For a complete guide on how to use this scan please click here.
Scan Cover Page

Rater ID: [ ]
Hospital Name: ____________________________________________________________

Hospital ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] (Optional)

Code as: State-Location-Type-#Employees-#Beds-Teaching Hospital

- State: Two letter state
- Location: 0=Urban; 1=Rural; 2=Suburban
- Type: 0=Tertiary; 1=General; 2=Specialty, Children’s; 3=Specialty, Geriatric;
  4=Specialty, Surgical; 5=Psychiatric; 6=Women’s health, OB/GYN; 7=Community; 8=Federal; 9=Other
  (Specify: ________________________________)
- #Employees (not including residents): 0= <1000; 1=1000-3000; 2=3000-5000; 3= >5000; Actual #= __________________________
- #Beds: 0=1-100; 2=101-300; 3=301-500; 4=>500; Actual #= ______________________________________________________
- Hospital Abbreviation(4 letters)

Scan Date:

Date: [ ] [ ] [ ] [ ] (MM/DD/YY)

Overall Start Time: [ ] [ ] [ ] □ AM □ PM

Overall End Time: [ ] [ ] [ ] □ AM □ PM
Stairs Evaluation

Please choose the stairs closest and/or most visible to the main entrance to answer the following questions.

Staircase is openly visible
☑ Yes ☐ No

Able to see stairs from entrance
☑ Yes ☐ No

Carpeted
☑ Yes ☐ No

Is there music being played
☑ Yes ☐ No

Walls painted/decorated or have artwork
☑ Yes ☐ No

Utilities visible in stairwell (e.g. gas pipes, electricity wires)
☑ Yes ☐ No

Doors are unlocked on most or all floors
☑ Yes ☐ No

Door leading to stairs marked "stairs" (not just "exit")
☑ Yes ☐ No

Warnings or caution signs on door(s)
☑ Yes ☐ No

Floor number labeled inside of stairway
☑ Yes ☐ No

Restricted exit (e.g. locked from inside)
☑ Yes ☐ No

Designated as stairs for employees/staff only
☑ Yes ☐ No

Signs encouraging use of stairs at points of decision (e.g., elevators, hallways near stair entrance, etc)
☑ Yes ☐ No
Grounds and Physical Activity Centers

Which of the following items are present on the grounds?

- Courts/Fields for sports
  - Yes  No
- Marked walking path on or adjacent to grounds
  - Yes  No
- Open space/grassy area large enough for physical activity
  - Yes  No

For items above:
- Are they in a safe place?
  - Yes, most areas  No
- Are they well lit?
  - Yes, most areas  No

Is there a fitness center/area?

Hours of operation:
- Open anytime between 5am and 8am?
  - Yes  No
- Open between 8am and 9pm?
  - Yes  No
- Open anytime between 9pm and Midnight?
  - Yes  No

Comments:

- Open to visitors/patient referrals?
  - Yes  No
- Cardio Machines (e.g. treadmills, ellipticals, bikes, stepping, & rowing machines)
  - Yes  No  Total No: ...
- Strength equipment
  - Yes  No  Total No: ...
- Free weights
  - Yes  No  Total No: ...
- Area for aerobics/dance/other activities
  - Yes  No
- TV in the workout area
  - Yes  No
- Music in the workout area
  - Yes  No
- Equipment is in good condition (i.e., fairly new, clean, comfortable)
  - Agree  Mixed  Disagree  N/A
- The fitness center is an inviting environment (i.e. enough space, comfortable temperature and lighting)
  - Agree  Mixed  Disagree  N/A

Completed page: □
Are the following available near or inside the gym area?

- Changing rooms
  - Yes
  - No
  - N/A
- Showers
  - Yes
  - No
  - N/A
- Scales
  - Yes
  - No
  - N/A

For items above: Are they in good condition (e.g., fairly new, clean, comfortable)?

- Changing rooms?
  - Agree
  - Mixed
  - Disagree
  - N/A
- Showers?
  - Agree
  - Mixed
  - Disagree
  - N/A
- Scales?
  - Agree
  - Mixed
  - Disagree
  - N/A

For items above: Are they easily accessible?

