PROMOTING ACTIVE COMMUNITIES (PAC)

TRANSPORTATION AUDIT PRINT VERSION

This print version includes the questions for the Promoting Active Communities Transportation Audit. This print version is similar but not identical to the online version. The print version is intended to provide a way to preview the questions to get a sense of the information needed to complete the audit. It cannot replace the online interactive application.

The paper/print version differs from the online version in the following ways:

- The online version automatically shows the questions you need to answer based on your previous answers. In this print version, instructions on which questions to answer and which to skip are shown in red font.
- The online version automatically calculates answers and point values based on information you type in. In this print version, the automatic calculations are noted in red font.
- In the online version, you can mouse over or hover over the words in blue font to get a definition or examples to provide more information and help you to answer the question.
- In the online version, links to helpful documents are clickable and appear in a different color. In this print version, the links are noted with an underline but are not clickable.
- The online version provides a Feedback Report based on your answers as soon as you submit your assessment. It automatically tabulates your scores and indicates which best practices you are currently achieving. The Feedback Report is available only with the online version.
- The formatting of some questions in the online version may look different from the print version. However, the questions and responses are the same as those included in this document.
Transportation Audit

This audit tool assesses how the transportation system in your community supports physical activity. It was designed using evidence-based strategies to help you identify ways that transportation infrastructure can help your community be more physically active. This audit is a 20-minute walking audit (a strolling 10-minute walk along an identified route, making it a round trip by walking along the opposite side of the street to return to the starting point). Please be sure to audit the route listed below at a time and under circumstances that are safe for you.

This online audit form should be completed in one session. You can use the print version of this online audit to record the information while you are doing the walking audit and then come back to this online form to enter the information. Words/phrases in blue font indicate that you can see definitions/explanations by mousing over the word/phrase.

Please be sure to save your work periodically by clicking the Save button at the bottom of the page. When you have finished entering and saving all the information, please go to the Submit tab to officially submit the audit.

NOTE: If you are walking the audit route with another auditor, each auditor should complete a separate online audit form.

The walking route you are auditing is:

Name:
Location:
Zip Code:

Which of the following best describes your role in your community? If more than one apply, select the role in which you spend the most time.

- Health Coalition Representative
- Community Member
- Economic Development/Business Community Representative
- Municipal Government Planning Department Representative
- Municipal Government Transportation Representative
- Neighborhood Representative
- Parks & Recreation Representative
- Public Health Representative
- Public Works Representative
- School/School District Representative
- Transit Agency or Transportation Representative
- Tribal Community Representative
- Other, Please describe ________________________
Enter the date and time of the audit and describe the weather conditions. If more than one response option applies for an item, select the response that represents the conditions for the majority of the time you spent completing the audit.

Date (MM/DD/YYYY): _____/_____/________

Time of day:
- Morning (from sunrise to noon)
- Afternoon (from noon to 4 pm)
- Early evening (from 4 pm to sunset)
- Night (from sunset to sunrise)

Temperature:
- Below 32 degrees Fahrenheit
- 32 to 50 degrees Fahrenheit
- 51 to 70 degrees Fahrenheit
- 71 to 90 degrees Fahrenheit
- Above 90 degrees Fahrenheit

Weather:
- Clear
- Partly Cloudy/Cloudy
- Rain
- Snow
WALKING AUDIT

Take a 10-minute (one-way) walk along the route identified. To make it a round trip, return to the starting point by walking along the opposite side of the street. Before you head out, review the questions below and as you walk, note the items that stand out to you. As you assess the walkability, features, safety, and overall conditions on your walk, pay special attention to the items listed below.

Pedestrian Route Features

1. What is the condition of the sidewalks and/or paths along the route?

   1a. There are cracks/breaks in the pavement on sidewalks and/or paved paths creating gaps or changes in level.
   - Often (0 pts)
   - Sometimes (1 pts)
   - Never (7 pts)
   - There are no sidewalks or paved paths (0 pts)

   1b. Sidewalks and/or paths are blocked by construction or other barriers such as trees and plants that encroach on the sidewalk and/or path.
   - Often (0 pts)
   - Sometimes (1 pts)
   - Never (7 pts)
   - There are no sidewalks or paths (0 pts)

   1c. Sidewalks and/or paths have steep inclines or stairs and/or they are tilted/uneven.
   - Often (0 pts)
   - Sometimes (2 pts)
   - Never (7 pts)
   - There are no sidewalks or paths (0 pts)
Bicycling Infrastructure

2. **What types of bicycle facilities were present along the route?** Check all that apply.
   - Bicycle lane
   - Bicycle path
   - Paved shoulder
   - Shared use path
   - Sidepath

2a. **How many types of bicycle facilities were present along the route?**
   *Count the check marks in the list and indicate your answer.*
   - ☐ 1 or more (4 pts)
   - ☐ 0 (0 pts)

If the answer to Question 2a is 1 or more, ask Questions 2.1, 2.1a, 2.1b.

