

Audit Tool

Checklist Version

Date: _____ Start Time: _____ Stop Time: _____

Auditor ID #: _____ City: _____ Census Tract #: _____

Street Name: _____

Segment ID: _____

Audit information collected by: Foot Auto Both

Location information collected by: Foot Auto Both

LAND USE ENVIRONMENT

1. Are **residential and non-residential land uses** visible in this **segment**?

	Yes	No
Integration of diverse land uses	<input type="checkbox"/>	<input type="checkbox"/>

2. What types of buildings or features are present in this **segment**?

Types of residential destinations	Visible	Not Visible
a. Single-family home?	<input type="checkbox"/>	<input type="checkbox"/>
b. Two-, three-, four-, five-, or six-family home (“walk-ups”)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Apartment building/complex or condominium?	<input type="checkbox"/>	<input type="checkbox"/>
d. Apartment over retail in multi-story building?	<input type="checkbox"/>	<input type="checkbox"/>
e. Mobile home or trailer?	<input type="checkbox"/>	<input type="checkbox"/>
f. Mobile home or trailer park/community?	<input type="checkbox"/>	<input type="checkbox"/>
g. Other? Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

3. What **types of commercial destinations** are visible in this **segment**? (Land Use Diversity)

Types of commercial destinations	Visible	Not Visible
a. Gas station (i.e., any destination that sells gasoline)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Fast food restaurant (i.e., national/local chain or other destination that primarily sells carry-out burgers, fried chicken, pizza, or “americanized” Mexican, Chinese, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Other restaurant?	<input type="checkbox"/>	<input type="checkbox"/>
d. Convenience or small grocery store (i.e., those that do not fall under a or e)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Supermarket (e.g., Sam’s, Cosco, Kroger, Winn Dixie, Save Right, Dierbergs)?	<input type="checkbox"/>	<input type="checkbox"/>
f. Bank or credit union?	<input type="checkbox"/>	<input type="checkbox"/>
g. Pharmacy or drug store (e.g., CVS, Eckerts, Drug Emporium, Walgreens)?	<input type="checkbox"/>	<input type="checkbox"/>
h. Coffee shop (e.g., Starbuck’s, Gloria Jeans)?	<input type="checkbox"/>	<input type="checkbox"/>
i. Laundry or dry cleaners?	<input type="checkbox"/>	<input type="checkbox"/>
j. Movie theater?	<input type="checkbox"/>	<input type="checkbox"/>
k. Other entertainment (i.e., entertainment provided on-site)?	<input type="checkbox"/>	<input type="checkbox"/>
l. Hotel or motel?	<input type="checkbox"/>	<input type="checkbox"/>
m. Indoor mall or super center (e.g., Super Walmart)?	<input type="checkbox"/>	<input type="checkbox"/>
n. Department store or “big box” store (e.g., Home Depot, Best Buy, Sears)?	<input type="checkbox"/>	<input type="checkbox"/>
o. Strip mall or shopping center (i.e., multiple shops housed in linked buildings)?	<input type="checkbox"/>	<input type="checkbox"/>
p. Warehouses, factories, or industrial buildings?	<input type="checkbox"/>	<input type="checkbox"/>
q. Office building?	<input type="checkbox"/>	<input type="checkbox"/>
r. Bar? Liquor store?	<input type="checkbox"/>	<input type="checkbox"/>
s. Auto shop (e.g., car repair, detail, tires, oil, brakes, car wash)?	<input type="checkbox"/>	<input type="checkbox"/>
t. Other retail (e.g., bakery, card shop, video rental, florist)?	<input type="checkbox"/>	<input type="checkbox"/>
u. Other services (e.g., beautician, lawyer, accountant)?	<input type="checkbox"/>	<input type="checkbox"/>

Audit Tool

Checklist Version

Date: _____ Start Time: _____ Stop Time: _____
 Auditor ID #: _____ City: _____ Census Tract #: _____
 Street Name: _____
 Segment ID: _____

