



Healthy Community Zone Walking Assessment Form

Data Collector: _____
Road Name: _____
Route: _____

Date: _____
Time of Day: _____
Weather Conditions: _____

PHYSICAL CONDITION / DISORDER

1) Do any intersections need crosswalk or intersection improvements?

(e.g. markings, traffic signals, pedestrian walk signals, countdown signal, etc.)

Yes Please describe: _____
 No _____

2) Is there a dedicated sidewalk along the entire route?

Yes
 No
Please describe: _____

3) Are there poorly maintained sidewalk sections, trip hazards or barriers?

Yes
 No
Please describe: _____

4) Is the sidewalk level or does it have conditions that affect walkers?

Yes
 No
Please describe: _____

5) Are at least 75% of the buildings well maintained?

Yes
 No
 N/A

6) Are there any transit stops on route?

(check all that apply)

None
 Bus Stop
 Light Rail
 Senior Transit/Paratransit

7) Are the transit stops clearly marked and accessible?

Yes
 No
 N/A

8) Are there places to rest?

(check all that apply)

None
 Bench/Street Furniture
 Covered Shelter
 Other (e.g. Low Wall)

9) Which of the following items are present?

(check all that apply)

Graffiti
 Abandoned Cars
 Broken/Boarded Windows
 Litter in Yards, Street or Sidewalk
 Other: _____

10) Other Amenities

(check all that apply)

Trees that Offer Shade
 Bicycle Racks
 Working Drinking Fountains
 Accessible Public Restrooms

11) Are there aesthetically pleasant features?

(e.g. fountains, vegetation, gardens)

Yes
 No
Please describe: _____

12) Overall of Physical Condition/Disorder Rating

Awful Many Problems Some Problems Good Very Good Excellent



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SOCIAL CONDITION / DISORDER

1) Are there features to support orientation?

(e.g. tall structures, ocean, park)

- Yes
- No

Please describe: _____

2) Are street lights installed?

(check one)

- None
- Some (Overhead Lights on Utility Poles)
- Ample (Pedestrian Lampposts)

3) Do any of these condition exist?

(check all that apply)

- Gangs
- Hostile Behavior
- Homeless Individuals
- Other: _____

4) What people are visible?

(check all that apply)

- Children
- Teens
- Adults
- Older Adults

5) What are people doing?

(check all that apply)

- Talking or Greeting
- Walking
- Biking
- Riding Transit
- Driving
- Shopping

6) Are vehicles speeding through the area?

(check one)

- Yes
- No

7) Did you feel safe walking through the area?

(check one)

- Yes
- No

8) What opportunites exist for people to be seen when walking?

(check all that apply)

- None
- Windows Facing Street
- Homes
- Businesses
- Parking Lots

9) What aids are present to support wayfinding?

(check all that apply)

- Directional Sign or Marker
- Landmark
- Information Kiosk
- Advance Street Name Signs
- Neighborhood Flag or Marker
- Pavement Markings
- Aids for Low Vision or Hearing

10) What else did you observe?

(check all that apply)

- Air Pollutants (e.g. diesel fumes)
- Heavy Vehicles (e.g. large trucks)
- Loud Ambient Sounds (e.g. construction, factories)
- Railroad Tracks
- Aggressive Drivers
- Extremely Crowded or Chaotic Sidewalks
- Competeing Use of Sidewalks

11) Overall of Social Condition/Disorder Rating

- Awful
- Many Problems
- Some Problems
- Good
- Very Good
- Excellent



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LEVEL OF WALKABILITY

(Check One)

- Pristine walking environment; safe & accessible for all ages and abilities
- Lacking some amenities; a few visible but avoidable problems but still accessible, walkable, navigable
- More demanding with problems/barriers that are difficult to avoid; requires attention/judgement
- Most demanding environment - unavoidable accessibility barriers, safety hazards or navigational challenges

ADDITIONAL COMMENTS & OBSERVATIONS

HIGHLIGHTS OF CORRIDOR

STRENGTHS

- 1) _____
- 2) _____
- 3) _____

WEAKNESSES

- 1) _____
- 2) _____
- 3) _____

NAMES OF TEAM MEMBERS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____