

**1. Segment ID:**

**LAND USE/DESTINATIONS**

**2. Area type:** Check one.

- ☐ (2a) Town/city center/business district
- ☐ (2b) Thoroughfare/strip development
- ☐ (2c) Neighborhood/subdivision/urban residential
- ☐ (2d) Isolated rural

**3. What is the predominant land use?** Check one.

- ☐ (3a) Residential buildings/yards
- ☐ (3b) Commercial/office buildings
- ☐ (3c) Industrial buildings
- ☐ (3d) School/school yards/campus
- ☐ (3e) Parking lots or garages
- ☐ (3f) Undeveloped land/vacant lot
- ☐ (3g) Designated green space/park
- ☐ (3h) Agricultural or pasture
- ☐ (3i) Body of water, e.g., lake, river

**4. What other land uses?** Check all that apply.

- ☐ (4a) Residential buildings/yards
- ☐ (4b) Commercial/office buildings
- ☐ (4c) Industrial buildings
- ☐ (4d) School/school yards/campus
- ☐ (4e) Parking lots or garages
- ☐ (4f) Undeveloped land/vacant lot
- ☐ (4g) Designated green space/park
- ☐ (4h) Agricultural or pasture
- ☐ (4i) Body of water, e.g., lake, river

**5. What types of residential uses?**

Check all that apply

- ☐ (5a) Single family houses
- ☐ (5b) Multi-unit homes (duplex, 4-plex)
- ☐ (5c) Apartments/condos, 5 or more units
- ☐ (5d) Apartments above street retail
- ☐ (5e) Senior housing (retirement/ assisted living, nursing home)
- ☐ (5f) Other (mobile home, dormitory)

6. Destinations facing segment.	Yes	No
a. Food-related destinations		
b. Retail and service-related		
c. Public, community destinations		
d. Other non-residential –office buildings/warehouse		
e. Recreational facilities/areas		
f. Other, specify:		

**WALKWAYS** Assess features on each side of street. Locate North/East and South/West with compass or map.

**7. What dedicated walkway is present, if any?**

Check all that apply.

Sidewalk (a)	<input type="checkbox"/> None <input type="checkbox"/> N/E <input type="checkbox"/> S/W
Trail (b)	<input type="checkbox"/> None <input type="checkbox"/> N/E <input type="checkbox"/> S/W

**8. If there is no dedicated walkway, where else might one walk?** Check all that apply.

a) Goat (desire) path	<input type="checkbox"/> None <input type="checkbox"/> N/E <input type="checkbox"/> S/W
b) Bike lane	<input type="checkbox"/> None <input type="checkbox"/> N/E <input type="checkbox"/> S/W
c) Parking lane	<input type="checkbox"/> None <input type="checkbox"/> N/E <input type="checkbox"/> S/W
d) Shoulder	<input type="checkbox"/> None <input type="checkbox"/> N/E <input type="checkbox"/> S/W

If shoulder present..	
di) --- is it paved?	<input type="checkbox"/> No <input type="checkbox"/> N/E <input type="checkbox"/> S/W
dii) --- is it marked, e.g., (stripe, color)?	<input type="checkbox"/> No <input type="checkbox"/> N/E <input type="checkbox"/> S/W
e) In street/roadway	<input type="checkbox"/> NE <input type="checkbox"/> S/W

If walking in roadway is the **only option**...

**8ei. Would you need to step off if vehicles were approaching in both directions?**

N/E	<input type="checkbox"/> Yes <input type="checkbox"/> No
S/W	<input type="checkbox"/> Yes <input type="checkbox"/> No

**8eii. Is there consistently room to step off the road without stepping into a ditch or other hazard?**

N/E	<input type="checkbox"/> Yes <input type="checkbox"/> No
S/W	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions 9 - 26 relate to features of the walkway where people are most likely to walk.

