

## **Appendix A: Original Forms**

- CX3 Store Survey
  - BTG Fast Food Survey
  - BTG Park Survey
  - BTG School Grounds Survey
  - BTG Physical Activity facility Survey
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## CX<sup>3</sup> Tier 2 - NF 2-5 Food Availability & Marketing Survey



### A. STORE INFORMATION

- 1) Store ID: \_\_\_\_\_  
County - Neighborhood - Store Code
- 2) Census Tract: \_\_\_\_\_
- 3) Name/Address of Store: \_\_\_\_\_  
\_\_\_\_\_  
(Street Address) (City) (Zip)
- 4) Coder Name/ID: \_\_\_\_\_
- 5) Store Type: Obtain from GIS store lists (circle one):  
At store visit if store type is different, mark through circled number and circle correct store type.
1. Supermarket chain (e.g., Safeway, Ralph's)
  2. Large grocery store (> 20 employees or ≥ 4 registers, but not large chain)
  3. Small Market (< 4 registers, but not convenience)
  4. Convenience (sells food items and snacks, no fresh meat, may sell gas)
  5. Other (NO liquor stores) (specify): \_\_\_\_\_
- 6) Is store with in ½ mile of a school? 1 - Yes 0 - No → If Yes, Name of school: \_\_\_\_\_
- 7) WIC Vendor? 1 - Yes 0 - No (Obtain from GIS, Verify by phone or at store) 1 Elem 2 Middle 3 High 4 Contn  
(circle one)
- 8) CalFresh, Food stamp or SNAP vendor? 1 - Yes 0 - No (Obtain from GIS, Verify by phone or at store)
- 9) Participate as a Network for a Healthy California retail store? 1 - Yes 0 - No

- 10) Date of visit: \_\_\_\_\_
- 34) Disposition: (circle one)
- 1 Completed
  - 2 Partial
  - 3 Denied / No data
  - 4 Denied / Exterior only
  - 5 Store not found
  - 6 Store closed (out of business)
  - 7 Store not visited
  - 8 Inaccessible due to safety conditions

### B. STORE EXTERIOR

- 11) Is a school visible from the store (circle one)? 1 - Yes 0 - No

12) Record information about healthy and unhealthy advertising and products *on all doors and windows of the storefront*. Do not include ads on the sides of the building or on other parts of the property such as the roof, fences or parking lot.

For the following table, only include professionally-produced advertising that depicts brands, logos or products. See definitions to learn what types of items to count.

Tally in grey area, circle totals in white area	# of ADS for Unhealthy	# of ADS for Healthy
<b>a) Small</b> ≤ 1 sheet of 8 1/2" x 11" paper (same size or smaller than this sheet of paper)	0 1-2 3-5 6-9 10 +	0 1-2 3-5 6-9 10 +
<b>b) Medium</b> > 1 up to 10 sheets of paper (bigger than this sheet of paper, but smaller than 10 together)	0 1-2 3-5 6-9 10 +	0 1-2 3-5 6-9 10 +
<b>c) Large</b> > 10 sheets of paper (bigger than 10 of these sheets of paper together)	0 1-2 3-5 6-9 10 +	0 1-2 3-5 6-9 10 +

**Unhealthy foods** are high calorie, low nutrient foods and beverages that include alcoholic beverages, soft drinks and other sweetened beverages including diet drinks, sweet desserts and highly sugared cereals, chips and other salty snacks, most solid fats, fried foods, and other foods with high amounts of sugar, fat and/or sodium.

**Healthy foods** are fruits and vegetables, whole grains, beans, nuts and seeds, non-fat and low fat milk products, and lean meat, poultry, and fish. Healthy foods include minimal or no added fat, sugars, or sweeteners. Unsweetened black coffee is included.

**Do not consider:**  
Cigarettes or tobacco products

Store Exterior Conditions	Circle One
13) Are there any produce bins on the sidewalk in front of the store?	1 - Yes 0 - No
14) Are other products displayed on the sidewalk in front of the store or inside the store <i>next to</i> the window so they are clearly visible from the outside? Please check all that apply: <input type="checkbox"/> soda <input type="checkbox"/> water <input type="checkbox"/> other. (specify) _____	1 - Yes 0 - No ← If Yes
15) Are there vending machines on the sidewalk in front of the store? Please check all that apply: <input type="checkbox"/> soda <input type="checkbox"/> water <input type="checkbox"/> other. (specify) _____	1 - Yes 0 - No ← If Yes
16) Is there advertising (banners, posters, temporary signs, etc.) on the roof, walls or elsewhere on the property such as on fences, garbage cans or in the parking lot? Please check all that apply: <input type="checkbox"/> healthy <input type="checkbox"/> unhealthy	1 - Yes 0 - No ← If Yes
17) Are there any images of <b>healthy</b> food (e.g. tomato, apple) and/or beverages (e.g. milk), painted on doors or windows of the storefront?	1 - Yes 0 - No
18) Are there any images of <b>un-healthy</b> food (e.g. hamburger, hot dog) and/or beverages (e.g., soda, shake) painted on doors or windows of the storefront?	1 - Yes 0 - No
19) Are there any painted murals of <i>healthy</i> food and/or beverages anywhere on the <i>building walls</i> ?	1 - Yes 0 - No
20) Are there permanent bars/chains on the windows or doors? (do not include sliding or rolling chains or bars)	1 - Yes 0 - No
21) If the store sells alcohol, is more than 1/3 of the total window area covered by any type of advertising?	1 - Yes 0 - No 9 - N/A (Store does not sell alcohol)
22) Is "We Accept WIC" signage displayed?	1 - Yes 0 - No
23) Is "We Accept CalFresh, Food Stamps/ EBT" signage or ads displayed?	1 - Yes 0 - No
23a) Are there any ads promoting EBT with food or beverage products Please check all that apply: <input type="checkbox"/> healthy <input type="checkbox"/> unhealthy	1 - Yes 0 - No ← If Yes

### C. STORE INTERIOR

24) Number of cash registers throughout store (staffed and unstaffed, for grocery items only) \_\_\_\_\_

**25) Marketing of foods and beverages next to the main check-out area**

Circle "1" for yes if the item or ad is present or "0" for no if the item or ad is not present.

Presence of ads or promotions (fill in BOTH columns):	UNHEALTHY	HEALTHY
Next to check-out ( <u>attached or directly next to</u> )	1 - Yes 0 - No	1 - Yes 0 - No
Below check-out level	1 - Yes 0 - No	1 - Yes 0 - No
On floor (if standing in checkout isle or next to counter)	1 - Yes 0 - No	1 - Yes 0 - No
Hanging from ceiling (directly over register)	1 - Yes 0 - No	1 - Yes 0 - No
<b>Presence of UNHEALTHY products next to or below a check-out counter:</b>		
Gumball or candy machine (next to counter or exit doorway)	1 - Yes 0 - No	
Candy (next to or below counter/check-out)	1 - Yes 0 - No	
Soda (next to or below counter/check-out)	1 - Yes 0 - No	
Chips (next to or below counter/check-out)	1 - Yes 0 - No	
Other:specify (such as cookies, ice cream, beef jerky, energy drinks, etc.)→	1 - Yes 0 - No	
<b>Presence of HEALTHY products next to or below a check-out counter:</b>		
Granola bars (whole grain, ≥ 2 g fiber, ≤ 1 g saturated fat, ≤ 14 g sugar per serving)		1 - Yes 0 - No
Bagged Nuts/seeds (do not include honey roasted or w/ added sugar) (next to or below counter/check-out)		1 - Yes 0 - No
Fresh fruit (next to or below counter/check-out)		1 - Yes 0 - No
Bottled water (next to or below counter/check-out)		1 - Yes 0 - No
Other:specify (such as dried fruit, trail mix, 100% juice, etc.)→		1 - Yes 0 - No

**Unhealthy products** are high calorie, low nutrient foods and beverages that include alcoholic beverages, soft drinks and other sweetened beverages including diet drinks, sweet desserts and highly sugared cereals, chips and other salty snacks, most solid fats, fried foods, and other foods with high amounts of sugar, fat and/or sodium.

