COMMUNITY ASSESSMENT
FOR HEALTHY EATING AND ACTIVE LIVING

WALK AUDIT

INSTRUCTIONS: Complete one sheet for EACH BLOCK within your assigned walk area.

Audit Team: __________________________________________ Names of people completing this section of the walk audit

Street observed: ___________________________ between ___________________________ and ___________________________

   Street Name               Cross Street 1            Cross Street 2

Date: _______________     Day of week: ___________________

Time observations began: ___________________     Time observations ended: ___________________

ASSIGNMENT #1: BARRIERS TO WALKABILITY

Place an X next to any items that are a problem for pedestrians and note what might be especially problematic for a child, older adult or person with disabilities.

1. Were there barriers to safe walking paths? □ No □ Yes, including:

   There are no sidewalks, paths or shoulders
   The sidewalks are not continuous (i.e. segments are missing)
   The sidewalk is broken or cracked
   The sidewalk isn’t wide enough for two people to walk together side-by-side
   There’s no buffer between traffic and the sidewalk
   The curb cuts aren’t textured or marked for people with visual impairments
   The path needed more shade
   Not well lit
   The sidewalk is blocked or interrupted by poles, shrubs, low-hanging trees, etc
   Missing directional or street signs
   Dirty, lots of litter or trash
   Dirty air due to automobile exhaust or nearby factory
   Other issues observed: ____________________________

2. Was it easy to cross streets? □ Yes □ No, because

   Street was too wide to cross safely
   Traffic signals made us wait too long or did not give us enough time to cross
   Drivers did not yield to people crossing, drove too fast, or otherwise put pedestrians at risk
   Needed striped crosswalks or traffic signals
   Parked cars blocked our view of traffic
   Trees or plants blocked our view of traffic
   Needed curb ramps or ramps needed repair
   Other issues observed: ____________________________
ASSIGNMENT #2: RECREATIONAL SPACES

Complete the questions for EACH recreational space that you pass on your route.

1. Space Name: ______________________________________________________________

   a. The following amenities are offered (please underline anything that is broken/not usable):

      Playground equipment (i.e. swings, slides, play sculptures, etc)
      Outdoor exercise equipment (i.e. pull-up bars, stretching bars, etc)
      Sand box
      Open area for free play (i.e. large grass space, rubber padded area, etc)
      Courts or fields for sports (i.e. basketball, tennis, soccer, etc)
      Concrete path for wheeled toys and bicycles
      Small wading or spray pool
      Water fountain
      Structure that provides shelter (i.e. gazebo, etc)
      Benches
      Picnic tables
      Other: ______________________________________________________________

   b. Security features include:

      Fence
      Gate with lock
      Staff

   c. The following age groups were observed using the recreational space

      0 – 12 yrs
      13 – 18 yrs
      19 – 35 yrs
      36 – 54 yrs
      55 – 70 yrs
      71 yrs +
2. Space Name: ______________________________________________________________

Name of park or, if space doesn’t have official name, what would help identify the space

a. The following amenities are offered (please underline anything that is broken/not usable):

   Playground equipment (i.e. swings, slides, play sculptures, etc)
   Outdoor exercise equipment (i.e. pull-up bars, stretching bars, etc)
   Sand box
   Open area for free plan (i.e. large grass space, rubber padded area, etc)
   Courts or fields for sports (i.e. basketball, tennis, soccer, etc)
   Concrete path for wheeled toys and bicycles
   Small wading or spray pool
   Water fountain
   Structure that provides shelter (i.e. gazebo, etc)
   Benches
   Picnic tables

   Other: ______________________________________________________________________

b. Security features include:

   Fence
   Gate with lock

   Staff

c. The following age groups were observed using the recreational space

   0 – 12 yrs  36 – 54 yrs
   13 – 18 yrs  55 – 70 yrs
   19 – 35 yrs  71 yrs +
ASSIGNMENT #3: HEALTHY FOOD ACCESSIBLE AT MINI MARKETS / BODEGAS / CORNER STORES

Complete questions for EACH store that you pass on your route. Use your best judgement of “fresh.”

1. Store Name:____________________________________________________________
   a. Accepts EBT (food stamps): □ Yes □ No
   b. Accepts WIC: □ Yes □ No
   c. Has the following in in stock:
      □ Fresh vegetables
      □ Fresh fruits
      □ Meat with expiration dates at least 2 days in the future

2. Store Name:____________________________________________________________
   a. Accepts EBT (food stamps): □ Yes □ No
   b. Accepts WIC: □ Yes □ No
   c. Has the following in in stock:
      □ Fresh vegetables
      □ Fresh fruits
      □ Meat with expiration dates at least 2 days in the future

ASSIGNMENT #4: AVAILABLE FITNESS ACTIVITIES

1. How many fitness activities (i.e. class, sport league) are offered and/or were observed? ______

2. Please list the fitness activities offered:_______________________________________________

3. At what type of facility (i.e. park, community center, etc) are the activities offered? __________

4. What are the hours of operation? __________________________________________________

5. Are the fitness activities accessible (i.e. public transit, parking, etc)? □ Yes □ No

6. The following age groups are served through existing fitness activities:

   0 – 12 yrs                              36 – 54 yrs
   13 – 18 yrs                             55 – 70 yrs
   19 – 35 yrs                             71 yrs +

FINAL SUMMARY:

# of Stores with Healthy Food: ______  # of Spaces for Gardens: ______
# of Barriers to Walkability: ______  # of Recreational Spaces: ______
# of Available Fitness Activities: ______