**9. What is the width of the walkway?** Measure (do not guess) at most narrow part of pedestrian zone (not buffer or building frontage zone)

North/East (9a)	South/West (9b)
<input type="checkbox"/> (1) < 5 feet	<input type="checkbox"/> (1) < 5 feet
<input type="checkbox"/> (2) 5-6 feet	<input type="checkbox"/> (2) 5-6 feet
<input type="checkbox"/> (3) >6 feet	<input type="checkbox"/> (3) >6 feet

**10. What is the walking surface?** Check one surface; check if there is a reduced vibration zone\*.

North/East (10a)	South/West (10b)
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<input type="checkbox"/> (10a1) Dirt/grass	<input type="checkbox"/> (10b1) Dirt/grass
<input type="checkbox"/> (10a2) Gravel	<input type="checkbox"/> (10b2) Gravel
<input type="checkbox"/> (10a3) Asphalt or concrete	<input type="checkbox"/> (10b3) Asphalt or concrete
<input type="checkbox"/> (10a4) Stone/ brick	<input type="checkbox"/> (10b4) Stone/brick
<input type="checkbox"/> 10a5) *Reduced vibration zone?	<input type="checkbox"/> 10b) *Reduced vibration zone?

\*Smooth center section of pathway without grates or large joints or other elements that would increase vibration for wheelchair user.

**11. Is there a buffer present?** (strip between the walkway & road; doesn't apply to roadway walking)

N/E (11a)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
S/W (11b)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**12. Is walkway continuous within segment?** (continues without interruption from start to end)

N/E (12a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
S/W (12b)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Is walkway continuous between the segments at one or both ends?**

N/E (13a)	<input type="checkbox"/> Both <input type="checkbox"/> One <input type="checkbox"/> Neither
S/W (13b)	<input type="checkbox"/> Both <input type="checkbox"/> One <input type="checkbox"/> Neither

**14. Do curb ramps, curb cuts, or mountable curbs connect at both ends of segment?**

N/E (14a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
S/W (14b)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**15. Are poorly maintained walkway sections trip hazards or barriers?** (e.g., heaves, cracks, misalignment, weeds) If none, skip to Q17.

N/E (15a)	<input type="checkbox"/> None <input type="checkbox"/> A few (1-3) <input type="checkbox"/> A lot (4 or more)
S/W (15b)	<input type="checkbox"/> None <input type="checkbox"/> A few (1-3) <input type="checkbox"/> A lot (4 or more)

**16. Rate the extent of poor maintenance of the worst section of the walkway.** See definitions next column.

N/E (16a)	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major
S/W (16b)	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major

--**Minor** – Highly visible problems in an area where they can be easily avoided

--**Moderate** – Problems that cannot be easily seen or avoided without diligence

--**Major** - Severe problem(s) that make segment inaccessible or extremely dangerous

**17. How steep is the walkway at the steepest point in the segment?** Rate the slope of the steepest part of the sidewalk in the segment by considering its impact on walking.

N/E (17a)	<input type="checkbox"/> Level <input type="checkbox"/> Moderate <input type="checkbox"/> Steep
S/W (17b)	<input type="checkbox"/> Level <input type="checkbox"/> Moderate <input type="checkbox"/> Steep

--**Level:** Flat or has a slight noticeable slope but does not make it more difficult to walk.

--**Moderate:** Slope is more difficult to walk up and down, but would not be tiring to most people.

--**Steep:** Slope is tiring to walk up or difficult to walk down

**18. Is the walkway level or does it have a cross-slope that affects walkers?** A cross-slope is a sideways slope, like a driveway that slopes

through the walkway. Only evaluate cross-slope that is in path of walkway. ADA = 2% maximum.

N/E (18a)	<input type="checkbox"/> Level <input type="checkbox"/> Sloped <input type="checkbox"/> Steep
S/W (18b)	<input type="checkbox"/> Level <input type="checkbox"/> Sloped <input type="checkbox"/> Steep

**19. Permanent obstructions in walkway?** (e.g., telephone poles, trees) Only include obstructions if they **narrow the walkway to less than four feet**. Do not count items in the buffer zone between sidewalk and curb.

N/E (19a)	<input type="checkbox"/> None <input type="checkbox"/> One or more
S/W (19b)	<input type="checkbox"/> None <input type="checkbox"/> One or more

**20. Temporary obstructions in walkway?** (e.g., sandwich board signs, private property overgrowth, parked cars, clippings, dumpsters)

N/E (20a)	<input type="checkbox"/> None <input type="checkbox"/> Some (1-3) <input type="checkbox"/> Many (4 or more)
S/W (20b)	<input type="checkbox"/> None <input type="checkbox"/> Some (1-3) <input type="checkbox"/> Many (4 or more)

**21. Are there any walkway slipping hazards?** (e.g., slick surface, loose gravel, wet leaves, etc.)

N/E (21a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
S/W (21b)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**22. Are pedestrians likely to be visible to motorists?** (telephone poles, trees, blind curves)

N/E (22a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
S/W (22b)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remaining questions require you to combine observations for both sides of the street into a single evaluation.