**Healthy products** include minimal or no added fat, sugars, or sweeteners. Examples include fresh or dried fruits and vegetables, whole grain snacks (≥ 2 g fiber per serving), energy bars (≤ 14 g sugar per serving), nuts and seeds, non-fat and low fat milk products, water, or 100% fruit juice.

## D. PRODUCE SECTION

26) Is produce sold? (Circle one)      1 - Yes   0 - No   If yes, continue. **If no → Go to Question 33.**

27) Are there any health promotion items around the fruit and vegetable display?

1 - Yes   0 - No   **If no → Go to Question 28a.**

28) If there *are* health promotion items around the fruit and vegetable display, circle a number next to the types of health promotion items that are present (more than one can be circled).

- 1 - 5 A Day signs (not on packaging)
- 2 - Nutrition information
- 3 - Fruit and Veggies: More matters
- 4 - Network for a Healthy California: Champions for Change
- 5 - Other (specify) \_\_\_\_\_

28a) Are there any items promoting locally grown produce? (Circle one)   1 - Yes   0 - No

29) Circle the number that best describes overall availability of fruits and vegetables inside and outside the store.

	None	Limited (1-3 types)	Moderate variety (4-6 types)	Wide variety (7 or more types)
Fresh fruit	1	2	3	4
Fresh vegetables	1	2	3	4

30) Circle the number that best describes the overall quality of the fresh fruit.

0	1	2	3	4
None sold	All or most of fruit is of poor quality (brown, bruised, overripe, wilted)	Mixed quality; more poor than good	Mixed quality; more good than poor	All or most of fruit is of good quality (very fresh, no soft spots, excellent color)

31) Circle the number that best describes the overall quality of the fresh vegetables.

0	1	2	3	4
None sold	All or most of vegetable is of poor quality (brown, bruised, overripe, wilted)	Mixed quality; more poor than good	Mixed quality; more good than poor	All or most of vegetable is of good quality (very fresh, no soft spots, excellent color)

32) Record if the fresh fruit or vegetable is available and the price if possible. If more than one variety of a fruit (e.g. gala or red delicious apples) or vegetable is available, please record the lowest price option. Record the pricing if available (per pound is preferred). If the fruit or vegetable is available by the bag or bunch, record the price only if you can record a weight for the bag (marked on the bottom) or bunch. If a weight is not on the bag or bunch, weigh the item if a scale is present.

	Available? (circle one)	Price posted? (circle one)	Price per			If package/bunch, record weight in pounds and/or ounces
			Pound (preferred if available)	Piece	Package/Bunch (only record if weight is available or can weigh)	
<b>Fruits</b>						
Apples	1 - Yes   0 - No	1 - Yes   0 - No				→
Bananas	1 - Yes   0 - No	1 - Yes   0 - No				→
Oranges	1 - Yes   0 - No	1 - Yes   0 - No				→
<b>Vegetables</b>						
Carrots	1 - Yes   0 - No	1 - Yes   0 - No				→
Tomatoes	1 - Yes   0 - No	1 - Yes   0 - No				→
Broccoli	1 - Yes   0 - No	1 - Yes   0 - No				→
Cabbage	1 - Yes   0 - No	1 - Yes   0 - No				→

## E. OTHER HEALTHY FOODS

33) Record if the following items are available in the store.

Food Item	Circle one
Milk – skim, non fat, plain white ( <u>not</u> flavored- chocolate, strawberry, vanilla)	1 - Yes 0 - No
Milk – 1%, low fat, plain white ( <u>not</u> flavored- chocolate, strawberry, vanilla)	1 - Yes 0 - No
Milk – 2%, reduced fat, plain white ( <u>not</u> flavored- chocolate, strawberry, vanilla)	1 - Yes 0 - No
Mozzarella cheese, part skim	1 - Yes 0 - No
Ground beef or turkey, lean (85% or higher)	1 - Yes 0 - No
Whole chicken	1 - Yes 0 - No
Whole wheat bread	# of ounces on bag _____ 1 - Yes 0 - No ← If Yes
Brown rice	1 - Yes 0 - No
High fiber cereal (≥ 3 grams fiber, ≤ 12 grams sugar per serving)	1 - Yes 0 - No
Oatmeal (plain)	1 - Yes 0 - No
Tortillas, soft corn or whole wheat (no lard)	1 - Yes 0 - No
Soy beverage, plain, with no added sugar or sweeteners	1 - Yes 0 - No
Soy beverage, flavored, vanilla or chocolate	1 - Yes 0 - No
Tofu, plain	1 - Yes 0 - No
Beans, dried	1 - Yes 0 - No
Beans, canned with no added fats, sugar or sweetener	1 - Yes 0 - No
Tuna (light) canned in water	1 - Yes 0 - No
Salmon canned in water	1 - Yes 0 - No
Sardines canned in water, tomato, or mustard	1 - Yes 0 - No
Any canned fruit packed in 100% fruit juice	1 - Yes 0 - No
Any canned vegetable with no added fats, sugar, or sweetener	1 - Yes 0 - No
Any frozen fruit with no added fats, sugar, or sweetener	1 - Yes 0 - No
Any frozen vegetables with no added fats, sugar, or sweetener	1 - Yes 0 - No
Baby food, jarred, single fruit	1 - Yes 0 - No
Baby food, jarred, single vegetable	1 - Yes 0 - No
Baby food, jarred, single meat	1 - Yes 0 - No

**Added sugars or sweeteners include:** Sugar, raw sugar, invert sugar, brown sugar, sucrose, dextrose, fructose, glucose, maltose, high fructose corn syrup, corn sweetener, molasses, syrup, honey, malt syrup, fruit juice concentrates, evaporated cane juice, dehydrated cane juice, brown rice syrup, stevia, sorbitol, mannitol, maltitol, xylitol