LAND USE ENVIRONMENT (continued)

4. What **types of public or government service destinations** are visible in this **segment**? (Land Use Diversity)

Types of public or government service destinations	Visible	Not Visible
a. Post office?	<input type="checkbox"/>	<input type="checkbox"/>
b. Library?	<input type="checkbox"/>	<input type="checkbox"/>
c. Place of worship (e.g., church, synagogue, convent, chapel)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Day care or preschool?	<input type="checkbox"/>	<input type="checkbox"/>
e. Elementary school?	<input type="checkbox"/>	<input type="checkbox"/>
f. Middle school, junior high school or high school?	<input type="checkbox"/>	<input type="checkbox"/>
g. Junior college, college or university campus?	<input type="checkbox"/>	<input type="checkbox"/>
h. Health or social services (e.g., hospital, adult care facility, health dept)?	<input type="checkbox"/>	<input type="checkbox"/>
i. Airport, train station, bus station, or other transportation facility?	<input type="checkbox"/>	<input type="checkbox"/>
j. Police department or fire department?	<input type="checkbox"/>	<input type="checkbox"/>
k. Museum?	<input type="checkbox"/>	<input type="checkbox"/>
l. Community Center?	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (courthouse, utilities, real estate, military, prison, sanitation, cemetery)? Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

5. What **types of recreational facilities/destinations** are visible in this **segment**? (Land Use Diversity)

Types of recreational facilities/destinations	Visible	Not Visible
a. Indoor fitness facility (e.g., YMCA, Bally's, New Lady Fitness)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Park?	<input type="checkbox"/>	<input type="checkbox"/>
c. Playground (i.e., park or school)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Outdoor pool?	<input type="checkbox"/>	<input type="checkbox"/>
e. Beach?	<input type="checkbox"/>	<input type="checkbox"/>
f. Golf course?	<input type="checkbox"/>	<input type="checkbox"/>
g. Sports/playing field, basketball court or tennis court (i.e., park or school)?	<input type="checkbox"/>	<input type="checkbox"/>
h. Sports track (i.e., park or school)?	<input type="checkbox"/>	<input type="checkbox"/>
i. Marina?	<input type="checkbox"/>	<input type="checkbox"/>
j. Other recreational facility? Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

LAND USE ENVIRONMENT (continued)

6. What **other types of destinations** are visible in this **segment**? (Land Use Diversity)

Other types of destinations	Visible	Not Visible
a. Parking lot or parking garage (i.e., any size not including on-street parking)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Driveway (i.e., residential or non-residential)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Abandoned building or vacant lot (i.e., vacant lot is about the size of the buildings on the segment or surrounding segments)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Railroad, bridge, tunnel, highway, or overpass?	<input type="checkbox"/>	<input type="checkbox"/>
e. Other destination? Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

Audit Tool

Checklist Version

Date: _____ Start Time: _____ Stop Time: _____
 Auditor ID #: _____ City: _____ Census Tract #: _____
 Street Name: _____
 Segment ID: _____

7. What **types of natural features** are visible in this **segment**? (Land Use Diversity)

Type of feature	Visible	Not Visible
a. Large body of water (e.g., ocean, lake, large river)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Small body of water (e.g., pond, stream)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Mountains or canyons?	<input type="checkbox"/>	<input type="checkbox"/>
d. Open natural space (e.g., wooded area, swamp, meadow – not a vacant lot)?	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION ENVIRONMENT

8. Is **availability of alternative transportation modes** visible in this **segment**?

	Yes	No
Availability of alternative transportation modes	<input type="checkbox"/>	<input type="checkbox"/>

9. How would you rate the **walkability or bikability** of this **segment**?

Rating Criteria	Yes	No
a. Presence of sidewalks?	<input type="checkbox"/>	<input type="checkbox"/>
b. Presence of bike lanes?	<input type="checkbox"/>	<input type="checkbox"/>
c. Presence of street shoulders or wide outside lanes?	<input type="checkbox"/>	<input type="checkbox"/>
d. Presence of bus stops or transit stations?	<input type="checkbox"/>	<input type="checkbox"/>
e. Presence of paths or trails (i.e., multi-use, biking, walking)?	<input type="checkbox"/>	<input type="checkbox"/>

10a. This segment has a posted **general speed limit** of: _____ Enter "99" for "None posted."

