

Healthy Hospital Physical Activity Environment Scan



National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity



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For a complete guide on how to use this scan please [click here](#).

* This scan was adapted with permission from:
Oldenburg B, Sallis JF, Harris D, Owen N. Checklist of Health Promotion Environments at Worksites (CHEW):
Development and Measurement Characteristics. *Am J Health Promot* 2002; 16(5): 288-99.

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

Rater ID: Date: / /
 (MM/DD/YY) Hospital Name:

Hospital ID: (Optional)

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

Rater ID:

Date: / /
(MM/DD/YY)

Hospital Name:

Hospital ID: (Optional)

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?

Yes No (Skip to ??) N/A (Unable to access)

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

Rater ID: Date: / / (MM/DD/YY) Hospital Name:

Hospital ID: (Optional)

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:

Rater ID: Date: / / (MM/DD/YY) Hospital Name:

Hospital ID: (Optional)

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 walkings
 >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:

Rater ID: Date: / / (MM/DD/YY) Hospital Name: _____

Hospital ID: (Optional)

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.

- | | | |
|--|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.

- | | | |
|--------------------------|---------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.

- | | | |
|--|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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).

- | | | |
|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Major or frequent problems | Some problems | No problems |

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

- | | | |
|--------------------------|-------------------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No permanent facilities | At least 3 feet wide, some barriers | >5 feet wide, barrier free |

Buffer: space separating path from adjacent roadway.

- | | | |
|--------------------------|-------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uninviting | Medium | Pleasant |

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Walkability Assessment

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

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Rater ID: Date: / / Hospital Name:

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Hospital ID: (Optional)

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)

Does the worksite have a written policy statement supporting employee physical fitness? Yes No Don't know

Does the worksite provide any type of incentives for engaging in physical activity? Yes No Don't know

Does the worksite provided exercise/physical fitness specific messages to the general employee population on a regular basis? Yes No Don't know

Does the worksite organize or sponsor a lunch time/after work walking club Yes No Don't know

Is there paid physical activity time? Yes No Don't know

Comments:

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Rater ID: Date: / / Hospital Name:

(MM/DD/YY)

Hospital ID: (Optional)

Notes:

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For more information please contact

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