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

INSERT YOUR MAP HERE