



# TRANSPORTATION EQUITY AUDIT TOOL

## Community Characteristics

### Agency Staff or Community Organizers

Use census, state, regional, or local data to complete the following section of the audit tool.

Where is the audit being conducted?

Community Name/Corridor: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Population size: \_\_\_\_\_

Identify the percentages for each of the following community characteristics:

#### Age

19 or younger \_\_\_\_\_

20-24 years old \_\_\_\_\_

25-34 years old \_\_\_\_\_

35-44 years old \_\_\_\_\_

45-54 years old \_\_\_\_\_

55-64 years old \_\_\_\_\_

65-74 years old \_\_\_\_\_

75 years or older \_\_\_\_\_

#### Race or ethnicity

African American/Black \_\_\_\_\_

Caucasian/White \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_

Hispanic or Latino \_\_\_\_\_

Native American \_\_\_\_\_

Multi-Racial \_\_\_\_\_

Other: \_\_\_\_\_

#### Language spoken

English \_\_\_\_\_

Spanish \_\_\_\_\_

Creole \_\_\_\_\_

Other: \_\_\_\_\_

Households with a single parent \_\_\_\_\_

Households with one or more person(s) under 18 years \_\_\_\_\_





Households with one or more person(s) 65 years and over \_\_\_\_\_

Persons with disabilities \_\_\_\_\_

#### Educational level

Less than 9th grade \_\_\_\_\_  
Some high school, no diploma \_\_\_\_\_  
High school diploma/GED \_\_\_\_\_  
Some college, no degree \_\_\_\_\_  
Associate's degree \_\_\_\_\_  
Bachelor's degree \_\_\_\_\_  
Graduate or professional degree \_\_\_\_\_

#### School enrollment

Nursery school or preschool \_\_\_\_\_  
Kindergarten \_\_\_\_\_  
Elementary school (grades 1-8) \_\_\_\_\_  
High school (grades 9-12) \_\_\_\_\_  
College or graduate school \_\_\_\_\_

#### Household income

Less than \$10,000 \_\_\_\_\_  
\$10,000 - 14,999 \_\_\_\_\_  
\$15,000 - \$24,999 \_\_\_\_\_  
\$25,000 - \$34,999 \_\_\_\_\_  
\$35,000 - \$49,999 \_\_\_\_\_  
\$50,000 or more \_\_\_\_\_

Population below the poverty level \_\_\_\_\_

Unemployment rate \_\_\_\_\_

Population receiving public assistance \_\_\_\_\_

Zero vehicle households \_\_\_\_\_

#### Mode share used to commute to work

Car, truck, or van (drive alone) \_\_\_\_\_  
Car, truck, or van (carpool) \_\_\_\_\_  
Public transportation \_\_\_\_\_  
Walked \_\_\_\_\_  
Other \_\_\_\_\_  
Worked at home \_\_\_\_\_





Is there a school in the community (*Check all that apply*)?

- ☐ Nursery school or preschool
- ☐ Kindergarten
- ☐ Elementary school (grades 1-8)
- ☐ High school (grades 9-12)
- ☐ College or graduate school

What is the average number of miles traveled from home to work (or school)?

- ☐ 1-5 miles
- ☐ 6-10 miles
- ☐ 11-15 miles
- ☐ 16-20 miles
- ☐ 21-25 miles
- ☐ 26-30 miles
- ☐ 31-35 miles
- ☐ More than 35 miles

What is the average commute time?

- ☐ Less than 15 minutes
- ☐ Between 15 and 30 minutes
- ☐ Between 30 and 45 minutes
- ☐ Between 45 and 60 minutes
- ☐ Over an hour





## Community Members

Where do you live? Community Name/Street Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What is your age? \_\_\_\_\_

Are any members of your household under 18 years?

- ☐ Yes
- ☐ No

Are any members of your household 65 years or older?

- ☐ Yes
- ☐ No

What is your gender?

- ☐ Female/Woman
- ☐ Male/Man
- ☐ Non-binary
- ☐ Other
- ☐ Prefer not to answer

What is your race or ethnicity?

