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# Session 4

## PARK ASSESSMENT INSTRUCTIONS

### INSTRUCTIONS FOR PREPARING THE PARK ASSESSMENT

1. Fill in the assessment location, park name, and the assessors' name(s).
2. Circle what type of park is being assessed.
3. Fill in the school name and the streets the assessment teams will take to get to the park.
4. Repeat these steps for each park your assessment teams identify.

### INSTRUCTIONS FOR COMPLETING THE PARK ASSESSMENT

1. Your team will be taking a close look at street traffic and walkability of the **streets** identified to walk to the park from the designated school.
2. During the walk to and from the park, identify and take photos of the problems found for each topic area classified on the assessment form. Add the number of problems found and record the total.
3. Look at the following traits:
  - Things that border the park on all sides
  - Appearance of the park (i.e., presence of trash, graffiti, etc.)
  - Features that the park may or may not have
  - Take pictures of the features that are present.
  - Take pictures for **question 18 on the assessment form**: condition of the grass and landscapes within the park.
  - Whether or not the park is being used by people
4. Finish the walking route after completing the questions about the park. Add any additional problems found to the initial walkability section.

#### Remember:

- Record the start and end times for the assessment.
- Look at both sides of the streets.
- Dress appropriately: comfortable clothes, walking shoes, and hat.
- Bring a pen/pencil, the assessment packet, clipboard,

cameras, sunscreen, water.

## Park Assessment

1) Assessment Location: \_\_\_\_\_  
\_\_\_\_\_

2) Park Name: \_\_\_\_\_

3) What type of park is being assessed?

- 1 – Multi-use community/neighborhood park
- 2 – Skate park
- 3 – Greenway
- 4 – Preservation area
- 5 – Dog park
- 6 – Undeveloped park
- 7 – Other: \_\_\_\_\_

4) Assessors' Name(s):

Youth:

1. \_\_\_\_\_

2. \_\_\_\_\_

Adult(s)/Mentor(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

5) Date of visit: \_\_\_\_\_

6) Time Begin: \_\_\_\_\_

Time End: \_\_\_\_\_

7) Assessment Completion  
(circle one):

1 – Complete

2 - Partial

## WALKABILITY FROM THE SCHOOL O THE PARK

8) School Name: \_\_\_\_\_

9) What are the names o the streets that you are evaluating?

Street #1 \_\_\_\_\_

Street #3 \_\_\_\_\_

Street #2 \_\_\_\_\_

Street #4 \_\_\_\_\_

### Directions

During your assigned walking route, please complete the following steps for each topic area (i.e. Sidewalks, Street Crossings, etc.).

**Step 1:** Once a problem is found, please mark the box next to that particular problem and write down the specific location (nearest intersection, landmark, side of street) on this form. Repeat this for the following six sections.

**Step 2:** After you are satisfied that all of the problems have been marked and their locations recorded, add up the boxes you checked and circle the number that represents the total number of problems. If there are no problems (i.e., 0), please still circle the number 0.

**Step 3:** After you have completed all six sections, enter the total number of problems for each section in the last box and add them up. Routes with good walkability will get lower scores (i.e. 1, 2, 3) and routes with poor walkability will get higher scores (i.e. 45, 46, 47).

## Section 1: SIDEWALKS

### Problems Found

Please specify the location(s).

- No sidewalks or paths
- Sidewalks were broken or cracked
- Sidewalks were blocked with poles, signs, shrubbery, dumpsters, cars, trucks, and/or vendors
- Sidewalks or paths were not continuous (segments were missing)
- Sidewalks were not wide enough for two people to walk together side-by-side (minimum of 5 feet across)
- There was no parkway (e.g., planting strip) next to the sidewalk
- Absent or misplaced ramps (curb cuts) for wheelchairs, strollers, and wagons
- Other problems (**Please describe**):

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**TOTAL NUMBER OF PROBLEMS (CIRCLE ONE): 0 1 2 3 4 5 6 7 8 9**

## Section 2: STREET CROSSINGS

### Problems Found

Please specify the location(s).

- Road was too wide
- Traffic signals made us wait too long
- Traffic signals did not give us enough time to cross
- Crosswalk was not marked or poorly marked
- Needed a traffic signal
- Had to walk too far (> 300 feet) for a safe place to cross the street
- No median on streets with 2+ lanes
- Crossing did not have a pedestrian signal
- Other problems (**Please describe**):

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**TOTAL NUMBER OF PROBLEMS (CIRCLE ONE): 0 1 2 3 4 5 6 7 8 9**

### Section 3: DRIVER BEHAVIOR

#### Problems Found

Please specify the location(s).