34) Fill out the disposition on page 1

**Things to remember:**

**Check for missing data!** Be sure all questions are complete before leaving the store.

BTG-COMP ▪ FAST FOOD OBSERVATION FORM ▪ 2012				BUSINESS ID: 1 3 - 1 2 - _____ - _____					
BUSINESS ID:				CORRESPONDING SEGMENT UNIT ID: _____					
BUSINESS NAME:				<b>COMPLETION CODE</b>					
ADDRESS:				COMPLETED		<input type="checkbox"/> 1			
				PARTIALLY COMPLETED – CODE DISPOSITION		<input type="checkbox"/> 2			
				NOT STARTED – CODE DISPOSITION		<input type="checkbox"/> 3			
				NOT ELIGIBLE – CODE DISPOSITION		<input type="checkbox"/> 96			
DATE _____ - _____ - 2012    STAFF 1 _____    STAFF 2 _____				<b>DISPOSITION CODE</b>					
START TIME _____ : _____ : _____    END TIME _____ : _____ : _____ <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> AM <input type="radio"/> PM				Temporarily not accessible / Outside of business hours		<input type="checkbox"/> 1			
LITTERED CIGARETTE PACKS    No Cellophane    With Cellophane				Not safe		<input type="checkbox"/> 2			
Number of bags used: _____				Asked to leave / Observation not allowed by staff		<input type="checkbox"/> 3			
<b>BUSINESS SAMPLE ATTRIBUTES</b>				Address not found		<input type="checkbox"/> 5			
		NO	YES	Does not meet study criteria - DESCRIBE IN NOTES		<input type="checkbox"/> 7			
Business is within ¼ mile of index school		<input type="checkbox"/> 0	<input type="checkbox"/> 1	Permanently closed / Does not exist		<input type="checkbox"/> 8			
Business replaces a primary sample observation		<input type="checkbox"/> 0	<input type="checkbox"/> 1	Other (SPECIFY):		<input type="checkbox"/> 6			
NOTES									
A. GENERAL AND RESTAURANT EXTERIOR									
<b>A1. Is the restaurant ... ?</b>				<b>A2. RECORD SHARED BUSINESS NAME(S)</b>					
		NO	YES						
a. In a Food Court or a Mall <i>IF YES, CODE A3 AND SKIP TO SECTION D</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1						
b. In a shared space with a Grocery or Department Store <i>IF YES, COMPLETE A2</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1						
c. In a shared space with a Gas Station or Convenience Store <i>IF YES, COMPLETE A2</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1						
d. In a shared space with another Restaurant <i>IF YES, COMPLETE A2</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1						
<b>A3. Restaurant Type</b> <i>CODE ONE TYPE UNLESS MULTI-BRAND</i>				<b>A5. Does the restaurant have ... ?</b>		NO		YES	
Burger and Fries		<input type="checkbox"/> 1		a. Outdoor Seating		<input type="checkbox"/> 0		<input type="checkbox"/> 1	
Mexican/Latin American		<input type="checkbox"/> 2		b. Parking On-Site <i>IF NO, SKIP TO A5c</i>		<input type="checkbox"/> 0		<input type="checkbox"/> 1	
Fried Chicken/Fried Fish		<input type="checkbox"/> 3		1. Lighted Parking		<input type="checkbox"/> 0		<input type="checkbox"/> 1	
Sandwich or Sub Shop		<input type="checkbox"/> 4		c. Sidewalk on street at address <i>IF NO, SKIP TO A5d</i>		<input type="checkbox"/> 0		<input type="checkbox"/> 1	
Sandwich/Pastry (e.g., Panera, Cosi, Au Bon Pain)		<input type="checkbox"/> 5		1. Sidewalk Lighting		<input type="checkbox"/> 0		<input type="checkbox"/> 1	
Pizzeria/Italian		<input type="checkbox"/> 6		d. Bicycle Parking		<input type="checkbox"/> 0		<input type="checkbox"/> 1	
Chinese/Pan-Asian		<input type="checkbox"/> 7		e. Bars on Windows		<input type="checkbox"/> 0		<input type="checkbox"/> 1	
Other, SPECIFY: _____		<input type="checkbox"/> 8		<b>A6. How much graffiti/ tagging is on building and/or property?</b>		NONE	A LITTLE	SOME	A LOT
						<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>A4. Number of exterior walls visible from parking lot or street</b> <i>IF 4+, CODE 4</i>		_____		<b>A7. How much garbage/ litter is at the facility entrance area?</b>		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

B. EXTERIOR MARKETING					1 3 - 1 2 - -				
COUNT THE NUMBER OF ...	B1. on Building Exterior			B2. on Property					
	TALLY	TOTAL		TALLY	TOTAL		TOTAL		
a. All Advertisements									
1. Ads that include a Price Promotion									
2. Ads that include a Food									
3. Ads that include a Beverage									
a. Ads that include a Soda									
<b>B3. Are there any ads with a ... ?</b>	<b>NO</b>	<b>YES</b>		<b>B4. Does the restaurant have an ... ?</b>	<b>NO</b>	<b>YES</b>			
a. Dollar menu promotion	<input type="checkbox"/> 0	<input type="checkbox"/> 1		a. Exterior play area	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
b. Health claim	<input type="checkbox"/> 0	<input type="checkbox"/> 1		b. Indoor play area visible from outside	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
1. IF YES, RECORD HEALTH CLAIM WORDING:			<b>C. DRIVE-THRU</b>						
			<b>C1. Does the restaurant have a drive-thru? IF NO, SKIP C2-C4</b>		<b>NO</b>	<b>YES</b>			
					<input type="checkbox"/> 0	<input type="checkbox"/> 1			
c. Cartoon character(s)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<b>C2. Does menu board provide calorie Info for menu items?</b>		<b>NO ITEMS</b>	<b>SOME ITEMS</b>	<b>ALL ITEMS</b>		
d. TV/movie star or sports/youth celebrity	<input type="checkbox"/> 0	<input type="checkbox"/> 1			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
e. Kids' meal toy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<b>C3. Does menu board list suggested daily calories?</b>		<b>NO</b>	<b>YES</b>			
f. Other child-targeted marketing	<input type="checkbox"/> 0	<input type="checkbox"/> 1			<input type="checkbox"/> 0	<input type="checkbox"/> 1			
SPECIFY:			<b>C4. Does menu board state "nutrition information available on request"?</b>		<b>NO</b>	<b>YES</b>			
					<input type="checkbox"/> 0	<input type="checkbox"/> 1			
D. RESTAURANT INTERIOR									
<b>D0. Is the restaurant drive-in only?</b> <i>IF YES, SKIP TO D4</i>	<b>NO</b>	<b>YES</b>	<b>D2. Does the restaurant have ... ?</b>			<b>NO</b>	<b>YES</b>		
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	d. Cookies, cakes, pies, brownies, or candy for sale at the counter			<input type="checkbox"/> 0	<input type="checkbox"/> 1		
<b>D1. Is the food order ... ?</b>	<b>NO</b>	<b>YES</b>	e. Plexiglass or other divider at cash register			<input type="checkbox"/> 0	<input type="checkbox"/> 1		
a. Placed at the counter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	f. Self-service machine for fountain drinks			<input type="checkbox"/> 0	<input type="checkbox"/> 1		
b. Picked up at the counter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	g. Free water accessible to customers			<input type="checkbox"/> 0	<input type="checkbox"/> 1		
c. Paid for at the counter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	h. Self-service salad bar			<input type="checkbox"/> 0	<input type="checkbox"/> 1		
<b>D2. Does the restaurant have ... ?</b>	<b>NO</b>	<b>YES</b>	<b>D3. Number of Cash Registers</b> <i>IF 5+, CODE 5</i>						
a. Indoor seating	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
b. Interior play area for kids	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
c. Indoor display for kids' meal toys	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<b>D4. Does the restaurant have a restroom accessible to customers?</b>			<b>NO</b>	<b>YES</b>		
j. Any ads or displays for kids' meal toys ≤ 3 ½ feet from ground	<input type="checkbox"/> 0	<input type="checkbox"/> 1				<input type="checkbox"/> 0	<input type="checkbox"/> 1		

**F. BEVERAGE ITEMS**

1 3 - 1 2 - -

F1. Is item available? <i>IF NO, SKIP TO NEXT ROW</i>	NO	YES	F2. Size <i>SELECT OR SPECIFY SIZE</i>			F3. Price	MARK "X" IF ASKED PRICE
a. Fountain Drink, smallest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Small	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
b. Fountain Drink, largest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Large	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
c. Packaged Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 12 oz	<input type="checkbox"/> 20 oz	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
d. 100% Juice	ASK IF NOT LISTED ON MENU BOARD	<input type="checkbox"/> 0	<input type="checkbox"/> 6-7 oz	<input type="checkbox"/> 15-16 oz	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
e. Milk, skim or 1% fat (unflavored)		<input type="checkbox"/> 0	<input type="checkbox"/> 7.5-8.5 oz	<input type="checkbox"/> 12 oz	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
f. Milk, whole/Vit D or 2% fat (unflavored)		<input type="checkbox"/> 0					
g. Bottled Water		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 16.9 oz	<input type="checkbox"/> 20 oz	<input type="checkbox"/> _____	\$ _____
j. Flavored Coffee Drinks (hot or iced)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NOTES				
k. Shakes or Malts	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
l. Flavored Milk (e.g., chocolate, strawberry)	<input type="checkbox"/> 0	<input type="checkbox"/> 1					