- ☐ African American/Black
- ☐ Caucasian/White
- ☐ Asian/Pacific Islander
- ☐ Hispanic/Latinx
- ☐ Native American
- ☐ Multi-Racial
- ☐ Other: \_\_\_\_\_

What is your primary language?

- ☐ English
- ☐ Spanish
- ☐ Creole
- ☐ Other: \_\_\_\_\_

Do you or anyone in your household have a disability?

- ☐ Yes
- ☐ No

Are you currently employed?

- ☐ Yes
- ☐ No

What is your household income?

- ☐ Below \$15,000
- ☐ \$15,000 - \$24,999
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 - \$49,999
- ☐ \$50,000 or more

Do you or someone in your household own a vehicle?

- ☐ Yes
- ☐ No

On a typical day, how many miles one-way do you travel to work?

- ☐ 1-5 miles
- ☐ 6-10 miles
- ☐ 10 to 20 miles
- ☐ More than 20 miles
- ☐ I'm not currently employed

On a typical day, how long does it take you to travel to work?

- ☐ Less than 15 minutes
- ☐ Between 15 and 30 minutes
- ☐ Between 30 and 45 minutes
- ☐ Between 45 and 60 minutes
- ☐ Over an hour
- ☐ I'm not sure
- ☐ I'm not currently employed





## Access to Opportunity

Select the modes of transportation you use to travel to each destination (*Check all that apply*).

			Riding	Riding	Taxi or	Driving or	
	Walking	Biking	Transit	Rideshare	Passenger	Other	
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community services and shopping areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grocery stores or markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

On a scale of 1-5, rate how difficult it is to get to each destination using the listed modes of transportation? (1= "not difficult at all" and 5= "extremely difficult")

			Riding	Riding	Taxi or	Driving or	
	Walking	Biking	Transit	Rideshare	Passenger	Other	
Employment							
Education							
Community services and shopping areas							
Health care							
Grocery stores or markets							

Is there anywhere that you need to go that is not reachable due to a lack of transportation options?

- ☐ Yes. If yes, please provide more details: \_\_\_\_\_
- ☐ No

Are there affordable transportation options in your community?

- ☐ Yes
- ☐ No

Please provide any additional details on the presence or absence of affordable transportation options in your community:





## Environment

Select environmental challenges in the community (*Check all that apply*).

- ☐ Heavy traffic
- ☐ Traffic pollution
- ☐ Traffic noise
- ☐ Lack of trees or streetscaping
- ☐ Lack of street furniture
- ☐ Lack of art or cultural amenities
- ☐ Other (please specify): \_\_\_\_\_
- ☐ None of the above

## Safety

Is it safe to walk or bike in the community?

- ☐ Yes
- ☐ No. If no, please explain: \_\_\_\_\_

Is it safe to use public transportation in the community?

- ☐ Yes
- ☐ No. If no, please explain: \_\_\_\_\_

Select the safety challenges in the community (*Check all that apply*).

- ☐ Heavy traffic
- ☐ Cars speeding
- ☐ Signage issues
- ☐ Signal issues
- ☐ Lack of streetlights (e.g., LED or solar lighting)
- ☐ Lack of safe crosswalks
- ☐ Other (please specify): \_\_\_\_\_
- ☐ None

Select community needs related to accessing shelter, safe areas, or daily needs during an emergency or pandemic (*Check all that apply*).

- ☐ Transit service
- ☐ Connection to shelters
- ☐ Space for pedestrians and cyclists
- ☐ Adequate emergency evacuation routes
- ☐ Other (please specify): \_\_\_\_\_
- ☐ None





## Active Transportation

Select walking challenges in the community (*Check all that apply*).