2.1 **What is the condition of the bicycle facilities along the route?**

2.1a **Bicycle facilities have bumps, cracks, holes, or weeds, or there are rumble strips on paved shoulders that do not provide space for bicyclists.**
   - ☐ Often (0 pts)
   - ☐ Sometimes (1 pts)
   - ☐ Never (3 pts)

2.1b **Bicycle facilities are blocked by construction or other barriers.**
   - ☐ Often (0 pts)
   - ☐ Sometimes (1 pts)
   - ☐ Never (3 pts)

3. **Would biking along this route be pleasant and feel safe for you?**
   - ☐ Yes, definitely (6 pts)
   - ☐ Mostly (4 pts)
   - ☐ Some (1 pt)
   - ☐ No (0 pts)

4. **How often did you observe the following?**

<table>
<thead>
<tr>
<th></th>
<th>Often (2 pts)</th>
<th>Sometimes (1 pt)</th>
<th>Never (0 pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. Bicycle parking racks present</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4b. Enclosed or sheltered bicycle parking present</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Crossings
To answer the questions in this section, consider all the crossings you encounter on your walk, including intersection crossings and driveway crossings.

5a. The road is narrow enough for a person walking to safely cross at intersections
   - At most/all intersections (5 pts)
   - At some intersections (2 pts)
   - At no intersections (0 pts)
   - Not applicable, there are no intersection crossings (5 pts)

5b. The intersection and driveway curb ramps are ADA compliant, including key features such as having detectable warning strips and being either even with the level of the sidewalk/walking path or having gentle slopes or ramps from the highest point of the sidewalk/walking path to lower level of the street
   - At most/all crossings (5 pts)
   - At some crossings (2 pts)
   - At no crossings (0 pts)
   - Not applicable, there are no intersection or driveway crossings (5 pts)

5c. Both people driving and people walking, biking, and rolling have unblocked views of each other at intersections and driveways. This means that people walking, biking, and rolling have an unblocked view of traffic and drivers can see them clearly
   - At most/all crossings (5 pts)
   - At some crossings (2 pts)
   - At no crossings (0 pts)
   - Not applicable, there are no intersection or driveway crossings (5 pts)

5d. Crossings at intersections with traffic signals for motor vehicles also have working/operational pedestrian signals
   - Most/all such crossings have working/operational pedestrian signals (5 pts)
   - Some of these crossings have working/operational pedestrian signals (2 pts)
   - None of these crossings have working/operational pedestrian signals (0 pts)
   - There are no crossings at intersections with traffic signals for motor vehicles (5 pts)
   - Not applicable, there are no intersection crossings (5 pts)

5e. Crossings are well-marked
   - At most/all crossings
   - At some crossings
   - At no crossings
   - Not applicable, there are no intersection crossings
Safety

6. **To what extent is lighting present?** If you are conducting the audit during daylight hours, answer based on the number and location of the lighting fixtures you see.
   - Lights are present and continuously cover the route (8 pts)
   - Lights are present but do not always cover the route (2 pts)
   - No, lights are not present (0 pts)

7. **Did traffic affect your feeling of safety on the walk?**
   - Yes, traffic was too fast and/or too heavy (0 pts)
   - No, traffic did not affect my feeling of safety (3 pts)

8. **How often on your walk were there features that separated the walking path from the motor vehicle travel and turn lanes, such as trees, a street buffer zone/planting strip, street lights, or other similar features?**
   - Often (8 pts)
   - Sometimes (5 pts)
   - Never (0 pts)

9. **Indicate which of the following safety or appearance concerns are present along the route.**

<table>
<thead>
<tr>
<th>9a. Excessive litter present</th>
<th>Yes (0 pt)</th>
<th>No (1 pt)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9b. Excessive noise present</td>
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<tr>
<td>9c. Lack of eyes on the street</td>
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<tr>
<td>9d. Lack of clear sight lines present</td>
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<td>9e. Non-commissioned graffiti present</td>
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<tr>
<td>9f. Odors or other poor air quality present</td>
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<tr>
<td>9g. Poorly maintained features and/or properties present</td>
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<tr>
<td>9h. Threatening behavior present</td>
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<td></td>
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<tr>
<td>9i. Unleashed or stray dogs or other animals present</td>
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<td></td>
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<tr>
<td>9j. Vandalism present</td>
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</tbody>
</table>
Destinations

10. Did you observe any of the following destinations people might need or want to visit? Check all that apply.
   - Parks/Recreation Facilities
   - Shops
   - Offices
   - Place of Worship
   - Schools
   - Residences

10a. How many types of destinations did you see? Count the check marks in the list and indicate your answer.
   - 3 or more (15 pts)
   - 2 (2 pts)
   - 0 or 1 (0 pts)

Public Transit

11. Did you see any public transit stops or stations?
   - Yes (5 pts)
   - No (0 pts)

   If the answer to Question 11 is Yes, ask Question 1a (parts 1) through 5))

11a. Did the transit stops or stations have any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes (3 pts)</th>
<th>No (0 pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a1) Boarding ramps compliant with the ADA present at transit stops/stations</td>
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<tr>
<td>11a2) Benches present at transit stops/stations</td>
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<td></td>
</tr>
<tr>
<td>11a3) Shelters present at transit stops/stations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a4) Route maps and/or schedules present at transit stops/stations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a5) Bicycle racks present at transit stops/stations</td>
<td></td>
<td></td>
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</tbody>
</table>
Overall Impressions

12. Describe any features of this route that might encourage or inhibit its use for physical activity.

13. What is one thing you would do to improve this route?