

Pedestrian Environmental Quality Index (PEQI)*

Street Segment Data Collection Form






Neighborhood:	Date:	Time Assessed:
Team Members:		
Street Segment ID: _____ (leave blank – to be assigned later)	Name of Street: _____	
Segment of Street Being Evaluated is Between:		
Street 1: _____ Street 2: _____		

Street and Traffic				
1. Number of lanes (Don't count short-length turn-only lanes)	<input type="checkbox"/> 1 lanes <input type="checkbox"/> 2 lanes	<input type="checkbox"/> 3 lanes <input type="checkbox"/> 4 lanes	<input type="checkbox"/> 5 lanes <input type="checkbox"/> 6 + lanes	
2. Two-way traffic	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Speed limit	<input type="checkbox"/> < 15 mph <input type="checkbox"/> 20 mph <input type="checkbox"/> 25 mph	<input type="checkbox"/> 30 mph <input type="checkbox"/> 35 mph <input type="checkbox"/> 40 mph	<input type="checkbox"/> 45 mph <input type="checkbox"/> 50 mph <input type="checkbox"/> > 55 mph	
4. Street 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"/> Street medians <input type="checkbox"/> Rumble strips <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chicanes <input type="checkbox"/> Speed limit enforcement _____ <input type="checkbox"/> Speed tables or speed bumps <input type="checkbox"/> Dips, drains or other unintentional features _____			
5. Does this street segment have a transit stop?	<input type="checkbox"/> Yes, with seating and shelter <input type="checkbox"/> No			
6. Presence of bike lanes or sharrows	<input type="checkbox"/> Yes, one direction <input type="checkbox"/> Yes, two directions <input type="checkbox"/> No			

NOTE: From this point on, please evaluate conditions for each side of the street. N / E = Northern or Eastern, S / W = Southern or Western.			
Sidewalks	N / E	S / W	
7. Width of sidewalk			
No sidewalk			
Less than 4.5 ft.			
4.5 ft. – 8 ft.			
Greater than 8 ft.			
8. Sidewalk surface condition (Tripping hazard or interruption to smooth surface)			
No sidewalk			
Significant Impediments			
Few Impediments			
No Impediments			
9. Large sidewalk obstructions (Things which reduce width or overhang the sidewalk)			
No sidewalk			
Yes, permanent			
Yes, temporary			
No			
10. Trees			
Continuously lined			
Sporadically lined			
None			
11. Presence of Buffer (Check all that apply) Note: Street cleaning restrictions do not count as time-restricted			
Parallel Parking (not time-restricted)			
Parallel Parking (time-restricted)			
Curb			
Wide right of way (sidewalk more than 10 feet from curb)			
None			

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

NOTE: Continue evaluating conditions for each side of the street. N / E = Northern or Eastern, S / W = Southern or Western.				
Land Uses and Pedestrian Experience		N / E	S / W	
12. Land uses present (Check all that apply) (Count all land uses, not just ground floor. For example, second floor apartments)	Residential			
	Retail			
	Businesses (such as office buildings)			
	Civic (schools, government buildings)			
	Parks or open space			
	Historic sites			
	None			
13. Street Activity (Include transit seating)	Businesses open beyond 7pm (record exact count)			
	Other pedestrians or bicyclists on street			
14. Public Seating (Include transit seating)	Yes			
	No			
15. Presence of Bike Racks	Yes			
	No			
16. Location of Parking (Check all that apply)	On-street			
	Behind or to the side of buildings			
	Between sidewalk and buildings			
17. Proximity of Businesses to Sidewalk	Right next to sidewalk			
	Fairly close (equivalent to a few rows of parking)			
	Far away (equivalent to many rows of parking)			
18. Construction Sites	Yes			
	No			
19. Abandoned Buildings / Empty Parcels	Yes			
	No			

NOTE: Continue evaluating conditions for each side of the street. N / E = Northern or Eastern, S / W = Southern or Western.					
Safety			N / E	S / W	
20. Driveway Cuts (Count a curb cut as two curb cuts when the driveway serves businesses, apartment complexes, or parking structures)	Please record number of cuts:				
21. Scary Animals	Yes				
	No				
22. Graffiti	Yes				
	Little to None				
23. Litter	Yes				
	Little to none				
24. Pedestrian-scale street lights	Yes, public (street lamps)				
	Yes, private (businesses or residences)				
	No				
Perceived Walkability: Please circle the description you think best applies to this intersection. 					
25. Street Segment is visually attractive	Strongly disagree	Disagree	Agree	Strongly agree	
26. Street segment feels safe for walking	Strongly disagree	Disagree	Agree	Strongly agree	
27. Are there foul odors?	No odors	A little odor	Some odors	A lot of odors	
28. How noisy do you find this street?	No noise	Little noise	Some noise	A lot of noise	
29. Rate overall walkability	Not walkable Very walkable 1 2 3 4 5 6 7 8 9 10				