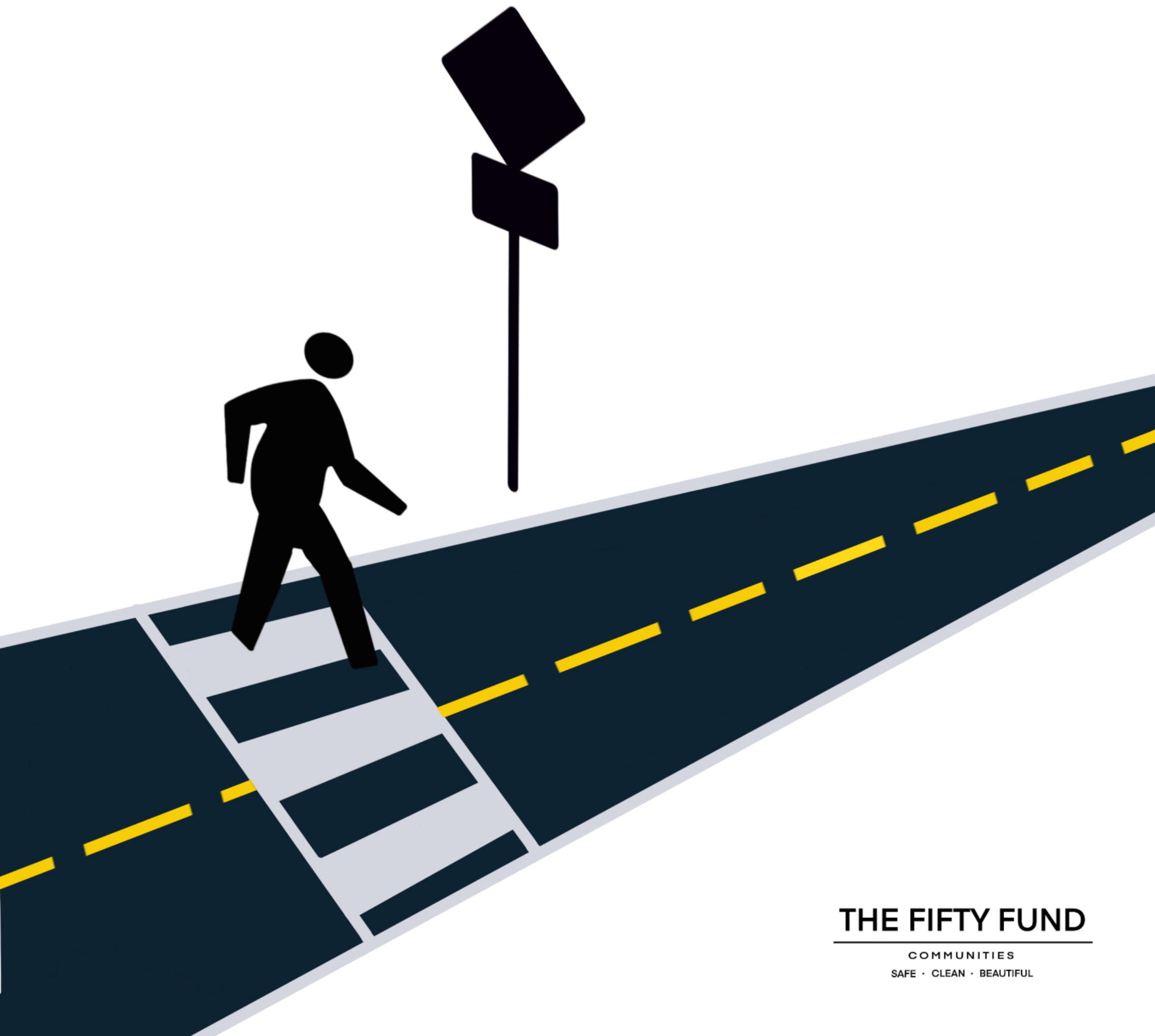


THE WALKAROUND GUIDE

FOR COMMUNITIES ASSESSING WALKABILITY



THE FIFTY FUND

COMMUNITIES
SAFE · CLEAN · BEAUTIFUL

WALKAROUND DETAILS

COMMUNITY NAME : _____

DATE : _____

STARTING TIME : _____ : _____ AM | PM

ENDING TIME : _____ : _____ AM | PM

DAY OF THE WEEK : _____

LIGHTING CONDITIONS : _____



INTERSECTION WORKSHEET

INTERSECTING STREET NAMES

MAIN STREET: _____

STREET CROSSED: _____

Are there crosswalk markings?

YES or NO

What is its current condition like? _____

Is parking permitted within 20 feet of the intersection?

YES or NO

Is the intersection signalized?

YES



NO



Is there a push button to cross? YES or NO

Is it working correctly? YES or NO

How long does it take to cross the road (from begin walking to reaching the other side)? _____ seconds

Are there pedestrian crossing signals? YES or NO

Are they working correctly? YES or NO

Which streets have to stop? _____

Are there pedestrian crossing signs? YES or NO

What are their current conditions? _____

How long does it take to cross the road (from begin walking to reaching the other side)? _____ seconds

INSERT YOUR MAP HERE

STREET SEGMENT WORKSHEET

SEGMENT OF STREET OBSERVED

_____ from _____ to _____
(street name) (street name) (street name)

Are there sidewalks?

YES ↙

NO ↘

Are they continuous? YES or NO
What is the condition of the sidewalk?

Is there evidence of pedestrian usage (worn foot paths)? YES or NO