- ☐ Lack of sidewalks or crosswalks
- ☐ Discontinuous or cracked sidewalks
- ☐ Unmarked crosswalks
- ☐ Wide roadway crossings with no median
- ☐ Long distance between crosswalks
- ☐ Lack of adequate pedestrian signals (e.g., short pedestrian signal time, long wait for pedestrian signal phase, lack of working or accessible Push-to-Walk signal)
- ☐ Lack of adequate pedestrian signage
- ☐ Sidewalks blocked by trees, utility poles, etc.
- ☐ Other (please specify): \_\_\_\_\_
- ☐ None

Select bicycling challenges in the community (*Check all that apply*).

- ☐ Lack of bike lanes or shared-use paths
- ☐ Discontinuous bike lanes
- ☐ Bike lanes are narrow/close to speeding traffic
- ☐ Bike lanes are poorly maintained
- ☐ Lack of readily available information on bicycle routes
- ☐ Lack of bicycle storage facilities
- ☐ Other: \_\_\_\_\_
- ☐ None

Select ADA related access challenges in the community (*Check all that apply*).

- ☐ Lack of ADA curb ramps
- ☐ Lack of audio-visual signals
- ☐ Uneven driveway grade
- ☐ Untextured or unmarked curb cuts for people with visual impairments
- ☐ Other (please specify): \_\_\_\_\_
- ☐ None

You can also use the tools provided in the [Walkability Workbook](#) or the [AARP Walk Audit Tool Kit](#) to assess active transportation in your community. See Appendix A for more details.





## Public Transportation

Is the area served by regular transit service?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

If there is transit, approximately how often does this service run?

- ☐ Every 10 minutes
- ☐ Every 15 minutes
- ☐ Every 20 minutes
- ☐ Every 30 minutes
- ☐ Every 60 minutes
- ☐ Less than hourly
- ☐ I'm not sure
- ☐ Not applicable, there is no transit

Is there a transit stop or station within a 15-minute walk from your home?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

Select issues with public transportation in the community (*Check all that apply*).

- ☐ Service not available to/from my destinations
- ☐ Unreliable schedules
- ☐ Hours of operation do not fit my need
- ☐ Long travel times because of multiple or long transfers
- ☐ Uncomfortable (e.g., lack of transit shelter, cleanliness, or security cameras)
- ☐ Lack of real-time information
- ☐ Non-affordable fares or complicated fare system
- ☐ No door-to-door service
- ☐ Other (please specify): \_\_\_\_\_
- ☐ None

You can also use the tools provided in the [Toolkit for the Assessment of Bus Stop Accessibility and Safety](#) or the [Federal Transit Administration \(FTA\) Manual on Pedestrian and Bicycle Connections to Transit](#) to assess public transportation in your community. See Appendix A for more details.







## Investments and Burdens

Select transportation burdens in the community (*Check all that apply*).

- ☐ Grade separation of roadways (e.g., some roads are elevated and block local streets or sidewalks)
- ☐ Transportation projects causing displacement of residents, businesses, or public amenities
- ☐ Transportation projects causing reduction of business revenue and employment (e.g., by relocating businesses)
- ☐ Cumulative/disproportionate impacts from past and current transportation investments
- ☐ Other (please specify): \_\_\_\_\_
- ☐ None of the above

Please provide any additional details on transportation burdens in the community:

Select the three most needed transportation investments in the community.

- ☐ Construct new multi-use trails
- ☐ Maintain existing multi-use trails
- ☐ Construct on-road bicycle lanes
- ☐ Improve signage for shared lanes (auto and bicycle)
- ☐ Construct sidewalks
- ☐ Maintain sidewalks
- ☐ Improve public transit
- ☐ Other (please specify): \_\_\_\_\_
- ☐ Other (please specify): \_\_\_\_\_
- ☐ Other (please specify): \_\_\_\_\_





## Overall Ratings

Please rank the following categories from 1 to 5 (1 = lowest priority need and 5 = highest priority need):

	Ranking	Comments
Access to Opportunity		
Environment		
Safety		
Active Transportation		
Investments and Burdens		

Please rate the overall transportation experience.

	Excellent	Adequate	Poor	Don't know
Walkability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bikeability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Transportation Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments on the transportation experience in your community:

Please note any ideas you may have for transportation projects that might address the needs you have identified.

Thank you!

