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?
- 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?