

AUDITS OF PHYSICAL ACTIVITY RESOURCES FOR SENIORS:

Facility Environment Tool

Visit ID (city code and visit #): _____
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A. Facility information

Complete in office before site visit, check website, call staff contact

1. Date _____
2. Rater name _____
3. Name of site _____
4. Contact name _____
5. License Status/Type _____
6. Profit/ Non-Profit _____
7. Source of Funding: (See Choices Below)
 - a. PRIVATE (%) _____
 - b. LOCAL (%) _____
 - c. MUNICIPAL (%) _____
 - d. COUNTY (%) _____
 - e. STATE (%) _____
 - f. FEDERAL (%) _____
 - g. NATIONAL (%) _____
8. Name of organization (e.g. Sunrise, Front Porch etc.):

9. Address with City, State & zip code:

10. Closest cross streets _____
11. Total # Staff _____
12. Original build date _____ 13. Most recent renovation date _____

B. Outside Positive PA Features/Functionality

B1	> 1 Building	No	Yes
B2	> 1 Grassy areas >10ftx10ft	No	Yes
B3	> 1 Exits connected by sidewalks	No	Yes
B4	> 1 Bench along path		
B5	Outside stairways (not from building)		
B6	Directional signs	No	Yes
B7	Marked crossings	No	Yes
B8	Bike racks	No	Yes
B9	> 1 Path intersections within site	No	Yes
B10	≥ 30% shaded by trees	No	Yes
B11	Curved paths	No	Yes
B12	Paths with moderate slope	No	Yes

C. Outside Aesthetics

C1	Water features	No	Yes
C2	Art/sculptures	No	Yes
C3	Unpleasant views from the path	No	Yes

D. Outside Hazards

D1	Hazardous sections	No	Yes
D2	Roads to cross	No	Yes
D3	Obstructions on path	No	Yes
D4	≤ 1 exterior light	No	Yes

E. Outside Exercise Facilities

E1	Putting green	No	Yes
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E2	Horse shoes	No	Yes
E3	Bocce ball	No	Yes
E4	Lawn bowling	No	Yes
E5	Basketball hoop	No	Yes
E6	Exercise stations	No	Yes
E7	Tennis court	No	Yes
E8	Swimming pool	No	Yes
E9	Bike paths	No	Yes
E10	Shuffle board	No	Yes

F. Inside Exercise Facilities

F1	Dedicated aerobics classroom	No	Yes
F2	Combined fitness/aerobics room	No	Yes
F3	CV/aerobic equipment	No	Yes
F4	Weights/resistance equipment	No	Yes
F5	Indoor swimming pool	No	Yes
F6	Physical therapy room/facility	No	Yes
F7	Exercise equipment not in dedicated room	No	Yes

G. Inside Social Facilities

G1	Exergames/interactive video games	No	Yes
G2	Mind fitness games	No	Yes
G3	Warm-water therapy pool	No	Yes
G4	Open social lounges or living room area	No	Yes
G5	Lecture hall or theater	No	Yes
G6	Multi-purpose room	No	Yes
G7	Dining room	No	Yes

G8	TV/entertainment room	No	Yes
G9	Public TV	No	Yes
G10	Computer room	No	Yes
G11	Public computer	No	Yes
G12	Music room	No	Yes
G13	Billiard table	No	Yes
G14	Card/game room	No	Yes
G15	Arts/craft room	No	Yes
G16	Library	No	Yes
G17	Kitchen	No	Yes
G18	Fireplace	No	Yes
G19	Daily newspaper	No	Yes

H. Inside Buildings

H1	> 4 floors	No	Yes
H2	> 2 staircase	No	Yes
H3	≤ 1 elevator	No	Yes
H4	> 1 corridor with view to outdoors	No	Yes
H5	≥ 1 corridor with artwork	No	Yes
H6	≤ 1 corridor with varying thresholds/ slippery/ changing surfaces	No	Yes
H7	≥ 1 staircase visible from main entrance	No	Yes
H8	≥ 1 automatic door to outside	No	Yes

I. Onsite Services

I1	> 1 Open areas/courtyards/patios	No	Yes
I2	> 1 Seating/eating areas	No	Yes
I3	> 1 Shaded or covered seating or eating areas	No	Yes

I4	Bank	No	Yes
I5	Pharmacy	No	Yes
I6	Hairdresser/beautician	No	Yes
I7	Chapel/religious services	No	Yes
I8	Meditation/quiet room	No	Yes
I9	Mail room/ post office	No	Yes
I10	Café/ cafeteria	No	Yes
I11	Spa/ wellness center	No	Yes
I12	Gift shop	No	Yes
I13	Snack shop	No	Yes
I14	Vending machines	No	Yes
I15	Laundry	No	Yes
I16	Physiotherapist	No	Yes
I17	Medical/dental clinic	No	Yes

J. Additional Site Info

J1	Land area (acres)	_____
J2	Buildings floor area (square feet)	_____
J3	Number of residents	_____
J4	Length of longest walking path (feet)	_____
J5	Length of continuous walking path through corridors (feet)	_____
J6	# corridors i.e. 20 ft w/ room	_____
J7	# exits to outside at ground level	_____
J8	Percent independent residents	_____
J9	# weekly organized exercise activities	_____
J10	# weekly organized social activities	_____