

RALA Segment Assessment		Primary land use & terrain	
Town Name: _____ 1. Primary streets: _____ _____ 2. Segment Boundaries: _____ _____ 3. Date _____ 4. Start Time: _____		5. Land Use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Public / civic <input type="checkbox"/> Open space <input type="checkbox"/> Other _____	6. Terrain: <input type="checkbox"/> Flat <input type="checkbox"/> Hills <input type="checkbox"/> Wooded / undeveloped <input type="checkbox"/> Winding roads <input type="checkbox"/> Water body <input type="checkbox"/> Other _____
7. Segment Zone Type: <input type="checkbox"/> Town center <input type="checkbox"/> Neighborhood <input type="checkbox"/> Thoroughfare <input type="checkbox"/> Isolated school zone		Comments:	
Walkability	Types <i>(check all that apply)</i>	Condition <i>(check one for each type)</i> 1 = poor/fair; 2 = good/excellent	
8. Sidewalks	<input type="checkbox"/> Both sides of street <input type="checkbox"/> One side of street <input type="checkbox"/> Intermittent <input type="checkbox"/> Footpath only <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
9. Buffers and shoulders	<input type="checkbox"/> Sidewalk buffer <input type="checkbox"/> Defined shoulder <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
10. Cross walks and pedestrian signage	<input type="checkbox"/> Crosswalks <input type="checkbox"/> Crossing signals <input type="checkbox"/> Pedestrian signs <input type="checkbox"/> Children at play signs <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
11. Other safety features	<input type="checkbox"/> Traffic lights <input type="checkbox"/> Stop signs <input type="checkbox"/> School flashing lights <input type="checkbox"/> Speed bumps <input type="checkbox"/> Public lighting <input type="checkbox"/> None	Comments:	
12. Road/Traffic characteristics	Road Type: <input type="checkbox"/> Paved multi-lane roads <input type="checkbox"/> Paved single lane roads <input type="checkbox"/> Unpaved roads Road Condition: <input type="checkbox"/> Poor/fair <input type="checkbox"/> Good/excellent	Posted speed limit: _____ <input type="checkbox"/> None posted Traffic Volume: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
13. Barriers	<input type="checkbox"/> Highway <input type="checkbox"/> Train tracks <input type="checkbox"/> Private property—no trespassing <input type="checkbox"/> Industrial zone <input type="checkbox"/> Natural features <input type="checkbox"/> Other _____ <input type="checkbox"/> None	Comments:	
14. Connectivity: Do sidewalks, a bikepath or other trail link this segment to other parts of town / attractions or to another segment or road? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition of connectors: <input type="checkbox"/> 1 <input type="checkbox"/> 2	

Land Use	Types (check all that apply)	Condition (check one for each type): 1 = poor/fair; 2 = good/excellent	
15. Residential Density: <input type="checkbox"/> Densely settled <input type="checkbox"/> Moderately densely settled <input type="checkbox"/> Not densely settled (dispersed) <input type="checkbox"/> None	<input type="checkbox"/> Single family detached homes <input type="checkbox"/> Multi-family homes / apartments <input type="checkbox"/> Mobile homes <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
16. Public/civic	<input type="checkbox"/> Library <input type="checkbox"/> Museum <input type="checkbox"/> Community center <input type="checkbox"/> Post office <input type="checkbox"/> Town offices <input type="checkbox"/> Courthouse <input type="checkbox"/> Police station <input type="checkbox"/> Fire station <input type="checkbox"/> Church / religious <input type="checkbox"/> Hospital/health center <input type="checkbox"/> Athletic fields/courts <input type="checkbox"/> Playground <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
17. Commercial	<input type="checkbox"/> Restaurant / café <input type="checkbox"/> Bar <input type="checkbox"/> Food market <input type="checkbox"/> Theater <input type="checkbox"/> Gas station <input type="checkbox"/> Convenience store <input type="checkbox"/> Small retail <input type="checkbox"/> Big box retail <input type="checkbox"/> Fitness center <input type="checkbox"/> Private medical office <input type="checkbox"/> Private other office <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
18. Schools	<input type="checkbox"/> Elementary (public) <input type="checkbox"/> Middle (public) <input type="checkbox"/> High (public) <input type="checkbox"/> Private school <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
19. Industrial/agricultural	<input type="checkbox"/> Light industrial area <input type="checkbox"/> Heavy industrial area <input type="checkbox"/> Farmland area <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
Comments: 			

Subjective Assessment – please answer the following questions last (once the rest of the assessment tool has been fully completed)

21. Subjective Assessment - Walkability

How strongly do you agree with the following statement?

“This segment is walkable.”

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Comments:

22. Subjective Assessment - Aesthetics

How strongly do you agree with the following statement?

“This segment is aesthetically pleasing.”

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Comments:

General Conditions – please document the following current conditions:

23. Current weather conditions:

- Sunny/clear
- Partly cloudy
- Overcast
- Rain
- Snow
- Other _____

24. Season:

- Winter
- Spring
- Summer
- Fall

25. Day of week:

- Weekday
- Weekend
- Holiday