

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?

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

e. Hill or steep incline	Never	Sometimes	Often
f. Construction/road works	Never	Sometimes	Often
g. Stairs	Never	Sometimes	Often

Part 3. Traffic safety.

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

	(0)	(1-2)	(3+)	
a. Resting island half way across	Never	Sometimes	Often	
b. Marked crosswalks	Never	Sometimes	Often	
c. Controllable pedestrian signals	Never	Sometimes	Often	
d. Automatic pedestrian signals	Never	Sometimes	Often	
e. Many lanes/ wide road	Never	Sometimes	Often	
f. Insufficient crossing time	Never	Sometimes	Often	
g. Too much traffic	Never	Sometimes	Often	
h. Things blocking my view of the street/path	Never	Sometimes	Often	
i. Inconsiderate/dangerous drivers	Never	Sometimes	Often	
j. High curb/drop onto street	Never	Sometimes	Often	
k. Speed humps	Never	Sometimes	Often	
l. How many times did you have to cross a road along the route?	0	1-2	3-4	5+

Part 4. Route Amenities.

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

	(0)	(1-2)	(3+)
a. Sheltered area	Never	Sometimes	Often

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
	(0)	(1-2)	(3+)
c. Nice gardens/green areas	Never	Sometimes	Often
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

Part 6. Personal Safety.

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

d. Other people my age walking	Never	Sometimes	Often
e. Other people (not my age) walking	Never	Sometimes	Often
f. Litter/graffiti	Never	Sometimes	Often
g. Scary/unfriendly dogs	Never	Sometimes	Often

Part 6. Destinations.

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

	Passed By		Stopped/Visited	
	_____None		_____None	
a. Park	Yes	No	Yes	No
b. Shops	Yes	No	Yes	No
c. Service (e.g. medical, library, postal)	Yes	No	Yes	No
d. Church	Yes	No	Yes	No
e. Friend's house	Yes	No	Yes	No
f. Senior center or recreation facility	Yes	No	Yes	No
g. Other, please fill in:_____	Yes	No	Yes	No

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?
