

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 15 minutes for this questionnaire, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN:PRA (#####-#####).

Modified Canadian Aerobic Fitness (mCAFT) Step Test

Age: ____ years **Gender:** M F (circle one) **Weight:** ____ . ____ kg

Height: ____ . ____ cm **85% predicted HR_{max}:** ____ bpm

Starting point (65 – 70 % Mean Aerobic Power for individual 10 years +): ____ mL • kg⁻¹ • min⁻¹

Resting Measures		Test Measures			Post Test Measures		
Heart Rate (bpm)	Blood Pressure (mm Hg)	Starting Stage #	Heart Rate (bpm)	RPE	Time (min)	Heart Rate (bpm)	Blood Pressure (mm Hg)
_____	____/____	1 st	_____	_____	2	_____	____/____
_____	_____	2 nd	_____	_____	3.5	_____	____/____
_____	_____	3 rd	_____	_____	_____	_____	____/____
_____	_____	4 th	_____	_____	_____	_____	____/____
_____	_____	5 th	_____	_____	_____	_____	____/____
_____	_____	6 th	_____	_____	_____	_____	____/____
_____	_____	7 th	_____	_____	_____	_____	____/____
_____	_____	8 th	_____	_____	_____	_____	____/____

Test Status: Complete *Incomplete (circle one)

*If Test Status = Incomplete, select a reason code based on Table 1 below.

Table 1: Incomplete Test Reason Codes

Code	Reason	When to choose this code
1	Refusal	Respondent refuses to participate
2	Unable to maintain proper cadence	Respondent cannot perform the test at the proper cadence
3	Dizziness	Respondent feels dizzy
4	Extreme leg pain	Respondent cannot go on or start the test due to leg pain (lactic acid buildup, injury, arthritis ...)
5	Nausea	Respondent feels nauseated or has extreme headache
6	Chest pain	Respondent feels chest pain
7	Facial pallor	Respondent appears ill
8	Other - Specify	Any other reason not listed above. The health technician will be prompted to explain this reason in the text box.

Reason Code for Incomplete Test: ____ N/A (Enter a code or circle "N/A")

Aerobic Fitness Score: ____ ____ ____ mL • kg⁻¹ • min⁻¹

Equation to Determine Aerobic Fitness Score:

$$\begin{aligned}
 \text{Aerobic Fitness Score (VO}_2 \text{ max)} &= 10 \times [17.2 + (1.29 \times \text{O}_2 \text{ cost of the last completed stage}^*) - (0.09 \times \text{Weight}) - (0.18 \times \text{Age})] \\
 &= 10 \times [17.2 + (1.29 \times \text{____}) - (0.09 \times \text{____}) - (0.18 \times \text{____})] \\
 &= 10 \times [17.2 + (\text{____}) - (\text{____}) - (\text{____})] \\
 &= 10 \times [\text{____}] \\
 &= \text{____} \text{ mL} \cdot \text{kg}^{-1} \cdot \text{min}^{-1}
 \end{aligned}$$

*Use Table 2 below to determine O₂ cost

Table 2: Determination of Oxygen Cost based on mCAFT Results

mCAFT Stage Completed	Females		Males	
	Stepping Cadence	O ₂ Cost	Stepping Cadence	O ₂ Cost
1	66	15.9	66	15.9
2	84	18.0	84	18.0
3	102	22.0	102	22.0
4	114	24.5	114	24.5
5	120	26.3	132	29.5
6	132	29.5	144	33.6
7	144	33.6	118*	36.2
8	118*	36.2	132*	40.1

*Single step test. O₂ cost is measured in mL • kg⁻¹ • min⁻¹

Source: Canadian Society for Exercise Physiology