

CX³ Tier 2 – NA1 Store Environment Walkability Survey

Store Information and Walkability Around Store

1) Store ID: _____
County - Neighborhood - Store Code

2) Census Tract: _____

3) Name of Store: _____

4) Coder Name/ID: _____

5) Date of visit: _____

6) Disposition: 1 Completed
 (circle one) 2 Partial

Mark an "x" in the blank next to each item under a question. Then based on the items you marked, determine a rating for each question with 1 being the lowest and 5 the highest. Use the number of "x's" to guide you in a rating from what you encounter on the walk. When you are done, enter the rating for each question in the box at the bottom. Locations with good walkability will get lower scores and locations with poor walkability will get higher scores.

Q1. Did you have room to walk?

- _____ No sidewalks, paths or shoulders
 - _____ Sidewalks were broken or cracked
 - _____ Sidewalks were blocked with poles, signs, shrubbery, dumpsters, etc.
 - _____ Sidewalks or paths started and stopped
 - _____ Something else _____
- Description of problems: _____

Rating: (circle one) 0 1 2 3 4 5

Q2. Was it easy to cross streets?

- _____ 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
 - _____ Needed curb ramps or ramps needed repair
 - _____ Something else _____
- Description of problems: _____

Rating: (circle one) 0 1 2 3 4 5

Q3. Did drivers behave well?

- Drivers
- _____ 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 _____
- Description of problems: _____

Rating: (circle one) 0 1 2 3 4 5

**Q4. 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 Cross with the light?
- ___ Yes ___ No Make it across the street before the light changed?
- ___ Yes ___ No Walk on side of the road facing traffic where there are no sidewalks?
- ___ Yes ___ No Easily stop, look, and listen

Rating: (circle one- use # of no's) 0 1 2 3 4 5

Q5. Did you feel safe on your walk?

- _____ Loitering outside of buildings
 - _____ Panhandling
 - _____ Unleashed dogs
 - _____ Graffiti
 - _____ Something else _____
- Description of problems: _____

Rating: (circle one) 0 1 2 3 4 5

Q6. Was your walk pleasant?

- _____ Needed more grass, flowers, or trees
 - _____ Dirty, lots of litter or trash
 - _____ Dirty air due to automobile exhaust
 - _____ Bad smells or odors
 - _____ Something else _____
- Description of problems: _____

Rating: (circle one) 0 1 2 3 4 5

Adapted from the Pedestrian and Bicycle Information Center Walkability Checklist

Reminder for question rating:
Good walkability- closer to 0 or 1
Poor walkability- closer to 5

Enter your ratings for each question and add them up for a total

Q1. _____
 Q2. _____
 Q3. _____
 Q4. _____
 Q5. _____
 Q6. _____

Total: _____