**G. FOOD ITEMS**

MARK "X" IF NONE FROM G1 AVAILABLE AND SKIP SECTION G

G1. Is item available? <i>IF NO, SKIP TO NEXT ROW</i>	NO	YES	G3. Size <i>SELECT OR SPECIFY SIZE</i>			G2. Price	MARK "X" IF ASKED PRICE
a. French Fries, smallest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Small	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
b. French Fries, largest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Large	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
c. Cheeseburger	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> ¼ lb	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
d. Chicken Sandwich, with roasted/grilled chicken	<input type="checkbox"/> 0	<input type="checkbox"/> 1				\$ _____	<input type="checkbox"/>
e. Entrée Salad, with roasted/grilled chicken	<input type="checkbox"/> 0	<input type="checkbox"/> 1				\$ _____	<input type="checkbox"/>
f. Fried Chicken, leg/drumstick & thigh	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2 pc meal	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
g. Cheese Pizza, thin crust	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 10-12"	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
h. Taco, with ground beef	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Single	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
i. Sub Sandwich, with turkey and cheese	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 6"	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>

**H. KIDS' MENU REVIEW**

H1. Is there a kids' menu/meal available? <i>IF NO, SKIP H2</i>	NO	YES	H2. Does kids' menu/meal offer ... ?	
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NO	YES
			b. A fruit, vegetable, salad, or yogurt side on menu board <i>IF YES, SKIP H2b2</i>	<input type="checkbox"/> 0 <input type="checkbox"/> 1
<b>H2. Does kids' menu/meal offer ... ?</b>	<b>NO</b>	<b>YES</b>	2. Any of these available when asked?	<input type="checkbox"/> 0 <input type="checkbox"/> 1
a. Unflavored skim/1% milk, 100% juice or bottled water on menu board <i>IF YES, SKIP H2a2</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Free toys/child-oriented giveaways	<input type="checkbox"/> 0 <input type="checkbox"/> 1
2. Any of these available when asked?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	d. Toys for an additional charge	<input type="checkbox"/> 0 <input type="checkbox"/> 1



E. GENERAL MENU REVIEW					1 3 - 1 2 - - - - -					
<b>E1. Does the menu have ... ?</b>			NO	YES	<b>E2. How many ... are on the menu?</b>			COUNT		
a. Dollar Menu <i>IF NO, SKIP TO E1b</i>			<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Non-fried vegetable sides (w/o added fat)			<input type="text"/>		
1. Fruit, vegetable, salad, or yogurt on dollar menu			<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Fresh fruit sides			<input type="text"/>		
2. Dessert on the dollar menu			<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Other fruit sides			<input type="text"/>		
3. Fountain drink on the dollar menu			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<b>E3. Is there signage at the point of purchase designating ... options?</b>			NO	YES	
4. French fries on the dollar menu			<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Low-calorie			<input type="checkbox"/> 0	<input type="checkbox"/> 1	
5. Entrée on the dollar menu			<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Low-fat			<input type="checkbox"/> 0	<input type="checkbox"/> 1	
b. Combo Meal or Meal Deal with sides			<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Low-sodium			<input type="checkbox"/> 0	<input type="checkbox"/> 1	
c. Entrée Salad option <i>IF NO, SKIP TO E2</i>			<input type="checkbox"/> 0	<input type="checkbox"/> 1	f. Other healthy, <i>SPECIFY:</i>			<input type="checkbox"/> 0	<input type="checkbox"/> 1	
1. Low-fat or fat-free salad dressing			<input type="checkbox"/> 0	<input type="checkbox"/> 1						
<b>E5. Does menu include mixed drinks or liquor?</b>			NO	YES						
			<input type="checkbox"/> 0	<input type="checkbox"/> 1						
J. NUTRITION INFORMATION										
J1. Is ... visible at the POINT OF PURCHASE?	<i>IF NO, SKIP TO NEXT ROW</i>		J2. Does it provide calorie info for menu items?			J3. Does it list suggested daily calories?		J4. Does it state "nutrition info on request"?		
	NO	YES	NO ITEMS	SOME ITEMS	ALL ITEMS	NO	YES	NO	YES	
a. Menu board	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
b. Food display tags	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
c. Posted material	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
d. Printed material	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
e. Printed menu	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
J5. ASK EMPLOYEE FOR NUTRITION INFO AND CODE ALL RESPONSES		J6/J7/J8. Does it provide calorie info for menu items?			J9/J10/J11. Does it list suggested daily calories?					
Referred to item coded in J1	1 <input type="checkbox"/>	NO ITEMS	SOME ITEMS	ALL ITEMS	NO	YES				
Referred to <b>other posted</b> material	2 <input type="checkbox"/> →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1				
Referred to <b>other printed</b> material	3 <input type="checkbox"/> →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1				
Gave printed material from <b>behind the counter</b>	4 <input type="checkbox"/> →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1				
Ran out of printed material	5 <input type="checkbox"/>	<b>J12. Is printed material with nutrition info attached?</b>				<input type="checkbox"/> 0	<input type="checkbox"/> 1			
Referred to <b>website</b>	6 <input type="checkbox"/>	<b>NOTES</b>								
No nutrition info available	7 <input type="checkbox"/>									
Does not know	8 <input type="checkbox"/>									
Other, <i>SPECIFY IN NOTES</i>	9 <input type="checkbox"/> →									

BTG-COMP ■ PARK OBSERVATION FORM ■ 2012			PARK ID: <u>1</u> <u>1</u> - <u>1</u> <u>2</u> -____-____			
PARK ID : PARK NAME: ADDRESS:	<b>COMPLETION CODE</b>					
	COMPLETED	<input type="checkbox"/> 01				
	PARTIALLY COMPLETED – CODE DISPOSITION	<input type="checkbox"/> 02				
	NOT STARTED – CODE DISPOSITION	<input type="checkbox"/> 03				
DATE ____ - ____ - 2012    STAFF 1 ____    STAFF 2 ____ START TIME ____ : ____ <input type="radio"/> AM <input type="radio"/> PM    END TIME ____ : ____ <input type="radio"/> AM <input type="radio"/> PM	<b>DISPOSITION CODE</b>					
LITTERED CIGARETTE PACKS    No Cellophane    With Cellophane Number of bags used: ____	Temporarily not accessible	<input type="checkbox"/> 1				
	Not safe	<input type="checkbox"/> 2				
<b>PARK SAMPLE ATTRIBUTE</b>	<b>NO</b>	<b>YES</b>	Address not found	<input type="checkbox"/> 5		
Park replaces a primary sample observation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Does not meet study criteria - DESCRIBE IN NOTES	<input type="checkbox"/> 7		
NOTES	Permanently closed / Does not exist			<input type="checkbox"/> 8		
	Other (SPECIFY):			<input type="checkbox"/> 6		
A. SETTING, PARKING AND AMENITIES						
<b>A1. Setting</b>			<b>A2. Does the park have...?</b>	<b>NO</b>	<b>YES</b>	
a. What type of setting is this?			a. Parking On-Site	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
Public Park	<input type="checkbox"/> 1		1. Lighted Parking <i>IF A2a=0, LEAVE BLANK</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
Other, SPECIFY:	<input type="checkbox"/> 8		b. Sidewalk on street leading to entrance	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
b. Is the park adjacent to a school? <i>IF NO, SKIP TO A5</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	1. Sidewalk Lighting <i>IF A2b=0, LEAVE BLANK</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
<i>IF YES AND SCHOOL IS IN PRIMARY SAMPLE, RECORD UNIT ID: ____</i>			c. Bicycle Parking	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
<i>IF SCHOOL NOT IN SAMPLE, RECORD NAME: ____</i>			<b>A3. Does the park have...?</b>	<b>NO</b>	<b>YES</b>	
b1. Do park and school share sports features?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Closing Time Signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
<b>A5. Access signage and barriers to entry</b>	<b>NO</b>	<b>YES</b>	b. Restrooms/Port-o-lets	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
a. Signage indicates park/school name	<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Showers/Locker Rooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
b. Signage states public use of area is limited to specific hours/period of daytime	<input type="checkbox"/> 0	<input type="checkbox"/> 1	d. Beverage Vending Machines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
c. Signage states area is private or restricted access at all times (e.g. no trespassing)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<i>IF A3d=0, SKIP 1-5</i>	1. Plain Bottled Water	<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Locked fence around the perimeter or other physical barrier prevents public access	<input type="checkbox"/> 0	<input type="checkbox"/> 1		2. 100% Juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>IF YES TO A5c AND/OR A5d, BE SURE YOU HAVE CODED A1, A5a-A5d, AND MARK THE COMPLETION CODE AS 96 (NOT ELIGIBLE).</i>				3. Regular Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1
				4. Diet Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1
				5. Other Sweetened Drinks	<input type="checkbox"/> 0	<input type="checkbox"/> 1
			<b>A4. Is there an entrance fee?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	

