Walking Route Audit Tool

Rater:  #1  #2  Other
Visit ID: __________
Note: Make sure to take a pedometer with you.
A route is 1,000-2,000 steps long

Part 1. Basic information. Complete before using the tool:

1. Rater name: _________________________________
2. Date: _______________________________________
3. Route description (nearest cross streets to beginning and end of route):
   Beginning:  a1. ____________  a2. ________________
   End (N/A if loop):  b1. ________________  b2. ________________
4. Route step count: ________  5. Walking time: ______________
6. Time of day: ____________
7. Weather:  
   a. sunny:    yes  no  
   b. cloudy:   yes  no  
   c. rainy:     yes no  
   d. other _________
8. Did you walk this route alone?  Yes  No
9. Was your route a loop?  Yes  No

Part 2. Route Features. Complete during your walk:

10. How often on your walk today did you see the following?

<table>
<thead>
<tr>
<th>(0)</th>
<th>(1-2)</th>
<th>(3+)</th>
</tr>
</thead>
</table>
   a. No sidewalk or paved path | Never | Sometimes | Often |
   b. Broken sidewalks (n/a if no sidewalks) | Never | Sometimes | Often |
   c. Sidewalks or paths entirely blocked | Never | Sometimes | Often |
   d. Sidewalks or path partially blocked | Never | Sometimes | Often |

11. Were any of the following features on the roads you crossed?

   a. Resting island half way across  (0) (1-2) (3+)
   b. Marked crosswalks
   c. Controllable pedestrian signals
   d. Automatic pedestrian signals
   e. Many lanes/ wide road
   f. Insufficient crossing time
   g. Too much traffic
   h. Things blocking my view of the street/path
   i. Inconsiderate/dangerous drivers
   j. High curb/drop onto street
   k. Speed humps

   l. How many times did you have to cross a road along the route?

Part 4. Route Amenities.

12. Were any of the following present along the route?

   a. Sheltered area

   (0) (1-2) (3+)
b. Public restrooms
   Never  Sometimes  Often

c. Drinking fountain
   Never  Sometimes  Often

d. Public transport stop/station
   Never  Sometimes  Often

e. Exercise stations
   Never  Sometimes  Often

f. Benches
   Never  Sometimes  Often

Part 5. Attractive Features.

13. Were any of the following present along the route?

   (0)  (0-10)  (10+)

   a. Nice homes/buildings
      Never  Sometimes  Often

   b. Trees
      Never  Sometimes  Often

   c. Nice gardens/green areas
      (0)  (1-2)  (3+)

   d. Nice shop fronts
      Never  Sometimes  Often

   e. Water features
      Never  Sometimes  Often

   f. Artwork/sculptures
      Never  Sometimes  Often

   g. Traffic noise/pollution
      Never  Sometimes  Often

   h. Shade
      Never  Sometimes  Often


14. How often did you see:

   (0)  (1-2)  (3+)

   a. Neighborhood watch signs
      Never  Sometimes  Often

   b. Street lamps
      Never  Sometimes  Often

   c. Scary/unfriendly people
      Never  Sometimes  Often
<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Other people my age walking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Other people (not my age) walking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Litter/graffiti</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Scary/unfriendly dogs</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Part 6. Destinations.**

15. Did you visit any of the following along your route? (mark those that apply)

<table>
<thead>
<tr>
<th>Destination</th>
<th>Passed By</th>
<th>Stopped/Visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Park</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>b. Shops</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>c. Service (e.g. medical, library, postal)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>d. Church</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>e. Friend’s house</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>f. Senior center or recreation facility</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>g. Other, please fill in:_______________________</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

16. How safe did you feel on this route? Unsafe Safe Very safe

17. Was there anything else that made this walk pleasant/enjoyable?

_____________________________________________________________________
_____________________________________________________________________

18. Was there anything else that made this walk unpleasant/boring?

_____________________________________________________________________
_____________________________________________________________________