

Walk Audit Form

Recorder _____

Date/Time _____

Weather _____

Street/Intersection _____

Street Description

Arterial or Local

Number of travel lanes

Parking: none, one, or both sides?

Sidewalks: none, one, or both sides?

Speed & Driver Behavior

Estimated speed of cars?

Speed limit posted?

Are walkers separated from roadway?

Do drivers yield to pedestrians? Do pedestrians step out in front of cars?

Neighborhood Features

Land use: residential, commercial, industrial, or mixed use?

Are there community facilities (schools, parks, businesses, etc.) and sidewalks that connect them?

Public transportation: stations, shelter, seating, lighting?

Bike paths? Are there bicycle/pedestrian conflicts?

Sketch

Sketch the street or intersection. Note positive aspects and areas in need of improvement.

Intersection & Crossings

Traffic signal: enough time or too much time to cross? Countdown? Pedestrian-activated?

Crosswalks: painted? striped? raised? curb ramps? detectable warning strips?

Crossings at regular intervals? Too few or too distant?

Pedestrians easily seen by drivers?

Is there a traffic median or pedestrian island?

Curb extensions or other traffic calming devices?

Attractiveness of Walking Route

Condition of sidewalks?

Presence of trees/greenery?

Attractive buildings, blank walls, parking lots?

Garbage/recycling bins? Trash on the ground? Graffiti?

Street furniture/benches?

Street lighting?

Overall Impression

Is street inviting/safe for ALL users (children, parents with strollers, elderly, etc.)?

Would you walk in this area again?