

BTG-COMP ■ PARK OBSERVATION FORM ■ 2012

 PARK ID: 1 - 1 2 - _____ - _____

PARK ID : PARK NAME: ADDRESS:	COMPLETION CODE	
	COMPLETED	<input type="checkbox"/> 01
	PARTIALLY COMPLETED – <i>CODE DISPOSITION</i>	<input type="checkbox"/> 02
	NOT STARTED – <i>CODE DISPOSITION</i>	<input type="checkbox"/> 03
	NOT ELIGIBLE – <i>CODE DISPOSITION</i>	<input type="checkbox"/> 96
DATE _____ - _____ - 2012 STAFF 1 _____ STAFF 2 _____ START TIME _____ : _____ <input type="radio"/> AM <input type="radio"/> PM END TIME _____ : _____ <input type="radio"/> AM <input type="radio"/> PM	DISPOSITION CODE	
LITTERED CIGARETTE PACKS No Cellophane With Cellophane Number of bags used: _____	Temporarily not accessible	<input type="checkbox"/> 1
	Not safe	<input type="checkbox"/> 2
	Asked to leave	<input type="checkbox"/> 3
PARK SAMPLE ATTRIBUTE	NO	YES
Park replaces a primary sample observation	<input type="checkbox"/> 0	<input type="checkbox"/> 1
NOTES	Address not found	<input type="checkbox"/> 5
	Does not meet study criteria - <i>DESCRIBE IN NOTES</i>	<input type="checkbox"/> 7
	Permanently closed / Does not exist	<input type="checkbox"/> 8
	Other (<i>SPECIFY</i>):	<input type="checkbox"/> 6

A. SETTING, PARKING AND AMENITIES

A1. Setting	A2. Does the park have...?	NO	YES
a. What type of setting is this?	a. Parking On-Site	<input type="checkbox"/> 0	<input type="checkbox"/> 1
Public Park	1. Lighted Parking <i>IF A2a=0, LEAVE BLANK</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
Other, <i>SPECIFY</i> :	b. Sidewalk on street leading to entrance	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Is the park adjacent to a school? <i>IF NO, SKIP TO A5</i>	1. Sidewalk Lighting <i>IF A2b=0, LEAVE BLANK</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>IF YES AND SCHOOL IS IN PRIMARY SAMPLE, RECORD UNIT ID:</i> _____	c. Bicycle Parking	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>IF SCHOOL NOT IN SAMPLE, RECORD NAME:</i> _____	A3. Does the park have...?	NO	YES
b1. Do park and school share sports features?	a. Closing Time Signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1
A5. Access signage and barriers to entry	NO	YES	
a. Signage indicates park/school name	b. Restrooms/Port-o-lets	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Signage states public use of area is limited to specific hours/period of daytime	c. Showers/Locker Rooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Signage states area is private or restricted access at all times (e.g. no trespassing)	d. Beverage Vending Machines	<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Locked fence around the perimeter or other physical barrier prevents public access	<i>IF A3d=0, SKIP 1-5</i> 1. Plain Bottled Water 2. 100% Juice 3. Regular Soda 4. Diet Soda 5. Other Sweetened Drinks	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>IF YES TO A5c AND/OR A5d, BE SURE YOU HAVE CODED A1, A5a-A5d, AND MARK THE COMPLETION CODE AS 96 (NOT ELIGIBLE).</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1
		<input type="checkbox"/> 0	<input type="checkbox"/> 1
		<input type="checkbox"/> 0	<input type="checkbox"/> 1
		<input type="checkbox"/> 0	<input type="checkbox"/> 1
	A4. Is there an entrance fee?	<input type="checkbox"/> 0	<input type="checkbox"/> 1

B. SPORTS FEATURES

1 1 - 1 2 - _____ - _____

MARK "X" IF NO SPORTS FEATURES AND SKIP SECTION B

FOR EACH FEATURE BELOW, COMPLETE ITEM B1 IF B1 TOTAL >0, CODE B2 AND B3	B1. How Many?		B2. Condition of Feature – How many in each?					B3. Does the Feature have Lighting?		
	TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE	NO	YES	
			TALLY	TOTAL	TALLY	TOTAL				
a. Field, Multi-use		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Field, Football		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Field, Baseball		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Field, Soccer		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
e. Court, Basketball		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
f. Court, Tennis		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
g. Court, Volleyball		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
i. Court, Multi-use		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
m. Running/Walking Track		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
n. Pool (> 3ft deep)		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
o. Wading Pool/Spray Grounds		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
p. Playground Area		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
q. Skateboarding Facilities		_____		_____		_____		_____	<input type="checkbox"/> 0	<input type="checkbox"/> 1
FOR EACH FEATURE, COMPLETE B1 IF B1=1, CODE B2 AND B3	B1. Is Feature Present?		B2. Condition of Feature				B3. Does the Feature have Lighting?			
	NO	YES	POOR	OK/GOOD		COULD NOT RATE	NO	YES		
r. Exercise Stations with signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
s. Exercise Stations without signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
t. Rock Climbing Wall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		

NOTES

C. PARK FEATURES AND AMENITIES

1 1 - 1 2 - _____ - _____

<i>FOR EACH FEATURE, COMPLETE C1 IF C1=1, CODE C2</i>	C1. Is Feature Present?		C2. Condition of Surface or Feature		
	NO	YES	POOR	OK/GOOD	COULD NOT RATE
a. Green Space	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
b. Beach	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
c. Other Water Features	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
d. Shelters	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
e. Picnic Tables	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
f. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
g. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
h. Decorative Water Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
i. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
j. Grills/Fire Pits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
k. Trails <i>IF NO TRAILS, SKIP 1 AND 2 BELOW</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
1. Two-way Traffic on Trails?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NOTES		
2. Surface Material on Trails? CODE ONLY 1					
Asphalt/Concrete	<input type="checkbox"/> 1				
Wood Chips/Mulch	<input type="checkbox"/> 2				
Gravel	<input type="checkbox"/> 3				
Dirt	<input type="checkbox"/> 4				
More than 1 material	<input type="checkbox"/> 5				

D. INCIVILITIES

D1. How much of ... is on the park property?	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Graffiti/Tagging	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Evidence of Alcohol Use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Evidence of Substance Abuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Sex Paraphernalia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3