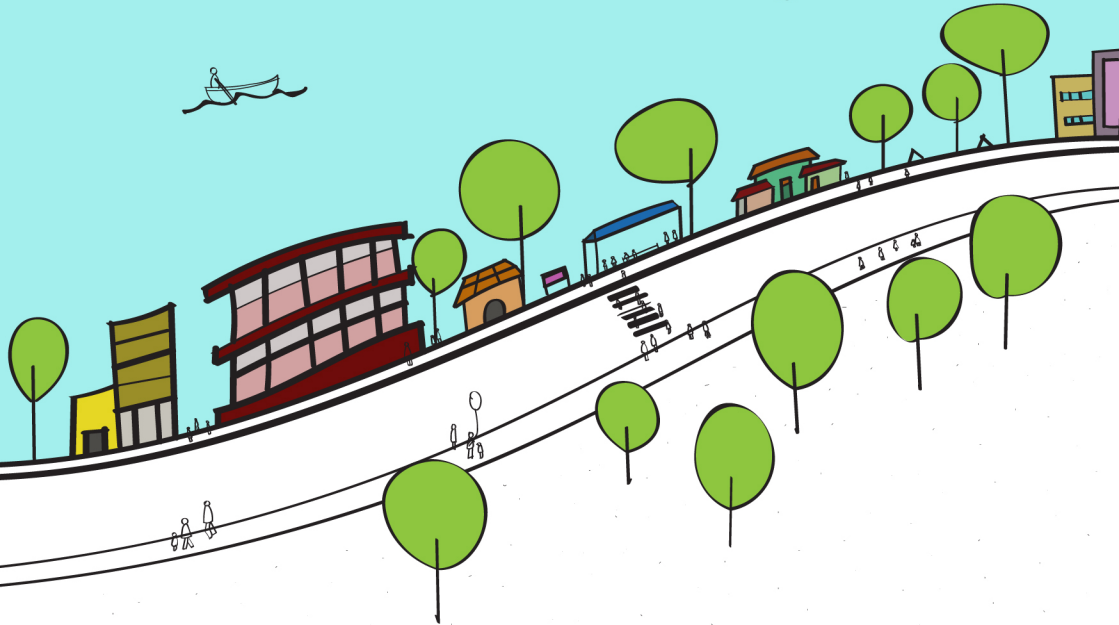


OBSERVE





SEE

1) What do you see?

.....

.....

2) Who do you see? How many people do you see?

.....

.....

3) What are they doing?

.....

.....

4) What do you like about the streets?

.....

.....

.....



SEE

5)What do you like about the buildings?

.....

.....

6)What do you dislike in this area?

.....

.....

7)What makes this area special?

.....

.....

Anything else?

.....

.....

.....



HEAR

1)What do you hear?

.....

.....

2)Is it Quiet or is it Noisy?

.....

.....

3)Do you hear any animals? Music? Cars? People?

.....

.....

Anything else?

.....

.....

.....



SMELL

1)What do you smell?

.....

.....

2)Where is the smell coming from?

.....

.....

3)Does it smell delicious or is it Stinky?

.....

.....

4)Do you smell anything familiar?

.....

.....

5)Do you smell something strange?

.....

.....

Anything else?

.....

.....



TOUCH

1) Can you easily walk in this area?

.....
.....

2) Can a blind person move around comfortably in this area?

.....
.....

3) Can a person in a wheelchair move around comfortably in this area?

.....
.....

4) Does this place feel safe?

.....
.....

5) Are there a lot of activities taking place in this area?

.....
.....

Anything else?

.....



TASTE

1) Is there anything in the area that is making your mouth water?

.....

.....

2) Are there any eateries or restaurants in this area?

.....

.....

3) Are there lots of people you could talk to in this area?

.....

.....

4) Who are these people?

.....

.....

Anything else?

.....

.....