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 \_\_\_\_\_
- Did not stop at stop signs \_\_\_\_\_
- Stopped in the crosswalk \_\_\_\_\_
- Did not look when backing out of driveways \_\_\_\_\_
- Other problems (**Please describe**):  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL NUMBER OF PROBLEMS (CIRCLE ONE): 0 1 2 3 4 5 6 7 8 9**

### Section 4: SAFETY

#### Problems Found

Please specify the location(s).

- Loitering outside of buildings \_\_\_\_\_
- Presence of panhandling or homeless \_\_\_\_\_
- Too much traffic \_\_\_\_\_
- No or insufficient lighting \_\_\_\_\_
- Vacant lots or rundown buildings \_\_\_\_\_
- Unleashed and/or noisy dogs \_\_\_\_\_
- Graffiti \_\_\_\_\_
- Other problems (**Please describe**):  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL NUMBER OF PROBLEMS (CIRCLE ONE): 0 1 2 3 4 5 6 7 8 9**

## Section 5: COMFORT AND APPEAL

### Problems Found

Please specify the location(s).

- Needed more grass, flowers, or trees
- Grass/plants/trees were overgrown
- Bus stop did not have a shelter or shade
- Bus stop did not have adequate lighting
- Bus stop did not have a bench
- Lots of litter, trash, or cigarette butts
- Dirty air due to automobile exhaust
- Bad smells or odors
- Other problems (**Please describe**):

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**TOTAL NUMBER OF PROBLEMS (CIRCLE ONE): 0 1 2 3 4 5 6 7 8 9**

## Section 6: PEDESTRIAN BEHAVIOR

### Problems Found

Please specify the location(s).

- It was difficult to...
- Cross at crosswalks
  - See drivers or be seen by drivers
  - Cross with the light
  - Make it across the street before the light changed
  - Walk on the side of the street facing traffic where there were no sidewalks
  - Other problems (**Please describe**):

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**TOTAL NUMBER OF PROBLEMS (CIRCLE ONE): 0 1 2 3 4 5 6 7 8 9**

## TOTAL WALKABILITY

Enter your totals from the previous sections into the spaces below and add those numbers up to get the total walkability.

Section 1: \_\_\_\_\_ + Section 2: \_\_\_\_\_ + Section 3: \_\_\_\_\_ + Section 4: \_\_\_\_\_  
 + Section 5: \_\_\_\_\_ + Section 6: \_\_\_\_\_  
 = Total Walkability: \_\_\_\_\_

Score	Rating	Result
0-9	Very walkable	Celebrate! You have a great neighborhood for walking.
10-19	Walkable	Celebrate a little. Your neighborhood is pretty good for walking.
20-29	Somewhat walkable	Okay, but it needs some work.
30-39	Not very walkable	It needs a lot of work. Start making some changes.
40-49	Not walkable at all	Start working. Your neighborhood needs serious improvements.

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 These walkability tools were adapted from the following:

- The Pedestrian and Bicycle Information Center Walkability Checklist by the California Department of Health Services' California Nutrition Network for Healthy, Active Families for the Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention Project.
- Environmental Assessments developed by Samuels & Associates ([www.samuelsandassociates.com](http://www.samuelsandassociates.com)) for the Healthy Eating, Active Communities Program.
- The Boyle Heights Walkable Neighborhoods for Seniors Project Walk Audit Form by Safe & Healthy Communities Consulting.
- WalkSanDiego provided their walkability expertise and a Walk Audit training.

## SURROUNDINGS

**10) What borders the park? (Circle all that apply.)**

- 1 – Homes
- 2 – Businesses
- 3 – Roads/streets
- 4 – Freeway
- 5 – Body of water
- 6 – Industrial area
- 7 – Undeveloped/abandoned lot
- 8 – Naturally occurring fields/open spaces
- 9 – Other: \_\_\_\_\_

## PARK FEATURES

11) What features are located within the park?

