ADMINISTRATIVE INFORMATION

0a. Completion Date: ___________________________ __________/________/__________

0b. Staff ID: ___________________________

A. UNINTENTIONAL WEIGHT LOSS

“I would like to ask you a few questions about weight loss.”

1. Over the past year, have you lost more than 10 pounds?
   Yes: ____________ Y
   No: ____________ N
   Unknown: ____________ U

2. About how much lower is your weight now than a year ago? ____________ lbs

3. Were you trying to lose weight?
   Yes: ____________ Y
   No: ____________ N
   Unknown: ____________ U

B. EXCLUSION CRITERIA

Instructions: Questions 4-7 are answered by the interviewer, not asked of the participant.

4. Is the participant able to complete the 4-meter walk without a walking aid?
   Yes: ____________ Y
   No: ____________ N

5. Does the participant have a resting heart rate >120 bpm?
   Yes: ____________ Y
   No: ____________ N

6. Does the participant have a systolic blood pressure >190 mmHg
   or diastolic pressure >110?
   Yes: ____________ Y
   No: ____________ N

7. Does the participant currently have a cast or other immobilizing device on leg?
   Yes: ____________ Y
   No: ____________ N
C. TWO MINUTE WALK TEST

Instructions:

Examiner should have participant sit in chair near the beginning of the walking course.

Introduce the task; say:

This is an activity that shows how physically fit you are by seeing how far you can walk in 2 minutes. I will ask you to walk as fast as you can until I ask you to stop. I know this is hard for some people so don’t worry if you have to slow down or rest. If you do stop or slow down, start walking again as soon as you feel you are ready do so. Is there any reason you cannot do the walk? Does anything hurt or are you in pain? What I would like here is to have you walk as far as you can in this short period of time.

If participant does not feel he or she can do this task, note this on the record sheet and continue with another measure.

You and I will not talk while you are walking because this might make you walk more slowly. I will, however, let you know how much time you have to walk and when you are almost done.

While demonstrating first part of the task, say:

You will start with your feet behind this line. When I say ‘Go,’ you will walk back and forth around the cones as fast as you can without running or hurting yourself. You will begin after I say ‘Ready, 3, 2, 1, Go!’ As you pass the cone, do not stop or slow down. When I tell you to stop, stop where you are on the path until I come to you. If you stop before I say "Stop," I still need you to remain at that point if you are able.

Demonstrate task and say:

Watch me as I show you what you are going to do. You see that I am walking fast but not running and that I am not slowing or stopping when I pass the cone. When I say “stop”, stop in place like this. (Stop where you are and stand still on the path.) Do you have any questions?

Answer questions as necessary.

Now, stand here with your toes at this line. Ready, 3, 2, 1, Go!

Examiner should begin timing and marking off number of cones on the tracking grid as they are completed; specifically, each time participant goes around a cone, mark off a number on the tracking grid (all turns around cone away from examiner should be odd numbers and all turns around cone nearest examiner should be even numbers).

At the same time, examiner should provide the following feedback:* 1 minute:

You are doing well. You have 1 minute to go.

*If participant is resting at one-minute reminder, encourage him/her to continue and change statement to:

You have only 1 minute left. Rest as long as you need; start walking again as soon as you feel able to do so.

When time reads 1:45, tell the participant:

In a moment, I’m going to ask you to stop. When I do, just stop right where you are and I will come to you.

When five seconds remain, examiner should count down:

5, 4, 3, 2, 1, stop.

Put a piece of tape on the floor to mark where participant stopped; the tape should be placed behind the participant’s heel. Measure and record the distance from the last cone to the tape.

TRACKING: Cross off a number each time participant rounds a cone.

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9. Additional feet: ........................................................................................................

10. Did the participant stop? ........................................................................................

   Yes ......................................... Y1
   No ......................................... N0

11. Result of Two Minute Walk:

   Participant refused ................................................................................................
   Not attempted, unable .........................................................................................
   Not attempted due to pain in hips, back, legs or feet ...........................................
   Not attempted, other reason ..............................................................................
   Attempted, unable to complete ...........................................................................
   Completed 2 minutes ...........................................................................................

11a. If not attempted for other reason, specify:

   __________________________________________________________________________

12. How long did the participant walk? ........................................................................
   a. ____ mins  b. ____ secs

13. Comments: __________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
INSTRUCTIONS FOR THE TWO MINUTE WALK FORM

I. General Instructions

Read the Script: “Next I will ask you a few questions about weight loss.”

The time frame for this question is 12 months prior to the interview.

The Two Minute Walk (TMW) form includes questions on weight loss followed by the two-minute walk test. The TMW form should be completed in the order written, with the weight loss questions asked first. Other seated tasks should be administered prior to completing the TMW form, providing a brief rest period before beginning the two minute walk.

Footwear: To reduce the effect of different footwear on test performance, the TMW should be performed in tennis shoes or comfortable walking shoes with minimal or no heels. The participant should be instructed during the pre-visit instructions to wear or bring comfortable walking shoes to the clinic.