## B. SPORTS FEATURES

MARK "X" IF NO SPORTS FEATURES AND SKIP SECTION B

1 1 - 1 2 - - - - -

FOR EACH FEATURE BELOW, COMPLETE ITEM B1  IF B1 TOTAL >0, CODE B2 AND B3	B1. How Many?		B2. Condition of Feature – How many in each?					B3. Does the Feature have Lighting?	
	TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE	NO	YES
			TALLY	TOTAL	TALLY	TOTAL			
a. Field, Multi-use		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Field, Football		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Field, Baseball		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Field, Soccer		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
e. Court, Basketball		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
f. Court, Tennis		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
g. Court, Volleyball		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
i. Court, Multi-use		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
m. Running/Walking Track		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
n. Pool (> 3ft deep)		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
o. Wading Pool/Spray Grounds		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
p. Playground Area		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
q. Skateboarding Facilities		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
FOR EACH FEATURE, COMPLETE B1 IF B1=1, CODE B2 AND B3	B1. Is Feature Present?		B2. Condition of Feature			B3. Does the Feature have Lighting?			
	NO	YES	POOR	OK/GOOD	COULD NOT RATE	NO	YES		
r. Exercise Stations with signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
s. Exercise Stations without signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
t. Rock Climbing Wall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		

NOTES

### C. PARK FEATURES AND AMENITIES

1 1 - 1 2 - \_\_\_\_ - \_\_\_\_

FOR EACH FEATURE, COMPLETE C1 IF C1=1, CODE C2	C1. Is Feature Present?		C2. Condition of Surface or Feature		
	NO	YES	POOR	OK/GOOD	COULD NOT RATE
a. Green Space	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
b. Beach	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
c. Other Water Features	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
d. Shelters	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
e. Picnic Tables	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
f. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
g. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
h. Decorative Water Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
i. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
j. Grills/Fire Pits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
k. Trails <i>IF NO TRAILS, SKIP 1 AND 2 BELOW</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
<b>1. Two-way Traffic on Trails?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<b>NOTES</b>		
<b>2. Surface Material on Trails? CODE ONLY 1</b>					
Asphalt/Concrete	<input type="checkbox"/> 1				
Wood Chips/Mulch	<input type="checkbox"/> 2				
Gravel	<input type="checkbox"/> 3				
Dirt	<input type="checkbox"/> 4				
More than 1 material	<input type="checkbox"/> 5				

### D. INCIVILITIES

D1. How much of ... is on the park property?	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Graffiti/Tagging	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Evidence of Alcohol Use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Evidence of Substance Abuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Sex Paraphernalia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

BTG-COMP ■ SCHOOL OBSERVATION FORM ■ 2012				SCHOOL ID: <u>15</u> - <u>12</u> - _____ - _____					
SCHOOL ID : SCHOOL NAME: ADDRESS:				COMPLETION CODE					
				COMPLETED		<input type="checkbox"/> 01			
				PARTIALLY COMPLETED – CODE DISPOSITION		<input type="checkbox"/> 02			
				NOT STARTED – CODE DISPOSITION		<input type="checkbox"/> 03			
DATE _____ - _____ - 2012    STAFF 1 _____    STAFF 2 _____ START TIME _____ : _____ <input type="radio"/> AM <input type="radio"/> PM    END TIME _____ : _____ <input type="radio"/> AM <input type="radio"/> PM				DISPOSITION CODE					
				Temporarily not accessible		<input type="checkbox"/> 1			
				Not safe		<input type="checkbox"/> 2			
				Asked to leave / Observation not allowed by staff		<input type="checkbox"/> 3			
NOTES				Address not found		<input type="checkbox"/> 5			
				Does not meet study criteria – DESCRIBE IN NOTES		<input type="checkbox"/> 7			
				Permanently closed / Does not exist		<input type="checkbox"/> 8			
				Other (SPECIFY):		<input type="checkbox"/> 6			
A. SETTING, PARKING AND AMENITIES									
A1. Setting				A2. Does the school have...?		NO	YES		
a. What type of setting is this?				a. Parking On-Site		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
School Grounds		<input type="checkbox"/> 6		1. Lighted Parking <i>IF A2a=0, LEAVE BLANK</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
Other, SPECIFY:		<input type="checkbox"/> 8		b. Sidewalk on street leading to entrance		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
c. Is school adjacent to a public park? <i>IF NO, SKIP TO A5</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1	1. Sidewalk Lighting <i>IF A2b=0, LEAVE BLANK</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
<i>IF YES, RECORD PARK UNIT ID: _____</i>				c. Bicycle Parking		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
c1. Do school and park share sports features?		<input type="checkbox"/> 0	<input type="checkbox"/> 1	A3. Does the school have...?		NO	YES		
A5. Access signage and barriers to entry				NO	YES	a. Closing Time Signage		<input type="checkbox"/> 0	<input type="checkbox"/> 1
a. Signage indicates park/school name		<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Restrooms/Port-o-lets		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
b. Signage states public use of area is limited to specific hours/period (e.g., after school)		<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Showers/Locker Rooms		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
c. Signage states area is private or restricted access at all times (e.g., no trespassing, school use only)		<input type="checkbox"/> 0	<input type="checkbox"/> 1	d. Beverage Vending Machines		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
d. Locked fence around the perimeter or other physical barrier prevents public access		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<i>IF A3d=0, SKIP 1-5</i>		1. Plain Bottled Water		<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>IF YES TO A5C AND/OR A5D, BE SURE YOU HAVE CODED A1 AND MARK THE COMPLETION CODE AS 02 (PARTIALLY COMPLETED). YOU DO NOT NEED TO CODE THE REST OF THE FORM.</i>						2. 100% Juice		<input type="checkbox"/> 0	<input type="checkbox"/> 1
						3. Regular Soda		<input type="checkbox"/> 0	<input type="checkbox"/> 1
						4. Diet Soda		<input type="checkbox"/> 0	<input type="checkbox"/> 1
						5. Other Sweetened Drinks		<input type="checkbox"/> 0	<input type="checkbox"/> 1