11a) Features (Circle all that apply.)	11b) If in Use (Circle all that apply.)	11c) Total Number (of each feature)	11d) Comment on the Condition of the Feature
1. Drinking Fountain	1 – Yes 0 - No		
2. Trashcan	1 – Yes 0 - No		
3. Restrooms	1 – Yes 0 - No		
4. Play structure	1 – Yes 0 - No		
5. Lights for play structure area	1 – Yes 0 - No		
6. Basketball court	1 – Yes 0 - No		
7. Baseball field	1 – Yes 0 - No		
8. Tennis court	1 – Yes 0 - No		
9. Volleyball net	1 – Yes 0 - No		
10. Running track	1 – Yes 0 - No		
11. Swimming pool/pond	1 – Yes 0 - No		
12. Walking path	1 – Yes 0 - No		
13. Grass-covered field	1 – Yes 0 - No		
14. Lights for field(s)	1 – Yes 0 - No		
15. Disc golf course	1 – Yes 0 - No		
16. Food/beverage vendor	1 – Yes 0 - No		
17. Community Center	1 – Yes 0 - No		
18. Benches	1 – Yes 0 - No		
19. Tables	1 – Yes 0 - No		
20. Bike rack	1 – Yes 0 - No		
21. Food/beverage vending machine (If <b>TOTAL # = 0, skip to question 18.)</b>	1 – Yes 0 - No		



22. Other	1 – Yes 0 - No		
23. Other	1 – Yes 0 - No		
24. Other	1 – Yes 0 - No		

**If TOTAL NUMBER is 1 OR HIGHER for food/beverage vending machine(s), answer the following:**

**12) How many food vending machines are in the park? Count ONLY the food vending machines.**

**Total Number** \_\_\_\_\_

**13) What advertising is displayed on or around the food vending machine(s)? (Circle all that apply)**

- 1 – Candy
- 2 – Cookies
- 3 – Energy bars
- 4 – Granola bars
- 5 – Baked chips
- 6 – Other: \_\_\_\_\_

**14) How many beverage vending machines are in the park? Count ONLY the beverage vending machines.**

**Total Number** \_\_\_\_\_

**15) What advertising is displayed on or around the beverage vending machine(s)? (Circle all that apply.)**

- 1 – Soda
- 2 – Water
- 3 – Sports drinks
- 4 – Juice and juice drinks
- 5 – Energy drinks
- 6 – Other: \_\_\_\_\_

**16) How many beverage and food (mixed) vending machines are in the park? Count the machines that have BOTH beverage and food items inside.**

**Total Number** \_\_\_\_\_

**17) What advertising is displayed on or around the mixed vending machine(s)? (Circle all that apply.)**

- 1 – Soda
- 2 – Water
- 3 – Sports drinks
- 4 – Juice and juice drinks
- 5 – Energy drinks
- 6 – Other: \_\_\_\_\_

## APPEARANCE OF THE PARK

**18)** Please comment on the condition of the grass and landscapes in the park. Please take photos.

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**19)** Is there litter or trash, including cigarette butts, present on the sidewalks surrounding the park?

**1 – Yes      0 - No**

**20)** Is there litter present in the park? (Litter consists of small trash, such as loose paper, food wrappings, plastic bags, etc., not in a trash can. Rate without looking into the trash cans.)

**1 – Yes      0 – No**

**21)** Is there trash present in the park? (Trash consists of large items, such as tires, filled trash bags dumped in the park, etc., that take an organized effort to remove. Rate without looking into the trash cans.)

**1 – Yes      0 – No**

**22)** Is any “risky” litter visible? (Risky means anything that indicates risky behavior--e.g., alcohol containers, condoms, cigarette butts, drugs, drug supplies, broken glass. Rate without looking into the trash cans.)

**1 – Yes      0 – No**

**23)** Are any trashcans overflowing?

**1 – Yes      0 – No      9 – No trashcans present**

**24)** Is there graffiti visible in the park? (Graffiti is any unauthorized writing or drawing on a public surface.)

**1 – Yes      0 – No**

**25)** Please comment on your above observations of appearance. If there was any litter, trash, or graffiti, how would you characterize the amount of each?

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## PEOPLE IN THE PARK

**26)** Are there any organized activities taking place in the park at the time of the assessment? **(If NO, skip to question 30.)**

**1 – Yes      0 – No**

If YES,

27) What is the activity?	28) How physically active are the participants? M – Moderate V- Vigorous

29) What is the total number of organized activities that are taking place?

Total Number \_\_\_\_\_

30) Does any adult appear to be supervising the park? (If NO, skip to question 33.)

1 – Yes      0 – No

If YES,

31) What is the total number of adults supervising the park?

Total Number \_\_\_\_\_

32) Does/do the adult(s) appear to be any of the following? (Circle all that apply.)

- 1 – Security guard
- 2 – Police officer
- 3 – Parent/guardian
- 4 – Park & recreation official
- 5 – Other: \_\_\_\_\_

33) Are there any people in the park who appear to be transient or homeless?

1 – Yes      0 – No

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