

Pedestrian Environmental Quality Index (PEQI)*

Intersection Data Collection Form



Neighborhood:	Date:	Time Assessed:
Team Members:		
Intersection ID: _____ (leave blank – to be assigned later)	This is the Intersection of: Street 1: _____ Street 2: _____	

Please Identify the Present Physical Characteristics of the Intersection						
	0 Directions / Corners	1 Direction / Corner	2 Directions / Corners	3 Directions / Corners	4 Directions / Corners	
1. 3- or 4-way intersection	--	--	--			
2. Possible / intended crossings						
3. Crosswalks						
4. Ladder crosswalks						
5. Pedestrian signals:	a. With countdowns					
	b. No countdowns					
6. Signal lights						
7. Stop signs						
8. No right turn on red light						
9. Curb ramps at pedestrian crossings:	a. Number of corners with two ramps					
	b. Number of corners with one ramp					

Physical Characteristics cnt'd...										
10. Presence of non-yielding vehicle turn lanes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please count the number:								
11. Crossing distance Cross street <u>ONLY</u> with a green light or walk signal. Measure across larger street.										
a) Number of traffic lanes crossing (include turn lanes and street parking):	_____ lanes crossed									
b) Crossing distance (in feet):	_____ feet									
c) Permitted Crossing time (in seconds):	_____ seconds									
d) Crossing speed:	_____ feet per second									
(Note: Divide crossing distance in feet by crossing time in seconds)										
12. Intersection traffic calming features	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check all that apply: See PEQI manual for illustrations/definitions.								
<input type="checkbox"/> Partial closures	<input type="checkbox"/> Mid-crossing refuge (islands, medians)									
<input type="checkbox"/> Speed tables / bumps	<input type="checkbox"/> Dips, drains, or unintentional features that slow traffic									
<input type="checkbox"/> Mini-circles or roundabouts	Other (explain): _____									
<input type="checkbox"/> Curb extensions / bulbouts	_____									
<input type="checkbox"/> Pavement treatments or light set in crosswalk	_____									
13. Additional pedestrian signs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:								
(Yield for pedestrians, pedestrian crossing, pedestrian prohibited, etc.)										
Perceived Walkability: Please circle the description your team thinks best applies to this intersection										
14. Street intersection feels safe for crossing	Strongly disagree	Disagree	Agree	Strongly agree						
15. How noisy do you find this intersection?	A lot of noise	Some noise	Little noise	No noise						
16. Rate overall walkability of this intersection	Not walkable _____ Very walkable									
	1	2	3	4	5	6	7	8	9	10

*Adapted from the Pedestrian Environmental Quality Index developed by the San Francisco Department of Public Health