II. Detailed Instructions for Each Item

1. Read the question as written. If the response to Question 1 is YES, go to Question 2.
   
   If the response to Question 1 is NO, go to Question 4. If the participant does not know if more than 10 pounds have been lost during the last 12 months, enter ‘Unknown’ for Question 1 and go to Question 3 to determine if the participant was trying to lose weight. This will be informative when combined with objective measures of weight from the clinic exams.

2. If more than 10 pounds were lost (Yes to Question 1), ask how much lower the weight is now than one year ago (Question 2) and go to Question 3. If more than 10 pounds were lost in the last 12 months (YES to Question 1), but more than 10 pounds were regained during the same time period, code ‘00’ in Question 2 to indicate that the participant’s current weight is not lower, but the same or higher than it was a year ago. The weight (loss) reported should be recorded in pounds as integers (and no decimal places) in Question 2. If the difference in weight is reported in fractions of a pound, please round down, without engaging the respondent for clarification; e.g., 0.5 pounds should be recorded as 00; 1.5 pounds should be recorded as 1.

3. Question 3: Read the question, recording whether the participant was trying to lose weight or not.

   Questions 4-7 address exclusions for the two minute walk. These are answered by the examiner. If there is a borderline or unclear answer to an exclusion question the final decision to test rests with the medical supervisor. Meeting any one of the exclusion criteria is cause to exclude the participant from the test.

4. Use information from the 4-meter walk; if the participant used a walking aid, record response as “No” and s/he should not do the 2-minute walk.

   Note: Some participants who complete the short walks without a walking aid may be uncomfortable and/or unwilling to attempt a longer walk, such as the two minute walk, without the walking aid.
5. Consult the heart rate from the clinic exam. If the heart rate was >120, record response as “Yes” and s/he should not do the 2-minute walk.

6. Consult the blood pressure values from the clinic exam. If the systolic blood pressure was >190 or the diastolic blood pressure was >110, record response as “Yes” and s/he should not do the 2-minute walk.

7. If the participant has a cast, brace, or other immobilizing device on his/her leg, record “yes” and s/he should not complete the 2-minute walk.

Questions 8-12 related to the testing procedure for participants who are not excluded from the two minute walk test. Start timing the participant when the first foot crosses the start line, before making first footfall.

Read the script as written. Only provide encouragement as directed, but do encourage participants as instructed at one minute and, if the participant rests during the test, during the rest period using the script provided.

Before you begin, tear off a piece of tape to mark the floor behind the participant’s heel when the test ends. After 1 minute, 45 seconds into the test, let the participant know the test is about to end by reading the script “In a moment, I’m going to ask you to stop. When I do, just stop right where you are and I will come to you”. Walk to the participant, counting down the last 5 seconds and say “Stop”. Place the tape on the floor behind the participant’s heel that is on the floor.

If a participant rests during the two minutes, make note of the time s/he stopped walking. If they do not resume walking, this time will be entered in question 12.

During the test, cross off a number each time the participant rounds a cone. When s/he is away from the start line, the number should be an odd number. The number will be even when rounding a cone at the start line. The participant must walk around the cones on each end; “figure 8s” are not allowed.

8. Write in the number of cones the participant rounded (these should have been marked off as above) during the two minutes.

9. Measure the distance in feet from the last cone the participant passed to the edge of the tape touching the participant’s heel. Enter the distance (in feet) using whole numbers. If the distance is 6 inches or more beyond a foot marker, round up. Otherwise, round down.

10. Record Y if participant stopped during the two minute walk test and N if s/he did not stop.

11. Select the completion status of the two minute walk and follow the prompt indicating which question to go to next. If participants do not believe they can complete the task, record “Not attempted, unable”. If they report being unable specifically due to arthritis or pain in joints, record as “Not attempted due to pain in hips, back, legs, or feet”. If “Not attempted, other reason” is selected, including technical problems, provide a brief reason in question 11a. If participants started the walk but do not complete the walk, mark “Attempted, unable to complete” then go to question 12.

Those who walked for the full two minutes should be recorded “Completed 2 minutes”. Go to Question 13.

12. For participants who begin the walk but do not walk for two minutes, record the time walked in minutes and seconds.

13. Enter comments about unusual or special circumstances in the text field as needed.
Symptoms during/after the TMW: Participants could experience symptoms during the walk. If mild symptoms occur, tell the participant to slow down. If chest pain, pressure or tightness occurs, quickly approach the participant, mark the stopping distance and record the time and distance. Assist the participant to a chair, or if necessary take a chair to the participant. If the participant confirms chest pain or pressure/tightness after resting for 5 minutes notify the nursing or medical staff on site. Symptoms of chest pain, tightness, or pressure with walking that do not resolve with rest are considered a medical emergency. Even if the symptoms resolve with rest this should be reported to the participant and, with the participant’s authorization, to the physician of record as an alert. If the reason for stopping is chest pain, tightness, or pressure, discontinue the test and do not resume.

Except for chest pain/pressure/tightness, the test should not be stopped cold. Participants may resume walking from the marked stopping location if symptoms such as flushing, shortness of breath, cramping, or fatigue resolve and they are willing. Participants can resume walking at the faster pace or continue with the slower pace during the remainder of the walk after a rest period. Always record the reason for stopping the walk on the data collection form.