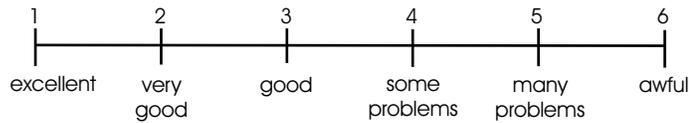


Take a walk and use this checklist to rate your neighborhood's walkability.

# How walkable is your neighborhood?



## Rating Scale:



## Location of your walk:

Panel #: \_\_\_\_\_

### 1. Did you have a place to walk?

- There were sidewalks or shoulders to walk on  Yes  No
- Sidewalk started but then stopped  Yes  No
- Sidewalks were broken, cracked or uneven  Yes  No
- Sidewalks were on too steep a grade  Yes  No
- Sidewalks were blocked with poles, signs, shrubbery, dumpster, etc.  Yes  No
- Too much vehicular traffic on the streets for comfort  Yes  No
- Something else? \_\_\_\_\_
- Locations of problems (Also note on maps provided):  
\_\_\_\_\_

Rating (circle one):    1    2    3    4    5    6

### 2. Was it easy to cross streets?

- There were crosswalks and walk/don't walk signals  Yes  No
- Road was too wide  Yes  No
- Timing on walk signal was long enough  Yes  No
- Parked cars blocked the view of traffic  Yes  No
- Trees or plants blocked the view of traffic  Yes  No
- There were curb ramps in good repair  Yes  No
- Something else? \_\_\_\_\_
- Locations of problems (Also note on maps provided):  
\_\_\_\_\_

Rating (circle one):    1    2    3    4    5    6

### 3. Did drivers behave well?

- Looked for pedestrians at intersections and when backing out of parking  Yes  No
- Yielded to people crossing the street  Yes  No
- Entered into crosswalk when people were crossing  Yes  No
- Sped up to make it through traffic lights or drove through red lights  Yes  No
- Something else? \_\_\_\_\_
- Locations of problems (Also note on maps provided):  
\_\_\_\_\_

Rating (circle one):    1    2    3    4    5    6

### 4. Was it easy to follow safety rules? Could you ...

- Cross at crosswalks where you could see and be seen by drivers?  Yes  No
- Easily see both directions before crossing streets?  Yes  No
- Walk on sidewalks or on shoulders where there were no sidewalks, facing traffic?  Yes  No
- Cross with the light?  Yes  No
- Something else? \_\_\_\_\_
- Locations of problems (Also note on maps provided):  
\_\_\_\_\_

Rating (circle one):    1    2    3    4    5    6

### 5. Was your walk pleasant?

- Needed more grass, flowers, trees, or interesting sights  Yes  No
- There were intimidating dogs  Yes  No
- There was good lighting  Yes  No
- There were maps, signs, or markings to help me find my way  Yes  No
- Clean, not much litter  Yes  No
- Something else? \_\_\_\_\_
- Locations of problems (Also note on maps provided):  
\_\_\_\_\_

Rating (circle one):    1    2    3    4    5    6

# Where do you walk/want to walk?

Describe where you would like to go in your neighborhood and how you feel when walking to and from these places.

Create a Summary Map

1. Mark the most important destinations and walking routes on the map.
2. Mark the most important positive (+) and negative (-) things about where you walk.

Walking Wishes

Now that you have reviewed and summarized your work, think about the five most important changes you would like to see in your neighborhood. Write down five specific “walking wishes” in the space provided below.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Thank you for letting the City know what you think about improving walkability in your neighborhood! The results of this survey will be used to determine the most needed improvements in your neighborhood.

Return Survey and Map to:  
Lincoln/Lancaster County Planning Department  
555 S. 10th Street, Suite 213  
Lincoln, NE 68508  
402-441-7491  
lincoln.ne.gov



College View Neighborhood  
Mobility Audit