## B. SPORTS FEATURES

MARK "X" IF NO SPORTS FEATURES AND SKIP SECTION B

1 5 - 1 2 - - - - -

FOR EACH FEATURE BELOW, COMPLETE ITEM B1  IF B1 TOTAL >0, CODE B2 AND B3	B1. How Many?		B2. Condition of Feature – How many in each?					B3. Does the Feature have Lighting?	
	TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE	NO	YES
			TALLY	TOTAL	TALLY	TOTAL			
a. Field, Multi-use		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Field, Football		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Field, Baseball		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Field, Soccer		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
e. Court, Basketball		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
f. Court, Tennis		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
g. Court, Volleyball		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
i. Court, Multi-use		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
m. Running/Walking Track		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
n. Pool (> 3ft deep)		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
o. Wading Pool/Spray Grounds		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
p. Playground Area		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
q. Skateboarding Facilities		_ _ _		_ _ _		_ _ _		<input type="checkbox"/> 0	<input type="checkbox"/> 1
FOR EACH FEATURE, COMPLETE B1 IF B1=1, CODE B2 AND B3	B1. Is Feature Present?		B2. Condition of Feature			B3. Does the Feature have Lighting?			
	NO	YES	POOR	OK/GOOD	COULD NOT RATE	NO	YES		
r. Exercise Stations with signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
s. Exercise Stations without signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
t. Rock Climbing Wall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		

NOTES

C. SCHOOL FEATURES AND AMENITIES			1 5 - 1 2 - - - - -		
FOR EACH FEATURE, COMPLETE C1 IF C1=1, CODE C2	C1. Is Feature Present?		C2. Condition of Surface or Feature		
	NO	YES	POOR	OK/GOOD	COULD NOT RATE
a. Green Space	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
b. Beach	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
c. Other Water Features	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
d. Shelters	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
e. Picnic Tables	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
f. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
g. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
h. Decorative Water Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
i. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
j. Grills/Fire Pits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
k. Trails <i>IF NO TRAILS, SKIP 1 AND 2 BELOW</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
<b>1. Two-way Traffic on Trails?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NOTES		
<b>2. Surface Material on Trails? CODE ONLY 1</b>					
Asphalt/Concrete	<input type="checkbox"/> 1				
Wood Chips/Mulch	<input type="checkbox"/> 2				
Gravel	<input type="checkbox"/> 3				
Dirt	<input type="checkbox"/> 4				
More than 1 material	<input type="checkbox"/> 5				

D. INCIVILITIES				
D1. How much of ... is on the school property?	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Graffiti/Tagging	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Evidence of Alcohol Use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Evidence of Substance Abuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Sex Paraphernalia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

BTG-COMP PA FACILITY OBSERVATION FORM - 2012			BUSINESS ID: <u>1 2 - 1 2 -</u> -	
BUSINESS ID:			CORRESPONDING SEGMENT UNIT ID: _____	
BUSINESS NAME:			<b>COMPLETION CODE</b>	
ADDRESS:			COMPLETED	<input type="checkbox"/> 01
			PARTIALLY COMPLETED – CODE DISPOSITION	<input type="checkbox"/> 02
			NOT STARTED – CODE DISPOSITION	<input type="checkbox"/> 03
			NOT ELIGIBLE – CODE DISPOSITION	<input type="checkbox"/> 96
DATE _____ - _____ - 2012 STAFF 1 _____ STAFF 2 _____			<b>DISPOSITION CODE</b>	
START TIME _____ : _____ <input type="radio"/> AM <input type="radio"/> PM END TIME _____ : _____ <input type="radio"/> AM <input type="radio"/> PM			Temporarily inaccessible / Outside business hours	<input type="checkbox"/> 1
LITTERED CIGARETTE PACKS No Cellophane With Cellophane			Not safe	<input type="checkbox"/> 2
Number of bags used: _____			Asked to leave / Observation not allowed by staff	<input type="checkbox"/> 3
<b>PA SAMPLE ATTRIBUTE</b>		NO YES	Address not found	<input type="checkbox"/> 5
Facility replaces a primary sample observation		<input type="checkbox"/> 0 <input type="checkbox"/> 1	Does not meet study criteria – DESCRIBE IN NOTES	<input type="checkbox"/> 7
NOTES			Permanently closed / Does not exist	<input type="checkbox"/> 8
			Other (SPECIFY):	<input type="checkbox"/> 6
<b>A. SETTING</b>			<b>B. FEES</b>	
<b>A1. Type of Setting</b>			MARK "X" IF FREE TO PUBLIC OR NO INFORMATION AVAILABLE AND SKIP B1-B2 <input type="checkbox"/>	
Community Recreation Center	<input type="checkbox"/> 01		<b>B1. Are there Daily Drop-in Rates?</b>	NO YES
Boys and Girls Club	<input type="checkbox"/> 02			<input type="checkbox"/> 0 <input type="checkbox"/> 1
Jewish Community Center	<input type="checkbox"/> 03		<b>B2. Are there Special Discounts for...?</b>	NO YES
YMCA/YWCA	<input type="checkbox"/> 04			a. Low Income (Sliding Scale Fees)
For-Profit PA Facility	<input type="checkbox"/> 05		b. Youth and/or Students	<input type="checkbox"/> 0 <input type="checkbox"/> 1
Other, SPECIFY:	<input type="checkbox"/> 10		<b>F. PARKING AND SIDEWALK</b>	
<b>A2. Indoor, Outdoor or Both Settings?</b>			<b>F1. Does the facility have ... ?</b>	
Indoor Sports Features only	<input type="checkbox"/> 1		a. Parking On-Site	NO YES <input type="checkbox"/> 0 <input type="checkbox"/> 1
Outdoor Sports Features only	<input type="checkbox"/> 2		1. Lighted Parking IF F1a=0, LEAVE BLANK	<input type="checkbox"/> 0 <input type="checkbox"/> 1
Both Indoor and Outdoor Sports Features	<input type="checkbox"/> 3		b. Sidewalk on street at address	<input type="checkbox"/> 0 <input type="checkbox"/> 1
<b>A3. Does the facility have ... ?</b>			1. Sidewalk Lighting IF F1b=0, LEAVE BLANK	<input type="checkbox"/> 0 <input type="checkbox"/> 1
a. Childcare Services for patrons	<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Bicycle Parking	<input type="checkbox"/> 0 <input type="checkbox"/> 1
b. Teen Center	<input type="checkbox"/> 0	<input type="checkbox"/> 1	PLEASE DON'T FORGET TO CODE E1.EXTERIOR INCIVILITIES AT FACILITY ENTRANCE AREA ON LAST PAGE.	



**C. INDOOR FEATURES**

1 2 - 1 2 - - -

MARK "X" IF NO INDOOR SPORTS FEATURES AND SKIP SECTION C

FOR EACH FEATURE BELOW, COMPLETE ITEM C1 IF C1 TOTAL >0, CODE C2		C1. How Many?		C2. Condition of Feature – How many in each?				
		TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE
				TALLY	TOTAL	TALLY	TOTAL	
<b>INDOOR FEATURES</b>	d. Field, Soccer		_____		_____		_____	_____
	e. Court, Basketball		_____		_____		_____	_____
	f. Court, Tennis		_____		_____		_____	_____
	g. Court, Volleyball		_____		_____		_____	_____
	h. Court, Racquetball/Squash		_____		_____		_____	_____
	i. Court, Multi-use or Gymnasium		_____		_____		_____	_____
	j. Multipurpose Rooms		_____		_____		_____	_____
	k. Exercise Machine Areas		_____		_____		_____	_____
	l. Gymnastics Facilities		_____		_____		_____	_____
	m. Running/Walking Track		_____		_____		_____	_____
	n. Pool (> 3ft deep)		_____		_____		_____	_____
	q. Skateboarding Facilities		_____		_____		_____	_____
	<b>C1/C3. Does the facility have ... indoors?</b>		<b>NO</b>	<b>YES</b>	<b>C2/C4. What is the condition?</b>			
				<b>POOR</b>		<b>OK/GOOD</b>		<b>COULD NOT RATE</b>
t. Rock Climbing Wall <i>IF C1t = 1, CODE C2t</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/>
a. Drinking Fountains <i>IF C3a=1, CODE C4a</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/>
b. Restrooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<b>NOTES</b>					
c. Showers/Locker Rooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
d. Beverage Vending Machines	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
<i>IF C3d=0, SKIP 1-5</i>	1. Plain Bottled Water	<input type="checkbox"/> 0						<input type="checkbox"/> 1
	2. 100% Juice	<input type="checkbox"/> 0						<input type="checkbox"/> 1
	3. Regular Soda	<input type="checkbox"/> 0						<input type="checkbox"/> 1
	4. Diet Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
	5. Other Sweetened Drink	<input type="checkbox"/> 0	<input type="checkbox"/> 1					

