? ☐ 0.No ☐ 1. Yes → *If yes, do not test*

5.6 Were you hospitalized for 3 or more days? ☐ 0.No ☐ 1. Yes → *If yes, do not test*

If participant has not already been disqualified ask:

6. Do you feel it would be **UNSAFE** for you to walk up and down this hallway? ☐ 0.No ☐ 1. Yes → *If yes, do not test*

7. Are you wearing shoes that make it difficult for you to walk? ☐ 0.No ☐ 1. Yes → *If yes, do not test*
If patient has comfortable shoes to change into ask participant to change shoes and mark no.

*If physical measures are done within 24 hours of completing this form, then the blood pressure (item 1.3) and resting pulse (item 1.4) can be transcribed from the Research Coordinators Assessment form.

400 Meter Walk Eligibility Form (WEF)

PURPOSE:	To collect information to determine whether or not patients are eligible to participate in the 400 meter walk.
PERSON(S) RESPONSIBLE:	Clinician/Coordinator. This is a clinician/coordinator administered form and should NOT be given to the patient to complete.
SOURCES OF INFORMATION:	Patient
WHEN TO ADMINISTER FORM:	Once patient provides informed consent for LABS-2, prior to surgery. The WEF form should be administered at the baseline visit and at the 12-month/annual follow up visits.
GENERAL INSTRUCTIONS (Patient)	N/A
GENERAL INSTRUCTIONS: (Clinician)	Before the WEF is completed: <ul style="list-style-type: none"> (1) Write the patient id and visit number on the form. (2) Complete a chart review to determine if there is know evidence of ECG abnormality in the last 12 months. After the WEF is completed: <ul style="list-style-type: none"> (1) Review the module for any missing items. Follow-up with patient if necessary to record missing items, or to clarify responses. (2) If physical measures are done within 24 hours of completing this form, the blood pressure (item 2) and resting pulse (item 3) can be transcribed from the Research Coordinators Assessment form.
SCORING ALGORITHM:	N/A

DATA SECTION	COMPLETION INSTRUCTIONS
PATIENT ID:	Record the patient's ID number. The ID number is assigned via the ID registration application of the MATRIX Web Data Management System (MATRIX). Instructions on using this application are included in the MATRIX Manual. The ID should be written on every page of the WEF Diary. <i>NOTE: The patient ID number is the same as that assigned to the patient as part of the LABS-I study.</i>
FORM COMPLETION DATE:	Record the form completion date as the date in which the form was completed in mm/dd/20yy format.
CERTIFICATION NUMBER:	Record the coordinators certification number. This is the number of the LABS-certified coordinator who is completing the form.
VISIT:	Record the visit number on the form. The visit number corresponds to the anniversary time period of the clinical visit: Baseline = 1 12 month = 12 24 month = 24 36 month = 36 <ol style="list-style-type: none"> 1. Check "no" or "yes" as to whether the patient uses a wheel chair, walker, or quad cane. If so, the patient is not eligible to complete the 400 meter walk. 2. Record the patient's blood pressure. If the patient had his or her blood pressure taken within 24 hours of completing the 400 meter walk form, then that values can be used. If not, a new blood pressure measurement is required. <ul style="list-style-type: none"> • If the patient's systolic blood pressure (SBP) is more than 180 mmHg, the patient is not eligible to complete the 400 meter walk form. • If the patient's diastolic blood pressure (DBP) is more than 100 mmHg the patient is not eligible to complete the 400 meter walk. 3. Record the patient's resting heart rate. <i>Resting is defined as having the patient sit quietly, with feet flat on the floor, in an erect but comfortable posture for at least five minutes, and for at least thirty minutes without smoking or consuming caffeine-containing beverages.</i> If the patient had his or her resting heart rate taken within 24 hours of completing the 400 meter

walk form, then that values can be used. If not, a new heart rate measurement is required.

- If the resting heart rate is more than 110 bpm, then the patient is not eligible to participate in the 400 meter walk.
 - If the resting heart rate is less the 40 bpm, then the patient is not eligible to participate in the 400 meter walk.
4. Record whether there is known evidence of ECG abnormality in the last 12 months. Examples of ECG abnormalities include bradycardia (heart rate < 40), tachycardia (heart rate > 135), Wolff-Parkinson-White (WPW), ventricular pre-excitation, idioventricular rhythm, ventricular tachycardia, 3rd degree or complete A-V block, any statement including reference to acute injury or acute ischemia, or marked T wave abnormality, abnormal cardiogram indicative of ischemia without medical/cardiac clearance for surgery. If so, the patient is not eligible to complete the 400 meter walk.
 5. If the patient answers “yes” to any of the following question then the patient is not eligible to complete the 400 meter walk.
 - Hospitalization for MI or heart attack in the past 3 months.
 - Angioplasty or heart surgery in the past 3 months.
 - Seen a health care professional or thought about seeing a health care professional for new or worsening symptoms of chest pain in the past 3 months.
 - Angina in the past 3 months.
 - Major thoracic (chest), abdominal or joint surgery in the past 3 months.
 - Hospitalized for 3 or more days in the past 3 months.

Only ask the next questions if the patient has not already been disqualified:

6. Record whether or not the patient felt it would be UNSAFE to walk up and down the hallway. If so, the patient is not eligible to complete the 400 meter walk.
 - 6.1 If the patient answers “yes” to question 6, specify the reason that the patient felt that it was unsafe to walk up and down the hallway.
7. Record whether or not the patient is wearing shoes that

	make it difficult to walk. If s, the patient is not eligible to participate in the 400 meter walk. NOTE: if the patient has comfortable shoes to change into ask the patient to change shoes and mark this question “no.”
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