MAPS Mini Survey – Segment Method

**Date** __________ **Auditor ID#_____**

**Route #** __________________________

**Start Time:** ______ **End Time:** ______

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### Segment

*Count one (your) side of the street*

**Street** ______________ **Side** N S E W

**Starting Cross-street:** __________

**Ending Cross-street:** __________

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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)

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**Score = Total Points____/21 = ____%**