



# NEIGHBORHOOD HEALTH AUDIT WORKSHEET

	Y	N	Comments
Neighborhood Name:			
Neighborhood Address/ Geographic Parameters:			
Audit Date:	Start Time:		End Time:
1. Is there a grocery store close to this neighborhood?			
a. If yes, what type of grocery store? (Corner store or bodega, supermarket, etc.)	N/A	N/A	
b. Does this grocery store sell fresh fruits and vegetables?			
c. Are fruits and vegetables affordable?			
d. If not, how far away is the nearest grocery store?	N/A	N/A	
2. Does this neighborhood have green spaces, such as a park, walking trail, or grassy area?			
a. Is this green space safe?			
b. Is this green space clean?			
c. Would you bring your family to this green space?			
d. If you could improve anything about this green space, what would it be?	N/A	N/A	

	Y	N	Comments
3. Does this neighborhood have a quality hospital? (Quality should be described based on type of treatments and available resources, such as respectful and effective care, low wait times, clean spaces, a safe environment, and advanced equipment.)			
a. If this neighborhood does not have a quality hospital, approximately how far away is the nearest one?	N/A	N/A	
b. What type of services does this hospital offer?	N/A	N/A	
c. Does this hospital have an emergency department?			
4. Does this neighborhood have a pharmacy or drugstore that sells prescription medications?			
a. If this neighborhood does not have a pharmacy or drugstore, approximately how far away is the nearest one?	N/A	N/A	
b. Is the pharmacy or drugstore inside another building, like a grocery store?			
c. Does the pharmacy or drugstore sell other essential items, such as first-aid kits, hygiene products, and food?			
5. Does this neighborhood have access to public transportation?			



	Y	N	Comments
a. What types of transportation are available?	N/A	N/A	
b. Are the options affordable and reliable?			
c. Do transportation options reach every part of the neighborhood?			
6. Does this neighborhood generally feel safe?			
a. Please say more.	N/A	N/A	
b. Do you feel at ease and comfortable spending time outside, including day and night?			
7. Does this neighborhood have quality air and water?			
a. Talk about the air quality.	N/A	N/A	
b. Talk about the water quality.	N/A	N/A	
c. What do you see that contributes to the air and water quality in the neighborhood?	N/A	N/A	
Additional notes and comments:			

