MAPS Mini Survey – Segment Method

Date ___________ Auditor ID# ______
Route # __________________________
Start Time: _______ End Time: _______

Segment: *Count one (your) side of the street*
Street _______________ Side N S E W
Starting Cross-street: __________
Ending Cross-street: __________

1. Type: Residential (0) / Commercial (1)
2. How many public parks are present?
   - 0
   - 1
   - 2 or more
3. How many public transit stops are present?
   - 0
   - 1
   - 2 or more
4. Are there any benches or places to sit (include bus stop benches)?
   - No (0)
   - Yes (1)
5. Are street lights installed?
   - None (0)
   - Some (1)
   - Ample (2)
6. Are the buildings well maintained?
   - 0-99% (0)
   - 100% (1)
7. Is graffiti/tagging present (do not include murals)?
   - No (1)
   - Yes (0)
8. Is there a designated bike path?
   - No (0)
   - Painted line (1)
   - Physical barrier (2)
9. Is a sidewalk present? If no, skip to 12
   - No (0)
   - Yes (1)
10. Are there poorly maintained sections of the sidewalk that constitute major trip hazards?
    (e.g. heaves, misalignment, cracks, overgrowth, incomplete sidewalk)
    - None (1)
    - Any/no sidewalk present (0)
11. Is a buffer present?
    - No/no sidewalk present (0)
    - Yes (1)
12. What percentage of the length of the sidewalk/walkway is covered by trees, awnings or other overhead coverage?
    - 0-25% / no sidewalk (0)
    - 26-75% (1)
    - 76-100% (2)

Score = Total Points___/21 = ____%