D. OUTDOOR FEATURES										
<input type="checkbox"/> MARK "X" IF NO OUTDOOR SPORTS FEATURES AND SKIP SECTION D					1 2 - 1 2 - - - -					
D0. Is the PA Facility located inside a public park? <i>IF YES, CODE D0a BELOW</i>				NO <input type="checkbox"/> 0	YES <input type="checkbox"/> 1	CORRESPONDING PARK UNIT ID  _____				
a. SELECT THE CONFIGURATION THAT BEST DESCRIBES THE ARRANGEMENT OF THE OUTDOOR FEATURE(S)										
<input type="checkbox"/> Facility has 1 or more exclusive outdoor features - CODE PA-ONLY FEATURES IN SECTION D. CODE PARK FEATURES ON PARK FORM										
<input type="checkbox"/> All outdoor features are part of the park - SKIP SECTION D AND CODE OUTDOOR FEATURES ON PARK FORM ONLY										
FOR EACH FEATURE BELOW, COMPLETE ITEM D1 IF D1 TOTAL >0, CODE D2 AND D3		D1. How Many?		D2. Condition of Feature – How many in each?				D3. Does the Feature have Lighting?		
		TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE	NO	YES
				TALLY	TOTAL	TALLY	TOTAL			
OUTDOOR FEATURES	a. Field, Multi-use		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	b. Field, Football		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	c. Field, Baseball		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	d. Field, Soccer		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	e. Court, Basketball		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	f. Court, Tennis		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	g. Court, Volleyball		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	i. Court, Multi-use		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	m. Running /Walking Track		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	n. Pool (> 3ft deep)		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	o. Wading Pool / Spray Grounds		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	p. Playground Area		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	q. Skateboarding Facilities		_____		_____		_____	_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	<b>IF D1=1, CODE D2 AND D3</b>		D1. Is Feature Present?		D2. Condition of Feature			D3. Does the Feature have Lighting?		
		NO	YES	POOR		OK/GOOD	COULD NOT RATE	NO	YES	
r. Exercise Stations w/signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
s. Exercise Stations w/o signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
t. Rock Climbing Wall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
<b>D4. Does the facility have ... outdoors?</b> <i>IF D4=0, SKIP D5</i>		<b>D5. What is the condition?</b>			NOTES					
		NO	YES	POOR		OK/GOOD	COULD NOT RATE			
a. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 2	<input type="checkbox"/>			
b. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 2	<input type="checkbox"/>			
c. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 2	<input type="checkbox"/>			

CONTINUATION OF D. OUTDOOR FEATURES					1 2 - 1 2 - - -			
D6. Does the facility have ... outdoors?		NO	YES	NOTES				
a. Restrooms/Port-o-lets		<input type="checkbox"/> 0	<input type="checkbox"/> 1					
b. Showers/Locker Rooms		<input type="checkbox"/> 0	<input type="checkbox"/> 1					
c. Beverage Vending Machines		<input type="checkbox"/> 0	<input type="checkbox"/> 1					
IF D6c=0, SKIP 1-5	1. Plain Bottled Water	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
	2. 100% Juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
	3. Regular Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
	4. Diet Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
	5. Other Sweetened Drinks	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
E. EXTERIOR INCIVILITIES								
Rate the amount of ...	E1. at the facility entrance area				E2. on the facility outdoor property <i>IF NO OUTDOOR SPORTS FEATURES, SKIP E2</i>			
	NONE	A LITTLE	SOME	A LOT	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Graffiti/Tagging	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Evidence of Alcohol Use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Evidence of Substance Abuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Sex Paraphernalia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
NOTES								

# Walkability Checklist

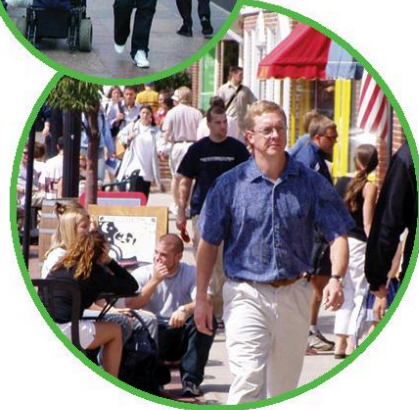
## How walkable is your community?

### Take a walk with a child and decide for yourselves.

Everyone benefits from walking. These benefits include: improved fitness, cleaner air, reduced risks of certain health problems, and a greater sense of community. But walking needs to be safe and easy. Take a walk with your child and use this checklist to decide if your neighborhood is a friendly place to walk. Take heart if you find problems, there are ways you can make things better.

### Getting started:

First, you'll need to pick a place to walk, like the route to school, a friend's house or just somewhere fun to go. The second step involves the checklist. Read over the checklist before you go, and as you walk, note the locations of things you would like to change. At the end of your walk, give each question a rating. Then add up the numbers to see how you rated your walk overall. After you've rated your walk and identified any problem areas, the next step is to figure out what you can do to improve your community's score. You'll find both immediate answers and long-term solutions under "Improving Your Community's Score..." on the third page.



Take a walk and use this checklist to rate your neighborhood's walkability.

# How walkable is your community?

## Location of walk

## Rating Scale:



### 1. Did you have room to walk?

- Yes  Some problems:
- Sidewalks or paths started and stopped
  - Sidewalks were broken or cracked
  - Sidewalks were blocked with poles, signs, shrubbery, dumpsters, etc.
  - No sidewalks, paths, or shoulders
  - Too much traffic
  - Something else \_\_\_\_\_

Rating: (circle one)      Locations of problems:  
1 2 3 4 5 6      \_\_\_\_\_

### 4. Was it easy to follow safety rules? Could you and your child...

- Yes  No      Cross at crosswalks or where you could see and be seen by drivers?
- Yes  No      Stop and look left, right and then left again before crossing streets?
- Yes  No      Walk on sidewalks or shoulders facing traffic where there were no sidewalks?
- Yes  No      Cross with the light?

