

# Walkability Assessment



**Q1. Did you have room to walk?**

- Yes       Some problems:
- \_\_\_\_\_ No sidewalks, paths, or shoulders
  - \_\_\_\_\_ Sidewalks were broken or cracked
  - \_\_\_\_\_ Sidewalks were blocked with poles, signs, shrubbery, dumpsters, etc.
  - \_\_\_\_\_ Sidewalks or paths started and stopped
  - \_\_\_\_\_ Too much traffic
  - \_\_\_\_\_ Something else: \_\_\_\_\_

Description of problems: \_\_\_\_\_

<b>Q1 Rating (circle one):</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Excellent				Awful	

**Q2. Was it easy to cross streets?**

- Yes       Some problems:
- \_\_\_\_\_ Road was too wide
  - \_\_\_\_\_ Traffic signals made us wait too long or did not enough time to cross
  - \_\_\_\_\_ Needed striped crosswalks or traffic signals
  - \_\_\_\_\_ Needed curb ramps or ramps needed repair
  - \_\_\_\_\_ Parked cars blocked our view of traffic
  - \_\_\_\_\_ Trees or plants blocked our view of traffic
  - \_\_\_\_\_ Something else: \_\_\_\_\_

Description of problems: \_\_\_\_\_

<b>Q2 Rating (circle one):</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Excellent				Awful	

**Q3. Did drivers behave well?**

- Yes       Some problems: Drivers...
- \_\_\_\_\_ Backed out of driveways without looking
  - \_\_\_\_\_ Did not yield to people crossing the street
  - \_\_\_\_\_ Turned into people crossing the street
  - \_\_\_\_\_ Drove too fast
  - \_\_\_\_\_ Sped up to make it through traffic lights or drove through traffic lights
  - \_\_\_\_\_ Something else: \_\_\_\_\_

Description of problems: \_\_\_\_\_

<b>Q3 Rating (circle one):</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Excellent				Awful	

**Q4. Was it easy to follow safety rules? Could you and/or your child...**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cross at crosswalks or where you could see and be seen by drivers?    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cross with the light?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Make it across the street before the light changed?                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Walk on side of the road facing traffic where there are no sidewalks? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Easily stop, look, and listen before crossing streets?                |

<b>Q4 Rating</b> (circle one):	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Excellent					Awful

**Q5. Did you feel safe on your walk?**

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Some problems:      |
|                              | _____ Persons loitering outside of buildings |
|                              | _____ Panhandling                            |
|                              | _____ Unleashed/scary dogs                   |
|                              | _____ Graffiti                               |
|                              | _____ Not well lighted                       |
|                              | _____ Something else: _____                  |

Description of problems: \_\_\_\_\_

<b>Q5 Rating</b> (circle one):	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Excellent					Awful

**Q6. Was your walk pleasant?**

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Some problems:    |
|                              | _____ Needed more grass, flowers, or trees |
|                              | _____ Dirty, lots of litter or trash       |
|                              | _____ Dirty air due to automobile exhaust  |
|                              | _____ Bad smells or odors                  |
|                              | _____ Something else: _____                |

Description of problems: \_\_\_\_\_

<b>Q6 Rating</b> (circle one):	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Excellent					Awful

**Scoring Directions**

Enter your rating for each question. Add it up for a **Total Walkability (TW)**.

Q1 \_\_\_\_\_ + Q2 \_\_\_\_\_ + Q3 \_\_\_\_\_ + Q4 \_\_\_\_\_ + Q5 \_\_\_\_\_ + Q6 \_\_\_\_\_ = **Total (TW)** \_\_\_\_\_

**Comments:**

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[Adopted from CDPH CX3 and Adapted from the Pedestrian and Bicycle Information Center's Walkability Checklist]