

Walking Audit

Background Information

1. What is your name? _____
2. On what date did you observe the stretch of street? _____
3. What is the name of the street you observed? _____
4. What were the two crossroads at either end of the stretch of street you observed?
Street 1 _____
Street 2 _____

Presence of Sidewalk

5. Are sidewalks present on the street?
- No Yes, on one side Yes, on both sides

Questions about Sidewalk

6. What material is the sidewalk **primarily** made of?
- Concrete Brick Gravel
 Asphalt Other – Write In _____
7. Is the sidewalk made of any other materials in any place? (Check all that apply)
- No Concrete Brick
 Gravel Asphalt Other – Write In _____
8. Is there any grassy or other buffer between the curb and sidewalk along most of the segment?
- No Yes, on one side Yes, on both sides
9. What is the buffer **primarily** made of?
- Grass Concrete Brick
 Asphalt Other – Write In _____

10. Are there one or more trees in the buffer?
- No Yes, on one side Yes, on both sides
11. Is the sidewalk continuous throughout the entire segment?
- No Yes, on one side Yes, on both sides
12. Is the sidewalk continuous **between** the neighboring street segments at both ends?
- No Yes, on one side Yes, on both sides
13. Is the sidewalk width **three feet or greater** for most of the segment?
- No Yes, on one side Yes, on both sides
14. Is the sidewalk width **less than 3 feet** for any part of the segment?
- No Yes, on one side Yes, on both sides

15. Are there any missing curb cuts or ramps at intersections or driveways?
 No Yes, on one side Yes, on both sides
16. How would you rate the severity of bumps, cracks, holes, or weeds in the sidewalk?
 (1 being least severe, 5 being most severe)
- No Noticeable Defects 1 2
 3 4 5
17. Are there any permanent obstructions (trees, signs, tables) blocking the sidewalk?
 No Yes, on one side Yes, on both sides
18. Are there any cars, trucks, or vendors blocking the sidewalk?
 No Yes, on one side Yes, on both sides

Other Questions

19. If there is not a sidewalk present on **any** part of the street segment, do you have another safe place to walk?
 Not Applicable (sidewalk present throughout segment on both sides)
 Yes No
20. If you selected "Yes" to the previous question, where?

	On one side	On both sides
Street or shoulder (if safe)?	<input type="checkbox"/>	<input type="checkbox"/>
Unpaved pathway	<input type="checkbox"/>	<input type="checkbox"/>
Other (write-in another option below) _____	<input type="checkbox"/>	<input type="checkbox"/>

21. How would you rank the overall quality of the sidewalk on this stretch of street?
 Excellent Good Fair
 Poor Very Poor No Sidewalk

Final Comments

22. Do you have any other comments about the quality of the sidewalk or pedestrian access on the stretch of street?