**23. Are there areas where a railing/barrier is needed for safety, but is missing?**

- ☐ Missing    ☐ Not needed or already present

**24. How many driveways or alleys are there on both sides of the block? Check one.**

- ☐ (1) None; skip to Q 27.
- ☐ (2) 1 - 2
- ☐ (3) 3-5
- ☐ (4) 6 or more

**25. Estimate the traffic volume entering or leaving driveways or alleys on this block? Check one.**

- ☐ (1) Light to moderate (e.g., single-family home, doctor's office)
- ☐ (2) Heavy (e.g., supermarket)
- ☐ (3) Periodic (e.g., school, church)

**26. Pavement features at drive/alleyways**

Check all that apply.

- ☐ (26a) Walkway remains level across driveway/ alley
- ☐ (26b) Pavement color or other treatment to denote driveway

**ROADWAYS** Check one unless otherwise indicated.

**27. What type of road/street is present?**

- ☐ (a) Divided highway  $\geq 4$  lanes
- ☐ (b) Undivided  $\geq 4$  lanes
- ☐ (c) 3 lanes (or two plus center turn lane)
- ☐ (d) 2 marked lanes
- ☐ (e) No marked lanes (but paved)
- ☐ (f) Unpaved roadway

*Included here for reference only; data from your city/town recorded on locator form.*

**28 a. How is the road classified?**

- ☐ (1) Major arterial
- ☐ (2) Minor arterial
- ☐ (3) Collector
- ☐ (4) Local street

**28 b. What is the traffic volume?**

- ☐ (1)  $< 2500$
- ☐ (2) 2500 to 4,999
- ☐ (3) 5,000-19,999
- ☐ (4)  $\geq 20,000$

**29. What is the speed limit?**

**30. What parking spaces or facilities are present? Check all that apply.**

- ☐ (30a) None
- ☐ (30b) On-street, parallel or angled parking
- ☐ (30c) Small lot or garage ( $<30$  spaces)
- ☐ (30d) Medium to large lot or garage

**31. What other features are present? Check all that apply**

- ☐ (31a) Cul-de-sac or dead end
- ☐ (31b) Traffic calming devices, speed bumps, chicanes, serpentine design
- ☐ (31c) Roll-over/mountable curbs
- ☐ (31d) Crosswalk, Yield to Pedestrian, or "Share-the-Road" type signage
- ☐ (31e) Pedestrian bridges
- ☐ (31f) Midblock crossing (MBC)
  - ☐ (31g) If multilane MBC, check if there is a 30' advance stop line.

**32. Are there features to support orientation? (mountain peaks, lake, steeples, tall structures)**

- ☐ (1) Yes    ☐ (2) No

**33. What aids are present to support wayfinding? Check all that apply.**

- ☐ Directional sign or marker (not street signs)
- ☐ Neighborhood flag or marker
- ☐ Landmark (statue, fountain)
- ☐ Numbers on buildings/houses
- ☐ Information kiosk or board with map
- ☐ Kiosk or board with "you are here" cue
- ☐ Advance street name sign
- ☐ Text & icons paired on signs/pavement
- ☐ Aids for low vision or hearing e.g., (audible or Braille directions)

**34. Problems with wayfinding/aids? Check all that apply.**

- ☐ Poor or inconsistent location
- ☐ Text too small for easy reading
- ☐ Dirty, faded or obstructed
- ☐ Poorly lighted
- ☐ English language only in bilingual area
- ☐ Limited or no boundary definition
- ☐ Limited sight distances (can't see next corner or beyond immediate buildings)

**35. Are street lights installed? Check one.**

- ☐ (a) None
- ☐ (b) Some (overhead lights on utility poles)
- ☐ (c) Ample (regularly spaced pedestrian lampposts)

**36. Is there other ambient lighting?**

☐ (a) Yes ☐ (b) No

**37. a. Is there a transit stop on segment?**

Check all that apply

- ☐ None
- ☐ Bus stop
- ☐ Light Rail/Other Transit
- ☐ Senior transit/paratransit

**b. Is the transit stop clearly marked and accessible?** ☐ (1) Yes ☐ (2) No

**c. Is route information available at the transit stop?** ☐ (1) Yes ☐ (2) No

**38. Are there places to rest?**

Check all that apply,

- ☐ (38a) None
- ☐ (38b) Bench/street furniture
- ☐ (38c) Covered shelter
- ☐ (38d) Other, e.g. low wall

**39. Other Amenities**

Check all that apply.

- ☐ (39a) Trees that offer shade
- ☐ (39b) Bicycle racks
- ☐ (39c) Working drinking fountains
- ☐ (39d) Call boxes
- ☐ (39e) Restrooms open to public and accessible, *public restrooms, fast food restaurants, etc.*
- ☐ (39f) Handrails on stairs and ramps

**40. What opportunities exist for people to be seen when walking if they are in need?**

Check all that apply

- ☐ (40a) None

- ☐ (40b) Windows facing street or places for sitting in front of homes or businesses

**41. Do you observe aesthetically pleasant features?** (e.g., fountains, vegetation, gardens)

- ☐ (a) Yes ☐ (b) No

**42. Are the streetscape and/or buildings distinctive or monotonous?**

- ☐ (1) Distinctive ☐ (2) Monotonous

**43. Are at least 75% of the buildings well maintained?** ☐ (a) Yes ☐ (b) No ☐ c) NA

**44. Which of the following items are present?**

Check all that apply

- ☐ (44a) Graffiti or tagging (not murals)
- ☐ (44b) Abandoned cars
- ☐ (44c) Broken/boarded windows
- ☐ (44d) Drug paraphernalia
- ☐ (44e) Broken glass; liquor bottles/cans
- ☐ (44f) Litter in yards, street or sidewalk

**45. Rate the extent of physical disorder**

Check one. (e.g., litter, graffiti, broken glass, abandoned cars)

- ☐ (a) None
- ☐ (b) Some (1-3 areas)
- ☐ (c) A lot (4 or more areas)

**46. Rate the extent of social disorder** Check one.

(e.g., stray dogs, gangs, prostitution, hostile behaviors, drug dealing, panhandlers)

- ☐ (a) None
- ☐ (b) Some (1-3 areas)
- ☐ (c) A lot (4 or more areas)

**For fuller depiction of crime or disorder, obtain crime information for audit area from city.**

47. What people are visible in the segment? Check all that apply	People Present				
	No ne	Ch ild re n	Te ens	Ad ult s	Older Adult s
	(1)	(2)	(3)	(4)	(5)
a. Talking or greeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Walking or other activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**48. What else did you observe?**

Check all that apply

- ☐ (48a) Air pollutants (e.g., diesel fumes, factory emissions, hog lagoons)
- ☐ (48b) Heavy vehicles (e.g., large trucks)
- ☐ (48c) High speed or speeding traffic (*too fast for specific area*)
- ☐ (48d) Loud ambient sounds (e.g., trains, construction, factories, aircraft)
- ☐ (48e) Railroad tracks
- ☐ (48f) Aggressive drivers
- ☐ (48g) Extremely crowded or chaotic walkways
- ☐ (48h) Competing use of walkways, e.g., (Skateboarding, bicycling, etc.)

**49. LEVEL OF WALKABILITY-WEAKEST LINK**

*Not auditor rating; generated from key indicators or if mobile app, by individual preferences.*

- ☐ 1 – Pristine walking environment; safe & accessible for all ages & abilities

**CDC-Healthy Aging Research Network Environmental Audit Tool - Segment**

- **2** - Lacking some amenities; a few visible but avoidable problems but still accessible, walkable, navigable. Some challenges to people with severe visual impairments.
- **3** - More demanding with problems/barriers that are difficult to

avoid; requires attention/judgment; may not be suitable for people with severe functional challenges

suitable for people with functional challenges & requires vigilance of all others

- **4** - Most demanding environment – unavoidable accessibility barriers, safety hazards or navigational challenges. Not