10b. This segment has a posted **special speed limit** of: _____ Enter "99" for "None posted."

11. This segment has **on-street parking** available. Yes No

12. Please indicate your agreement with the following statements about **street characteristics** for this **segment**.

Rating Criteria	Yes	No
a. Is the street type less than or equal to two narrow lanes?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the segment have good connectivity (i.e., straight with intersections versus cul-de-sac)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the segment have other street design characteristics to reduce volume or speed (e.g., roundabouts)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the segment have traffic calming devices to reduce volume or speed (e.g., traffic signals, speed humps)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there aggressive drivers on the segment (e.g., speeding, not giving pedestrians/bicyclists right-of-way)?	<input type="checkbox"/>	<input type="checkbox"/>
f. Does the segment have crossing aids for pedestrians and bicyclists to cross the street safely. (e.g., crosswalks, stop light, overpass, traffic island, curb extension)?	<input type="checkbox"/>	<input type="checkbox"/>
g. Does the segment have street lighting for sidewalks, street shoulders, and/or bike lanes at night?	<input type="checkbox"/>	<input type="checkbox"/>

Audit Tool

Checklist Version

Date: _____ Start Time: _____ Stop Time: _____
 Auditor ID #: _____ City: _____ Census Tract #: _____
 Street Name: _____
 Segment ID: _____

FACILITIES

13. Is **availability of recreational facilities** visible in this **segment**?

	Yes	No
Availability of recreational facilities	<input type="checkbox"/>	<input type="checkbox"/>

14. Is **availability of recreational equipment** visible in this **segment**?

	Yes	No
Availability of recreational equipment	<input type="checkbox"/>	<input type="checkbox"/>

15. What **types of recreational equipment** are visible in this **segment**?

Type of equipment	Visible	Not Visible
a. Playground equipment (e.g., swings, slide)	<input type="checkbox"/>	<input type="checkbox"/>
b. "Complete" sports equipment (i.e., all necessary elements are visible – posts, nets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
c. "Incomplete" sports equipment (i.e., missing elements)	<input type="checkbox"/>	<input type="checkbox"/>

16. What **types of service amenities** are visible in this **segment**?

Type of service amenity	Visible	Not Visible
a. Equipment rental	<input type="checkbox"/>	<input type="checkbox"/>
b. Sports stands/seating	<input type="checkbox"/>	<input type="checkbox"/>
c. Picnic tables and/or grills	<input type="checkbox"/>	<input type="checkbox"/>
d. Water fountains	<input type="checkbox"/>	<input type="checkbox"/>
e. Restrooms	<input type="checkbox"/>	<input type="checkbox"/>
f. Vending machines	<input type="checkbox"/>	<input type="checkbox"/>
g. Public telephones	<input type="checkbox"/>	<input type="checkbox"/>
h. Trash bins	<input type="checkbox"/>	<input type="checkbox"/>

AESTHETICS

17. Are **attractive features** visible in this **segment**?

	Yes	No
Presence of attractive features (e.g. architectural design, building variety, pedestrian and bicycle traffic, vegetation, signage)?	<input type="checkbox"/>	<input type="checkbox"/>

18. Are **comfort features** visible in this **segment**?

	Yes	No
Presence of comfort features (e.g. shade trees, benches, or other types of amenities)?	<input type="checkbox"/>	<input type="checkbox"/>

Audit Tool

Checklist Version

Date: _____ Start Time: _____ Stop Time: _____
 Auditor ID #: _____ City: _____ Census Tract #: _____
 Street Name: _____
 Segment ID: _____