Rating: (circle one)      Locations of problems:  
1 2 3 4 5 6      \_\_\_\_\_

### 2. Was it easy to cross streets?

- Yes  Some problems:
- Road was too wide
  - Traffic signals made us wait too long or did not give us enough time to cross
  - 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
  - Something else \_\_\_\_\_

Rating: (circle one)      Locations of problems:  
1 2 3 4 5 6      \_\_\_\_\_

### 5. Was your walk pleasant?

- Yes  Some problems:
- Needed more grass, flowers, or trees
  - Scary dogs
  - Scary people
  - Not well lighted
  - Dirty, lots of litter or trash
  - Dirty air due to automobile exhaust
  - Something else \_\_\_\_\_

Rating: (circle one)      Locations of problems:  
1 2 3 4 5 6      \_\_\_\_\_

### 3. Did drivers behave well?

- Yes  Some problems: Drivers ...
- Backed out of driveways without looking
  - Did not yield to people crossing the street
  - Turned into people crossing the street
  - Drove too fast
  - Sped up to make it through traffic lights or drove through traffic lights?
  - Something else \_\_\_\_\_

Rating: (circle one)      Locations of problems:  
1 2 3 4 5 6      \_\_\_\_\_

### How does your neighborhood stack up? Add up your ratings and decide.

- |              |              |                                                       |
|--------------|--------------|-------------------------------------------------------|
| 1. _____     | <b>26-30</b> | Celebrate! You have a great neighborhood for walking. |
| 2. _____     |              |                                                       |
| 3. _____     | <b>21-25</b> | Celebrate a little. Your neighborhood is pretty good. |
| 4. _____     | <b>16-20</b> | Okay, but it needs work.                              |
| 5. _____     | <b>11-15</b> | It needs lots of work. You deserve better than that.  |
| Total: _____ | <b>5-10</b>  | It's a disaster for walking!                          |

Now that you've identified the problems,  
go to the next page to find out how to fix them.

Now that you know the problems, you can find the answers.

# Improving your community's score

	What you and your child can do immediately	What you and your community can do with more time
<b>1. Did you have room to walk?</b>		
Sidewalks or paths started and stopped Sidewalks broken or cracked Sidewalks blocked No sidewalks, paths or shoulders Too much traffic	<ul style="list-style-type: none"><li>• pick another route for now</li><li>• tell local traffic engineering or public works department about specific problems and provide a copy of the checklist</li></ul>	<ul style="list-style-type: none"><li>• speak up at board meetings</li><li>• write or petition city for walkways and gather neighborhood signatures</li><li>• make media aware of problem</li><li>• work with a local transportation engineer to develop a plan for a safe walking route</li></ul>
<b>2. Was it easy to cross streets?</b>		
Road too wide Traffic signals made us wait too long or did not give us enough time to cross Crosswalks/traffic signals needed View of traffic blocked by parked cars, trees, or plants Needed curb ramps or ramps needed repair	<ul style="list-style-type: none"><li>• pick another route for now</li><li>• share problems and checklist with local traffic engineering or public works department</li><li>• trim your trees or bushes that block the street and ask your neighbors to do the same</li><li>• leave nice notes on problem cars asking owners not to park there</li></ul>	<ul style="list-style-type: none"><li>• push for crosswalks/signals/ parking changes/curb ramps at city meetings</li><li>• report to traffic engineer where parked cars are safety hazards</li><li>• report illegally parked cars to the police</li><li>• request that the public works department trim trees or plants</li><li>• make media aware of problem</li></ul>
<b>3. Did drivers behave well?</b>		
Backed without looking Did not yield Turned into walkers Drove too fast Sped up to make traffic lights or drove through red lights	<ul style="list-style-type: none"><li>• pick another route for now</li><li>• set an example: slow down and be considerate of others</li><li>• encourage your neighbors to do the same</li><li>• report unsafe driving to the police</li></ul>	<ul style="list-style-type: none"><li>• petition for more enforcement</li><li>• request protected turns</li><li>• ask city planners and traffic engineers for traffic calming ideas</li><li>• ask schools about getting crossing guards at key locations</li><li>• organize a neighborhood speed watch program</li></ul>
<b>4. Could you follow safety rules?</b>		
Cross at crosswalks or where you could see and be seen Stop and look left, right, left before crossing Walk on sidewalks or shoulders facing traffic Cross with the light	<ul style="list-style-type: none"><li>• educate yourself and your child about safe walking</li><li>• organize parents in your neighborhood to walk children to school</li></ul>	<ul style="list-style-type: none"><li>• encourage schools to teach walking safely</li><li>• help schools start safe walking programs</li><li>• encourage corporate support for flex schedules so parents can walk children to school</li></ul>
<b>5. Was your walk pleasant?</b>		
Needs grass, flowers, trees Scary dogs Scary people Not well lit Dirty, litter Lots of traffic	<ul style="list-style-type: none"><li>• point out areas to avoid to your child; agree on safe routes</li><li>• ask neighbors to keep dogs leashed or fenced</li><li>• report scary dogs to the animal control department</li><li>• report scary people to the police</li><li>• report lighting needs to the police or appropriate public works department</li><li>• take a walk with a trash bag</li><li>• plant trees, flowers in your yard</li><li>• select alternative route with less traffic</li></ul>	<ul style="list-style-type: none"><li>• request increased police enforcement</li><li>• start a crime watch program in your neighborhood</li><li>• organize a community clean-up day</li><li>• sponsor a neighborhood beautification or tree-planting day</li><li>• begin an adopt-a-street program</li><li>• initiate support to provide routes with less traffic to schools in your community (reduced traffic during am and pm school commute times)</li></ul>
<b>A Quick Health Check</b>		
Could not go as far or as fast as we wanted Were tired, short of breath or had sore feet or muscles Was the sun really hot? Was it hot and hazy?	<ul style="list-style-type: none"><li>• start with short walks and work up to 30 minutes of walking most days</li><li>• invite a friend or child along</li><li>• walk along shaded routes where possible</li><li>• use sunscreen of SPF 15 or higher, wear a hat and sunglasses</li><li>• try not to walk during the hottest time of day</li></ul>	<ul style="list-style-type: none"><li>• get media to do a story about the health benefits of walking</li><li>• call parks and recreation department about community walks</li><li>• encourage corporate support for employee walking programs</li><li>• plant shade trees along routes</li><li>• have a sun safety seminar for kids</li><li>• have kids learn about unhealthy ozone days and the Air Quality Index (AQI)</li></ul>

Need some guidance? These resources might help...

# Great Resources

## WALKING INFORMATION

### **Pedestrian and Bicycle Information Center (PBIC)**

UNC Highway Safety Research Center

Chapel Hill, NC

[www.pedbikeinfo.org](http://www.pedbikeinfo.org)

[www.walkinginfo.org](http://www.walkinginfo.org)

### **National Center for Safe Routes to School**

Chapel Hill, NC

[www.saferoutesinfo.org](http://www.saferoutesinfo.org)

### **For More Information about Who Can Help**

#### **Address Community Problems**

[www.walkinginfo.org/problems/help.cfm](http://www.walkinginfo.org/problems/help.cfm)

### **State Bicycle & Pedestrian Coordinators**

<http://www.walkinginfo.org/assistance/contacts.cfm>

## FEDERAL POLICY, GUIDANCE AND FUNDING SOURCES FOR WALKING FACILITIES

### **Federal Highway Administration**

Bicycle and Pedestrian Program

Office of Natural and Human Environment

Washington, DC

[www.fhwa.dot.gov/environment/bikeped/index.htm](http://www.fhwa.dot.gov/environment/bikeped/index.htm)

## PEDESTRIAN SAFETY

### **Federal Highway Administration**

Pedestrian and Bicycle Safety Team

Office Of Safety

Washington, DC

[http://safety.fhwa.dot.gov/ped\\_bike/](http://safety.fhwa.dot.gov/ped_bike/)

### **National Highway Traffic Safety Administration**

Traffic Safety Programs

Washington, DC

[www.nhtsa.dot.gov/people/injury/pedbimot/pedSAFE](http://www.nhtsa.dot.gov/people/injury/pedbimot/pedSAFE)

## SIDEWALK ACCESSIBILITY INFORMATION

### **US Access Board**

Washington, DC

Phone: (800) 872-2253;

(800) 993-2822 (TTY)

[www.access-board.gov](http://www.access-board.gov)

