Walkability Checklist

Print out and take this checklist with you on a walk. As you walk, think about each question. Identify any problems you see.

Check "yes" or "no" to answer each bullet in the lists below.

Location of walk:

_____

1. Did you have enough space to walk?

Problems?

Sidewalks or paths started and stopped	yes ☐	no ☐
Sidewalks or wooden walkways were broken and cracked	yes ☐	no ☐
Walkways were blocked with poles, signs, shrubbery, fallen trees, dumpsters, etc.	yes ☐	no ☐
No sidewalks, paths or shoulders	yes ☐	no ☐
Too much traffic	yes ☐	no ☐
Too many people biking on the sidewalks	yes ☐	no ☐

Something else? _____

Location of problems: _____

2. Was it easy to access a trail or pathway?

Problems?

Trail or pathway not well marked	yes ☐	no ☐
No maps available of local trails	yes ☐	no ☐
Trail not accessible for people with lower mobility	yes ☐	no ☐

Something else? _____

Location of problem: _____

3. Was it easy to cross the street or road?

Problems?

Road was too wide	yes ☐	no ☐
Traffic signals made us wait too long or did not give us enough time to cross	yes ☐	no ☐
Need striped crosswalks or traffic signals	yes ☐	no ☐
Parked cars blocked our view of traffic	yes ☐	no ☐

Need curb ramps or ramps need repair   yes ☐   no ☐

    Something else? _____

    Location of problems: _____

4. Did drivers behave well?

Problems?

Drivers …

Backed out of driveways without looking	yes ☐	no ☐
Did not yield to people crossing the road	yes ☐	no ☐
Turned into people crossing the street	yes ☐	no ☐
Stopped over the crosswalk	yes ☐	no ☐
Drove too fast	yes ☐	no ☐

Sped up to make it through traffic lights or drove through
    traffic lights?   yes ☐   no ☐

    Something else? _____

    Location of problems: _____

5. Was it easy to follow safety rules?

Could you …

Cross at crosswalks or where you could see and be seen
    by drivers?   yes ☐   no ☐

Stop and look left, right and then left again before
    crossing streets?   yes ☐   no ☐

Walk on shoulders facing traffic where there were no
    sidewalks?   yes ☐   no ☐

Cross with the light?   yes ☐   no ☐

    Something else? _____

    Location of problems: _____

6. Was your walk pleasant?

Problems?

Needed more grass, flowers or trees	yes ☐	no ☐
Scary dogs, animals, wildlife	yes ☐	no ☐
Not well lighted	yes ☐	no ☐
Trail or path too overgrown	yes ☐	no ☐
Trail to path blocked with fallen trees	yes ☐	no ☐
Dirty, lots of litter or trash	yes ☐	no ☐

Dirty air due to automobile exhaust   yes ☐ no ☐

    Something else? _____

    Location of problems: _____

How does your community stack up?

Overall, how would you describe your community's walkability? Put a checkmark beside one of the choices below.

        _____ Excellent (Celebrate! You have a great community for walking.)

        _____ Good (Celebrate a little. Your community is pretty good but still needs work.)

        _____ Some Problems (Your community needs lots of work. You deserve better.)

        _____ Awful (Your community is a disaster for walking!)

This checklist is adapted from the National Center for Safe Routes to School, Pedestrian and Bicycle Information Center, U.S. Department of Transportation, and United States Environmental Protection Agency, *Walkability Checklist* (http://www.walkinginfo.org/pdf/walkingchecklist.pdf).