19. Is **air pollution** visible or detectable through odors in this **segment**?

	Yes	No
Presence of air pollutants (e.g. diesel fumes, factory emissions)?	<input type="checkbox"/>	<input type="checkbox"/>

20. Is **noise pollution** audible in this **segment**?

	Yes	No
Presence of loud ambient sounds (e.g. trains, construction, factories)?	<input type="checkbox"/>	<input type="checkbox"/>

21. Is **physical disorder** visible in this **segment**?

	Yes	No
Presence of physical disorder (e.g. litter, rubbish, graffiti, broken glass, or discarded items)?	<input type="checkbox"/>	<input type="checkbox"/>

22. Is **physical disorder** visible in this **segment**?

Rating Criteria	Yes	No
a. Are there whole or broken beer or liquor bottles or cans visible in streets, yards, or alleys?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there cigarette or cigar butts or discarded cigarette packages on sidewalk or in gutters?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are there condoms on the sidewalk, in gutters, or on the street?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are there needles, syringes, or drug-related paraphernalia on sidewalk, in gutters, or on the street?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there garbage, litter, or broken glass in the street or on the sidewalks?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are there abandoned cars?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is there graffiti on the buildings, signs or walls?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are there broken windows on the buildings?	<input type="checkbox"/>	<input type="checkbox"/>

SIGNAGE

23. What **types of signs** are visible in this **segment**?

Sign Type	Visible	Not Visible
a. Cultural or religious message or event?	<input type="checkbox"/>	<input type="checkbox"/>
b. Political message or event?	<input type="checkbox"/>	<input type="checkbox"/>
c. Neighborhood/social message or event?	<input type="checkbox"/>	<input type="checkbox"/>
d. "Share the road" sign?	<input type="checkbox"/>	<input type="checkbox"/>
e. Other pedestrian or bicyclist friendly traffic sign?	<input type="checkbox"/>	<input type="checkbox"/>
f. Physical activity message?	<input type="checkbox"/>	<input type="checkbox"/>
g. Athletic event?	<input type="checkbox"/>	<input type="checkbox"/>
h. Other entertainment or event?	<input type="checkbox"/>	<input type="checkbox"/>
i. Neighborhood/crime watch (e.g., drug-free zone)?	<input type="checkbox"/>	<input type="checkbox"/>
j. Security warning sign?	<input type="checkbox"/>	<input type="checkbox"/>
k. No trespassing/beware of dog?	<input type="checkbox"/>	<input type="checkbox"/>
l. Tobacco or alcohol billboard?	<input type="checkbox"/>	<input type="checkbox"/>
m. Fast food billboard?	<input type="checkbox"/>	<input type="checkbox"/>
n. Physical activity billboard?	<input type="checkbox"/>	<input type="checkbox"/>
o. Unreadable sign or billboard?	<input type="checkbox"/>	<input type="checkbox"/>

Audit Tool

Checklist Version

Date: _____ Start Time: _____ Stop Time: _____
Auditor ID #: _____ City: _____ Census Tract #: _____
Street Name: _____
Segment ID: _____

SOCIAL ENVIRONMENT

24. Are **people** visible in this **segment**?

Rating Criteria

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Are there any people visible in this segment? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are there any children visible in this segment (i.e., less than 13 years old)? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are there children engaging in active behaviors [e.g., playing a sport, running, climbing]? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are there any teenagers or adults visible in this segment (i.e., 13 to 65 years old)? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are there teenagers or adults engaging in active behaviors [e.g., walking, biking, playing a sport]? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are there any older adults visible in this segment (i.e., 65 years or older)? | | |
| f. Are there older adults engaging in active behaviors (e.g., walking, biking, jogging, playing a sport)? | Yes | No |
| g. Are there people stopping to talk or greet one another? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are there people fighting, acting hostile or threatening? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Are there stray dogs or animals in the segment (i.e., not squirrels or rabbits)? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: