



SNOW MOLE Questionnaire 2020

Age-Friendly Winter Walkability and Pedestrian Safety Audits for Seniors and Other Valuable Vulnerable Pedestrians

You are invited to be a **SNOW MOLE** and complete a Winter Walkability and Pedestrian Safety Audit. **SNOW MOLES** are volunteers who report on what it is like to walk outside on a winter day.

A. Instructions for Age-Friendly Ottawa SNOW MOLES

1. **Pick a time of day** when you are going out for an errand, or for exercise or enjoyment, preferably a day or two after winter weather (e.g., snow, freezing rain).
2. **Pick a typical destination** (e.g. school, grocery or drug store, bank, transit stop), **or route for exercise or enjoyment.**
3. **Use** the Snow Mole questionnaire to audit your walk. Feel free to take and submit photos!
4. **Complete** the questionnaire online (www.coaottawa.ca/snowmoles) or drop off/mail it to: The Council on Aging of Ottawa, 1247 Kilborn Pl, Ottawa, 1H 6K9.

B. Questions about your winter walk (Please check and complete as appropriate)

Date (day/month/year): _____ Time of day: ____ a.m. ____ p.m.

Type of audit: Individual _____ Group _____

Are there children with you? Yes ____ No ____ If yes, do you have a stroller? Yes ____ No ____

Specify the timing of the most recent winter weather event (e.g., snow, freezing rain):

A) Now ____ B) Earlier today ____ C) Yesterday ____ D) 2 days ago ____ E) More than 2 days ago ____

Comments: _____

City/Town and Neighbourhood of walk audit (e.g., Ottawa, Glebe) _____ and

Ward if you know it (e.g., Ottawa Centre) _____

Names of any main streets on your route: _____

Names of any residential/side streets on your route: _____

C. Questions about you (Please check and complete as appropriate)

Age: 75 and over ____ 65-74 ____ 45-64 ____ 21-44 ____ 13-20 ____ 1-12 ____

Gender: Female ____ Male ____

I use a mobility aid (e.g. cane, walker, wheelchair): Yes ____ No ____

I use ice grips on my boots: Yes ____ No ____ Walking poles: Yes ____ No ____

Comments: _____

D. Snow Mole Checklist: (Please check as appropriate and feel free to add comments)

1. Are there any **sidewalks** on your route? Yes ____ No ____

If yes, are they

a) Safe to walk on? Yes ____ No ____

b) Icy and slippery? Yes ____ No ____

c) Adequately plowed? Yes ____ No ____

d) Adequately sanded or salted? Yes ____ No ____

e) Does snow thrown onto the sidewalk from snowplows or people's snow blowers interfere with walking?

Yes ____ No ____

Comments: _____

2. Are there **paths, walkways, or footbridges** on or near your route? Yes ____ No ____

If yes, are they:

a) Safe to walk on? Yes ____ No ____

b) Icy and slippery? Yes ____ No ____

c) Adequately plowed? Yes ____ No ____

d) Adequately sanded or salted? Yes ____ No ____

Comments: _____

3. Do you **walk on the road** (no sidewalks or pathways)? Yes ____ No ____

If yes, are they:

a) Safe to walk on? Yes ____ No ____

b) Icy and slippery? Yes ____ No ____

c) Adequately plowed? Yes ____ No ____

d) Adequately sanded or salted? Yes ____ No ____

Comments: _____

4. Are there **crosswalks** on your route: Yes ____ No ____

If yes, are they:

a) Safe to walk on? Yes ____ No ____

b) Icy and slippery? Yes ____ No ____

c) Adequately plowed? Yes ____ No ____

d) Adequately sanded or salted? Yes ____ No ____

5. Are any **snowbanks** higher than your waist? Yes ____ No ____ N/A ____

Comments: _____

6. If there are **intersections** on your route, are they safe and easy to get across? Can you reach the pedestrian walk buttons?

Yes ____ No ____ N/A ____

Comments: _____

7. Is the closest **transit/bus stop** area accessible (i.e., mostly clear of snow and ice, no snow blocking the stop or the ability of the bus to lower the ramp for people with mobility aids)?

Yes ____ No ____ I do not know ____ I did not encounter a bus stop on my route ____

Comments: _____

8. Is any **seating** on your route, or near a bus stop, kept clear of ice and snow?

Yes ____ No ____ There was no seating on my route: ____

Comments: _____

9. Are you able to get to your destination and **back home safely**?

Yes ____ No ____ If no, please specify why not - what happened?

Comments: _____

10. Have you **fallen walking outside** in the winter in the last 2 years? Yes ____ No ____

(Please skip question if you have already completed an audit this year.)

If yes, did you go to hospital emergency? Yes ____ No ____

Comments: _____

11. Does **fear of falling in winter** sometimes keep you from going out to walk? Yes ____ No ____

Comments: _____

12. Do you have any **other safety concerns** not mentioned already, or any other comments?

If you have taken photos, please submit them to snowmoles@coaottawa.ca or upload at www.coaottawa.ca/snowmoles/

Please report any hazards or problems needing immediate attention to 311.

Thank you for being a snow mole and completing and returning this Winter Walkability and Pedestrian Safety Audit!