- Changing rooms?
  - Agree
  - Mixed
  - Disagree
  - N/A
- Showers?
  - Agree
  - Mixed
  - Disagree
  - N/A
- Scales?
  - Agree
  - Mixed
  - Disagree
  - N/A

Please comment on signage and promotions:

Number of signs encouraging one to join physical activity classes, notices about onsite/off site exercise classes, site/campus maps illustrating places to be active, etc.

- None
- 1
- 2–3
- ≥4 signs

Are there other promotion programs for physical activity through classes or using walking trails (on-campus or in the community)? E.g., employee intranet promotions, patient handouts?

- Yes
- No
- N/A

Comment: ________________________________
Transportation/Parking Assessment

Are facilities for bikes present? Please indicate # of slots

- Yes  ❑  No  ❑  Total # slots: __________

Number of bikes parked in bike rack(s)

- None  ❑  1–2 bikes  ❑  Half-filled with bikes
- More than half-filled with bikes  ❑  N/A

How long is the distance between the parking lot and the worksite?

- <5 minutes walking  ❑  5–10 minutes walking
- >10 minutes walking

Is public transit access available near hospital?

- Yes  ❑  No

Number of signs in parking lot/or building encouraging drivers to park farther away and walk

- None  ❑  1 sign  ❑  2–3 signs
- ≥4 signs  ❑  N/A

Number of signs encouraging bike/walk to work, vanpool programs, public transportation programs

- None  ❑  1 sign  ❑  2–3 signs
- ≥4 signs  ❑  N/A

Are there other strategies to promote biking or walking to the hospital? (e.g., employee intranet promotions or patient handouts?)

- Yes  ❑  No  ❑  N/A

Comment: ____________________________________________
Walkability Assessment

For each of the following categories describing the walkability of the campus, choose the appropriate descriptor.

**Pedestrian Facilities:** presence of a suitable walking surface, such as a sidewalk or path.

- No permanent facilities; pedestrians walk in roadway or on dirt path
- Sidewalk on one side of road; minor discontinuities that present no real obstacle to passage
- Continuous sidewalk on both sides of road, or completely away from roads

**Pedestrian Conflicts:** potential for conflict with motor vehicle traffic due to driveway and loading dock crossings, speed and volume of traffic, large intersections, low pedestrian visibility for walking and mobility impaired pedestrians.

- High conflict potential
- Medium conflict potential
- Low conflict potential

**Crosswalks:** presence and visibility of crosswalks on roads intersecting the segment. Traffic signals meet pedestrian needs with separate 'walk' lights that provide sufficient crossing time.

- Crosswalks not present despite major intersections
- Some crosswalks present, or few intersections
- No intersections, or crosswalks clearly marked

**Maintenance:** cracking, buckling, overgrown vegetation, standing water, etc. on or near walking path. Does not include temporary deficiencies likely to soon be resolved (e.g. tall grass).

- Major or frequent problems
- Some problems
- No problems

**Path Size:** measure of useful path width, accounting for barriers to passage along pathway.

- No permanent facilities
- At least 3 feet wide, some barriers
- >5 feet wide, barrier free

**Buffer:** space separating path from adjacent roadway.

- No buffer from roadway
- Less than 3 feet from roadway
- Not adjacent to roadway

**Aesthetics:** includes proximity of construction zones, fences, buildings, noise pollution, quality of landscaping, and pedestrian-oriented features, such as benches and water fountains.

- Uninviting
- Medium
- Pleasant
Walkability Assessment

General Impressions and Other Comments Related to the Community, Connectivity, and/or Walkability Assessment:

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________
## Wellness Program Assessment

**Is there a wellness program at this hospital?** Comment on physical activity aspects of the wellness program at hospital (e.g. classes offered/promoted, tracking PA through pedometers)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the worksite have a written policy statement supporting employee physical fitness?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the worksite provide any type of incentives for engaging in physical activity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the worksite provided exercise/physical fitness specific messages to the general employee population on a regular basis?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the worksite organize or sponsor a lunch time/after work walking club</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there paid physical activity time?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

---

---

---

---