



Bicycle Friendly Community Committee

Bicycle Pedestrian Screenline Count Form

Name(s): _____ Location: _____

Date: _____ Start Time: _____ End Time: _____

Weather: _____ Notes: _____

- Please fill in your name(s), location, date, time period, and weather conditions (fair, rainy, cold, etc.).
- Count ALL bicyclists and pedestrians crossing your screen line under the appropriate categories.
- Count bicyclists who ride on the sidewalk.
- Count the number of people ON the bicycle, not the number of bicycles.
- Pedestrian include people in wheelchairs or others using assistive devices, children in strollers, etc.
- People using equipment such as skateboards, rollerblades, etc. should be included in the "Other" category.

Saturday 12 - 2pm
Tuesday 5-7pm

	Bicyclists								Pedestrians		Others
	Female				Male				Female	Male	
	Adult Helmet	Adult Helmet	Youth Helmet	Youth Helmet	Adult Helmet	Adult Helmet	Youth Helmet	Youth Helmet			
15 minute interval											
15 minute interval											
15 minute interval											
15 minute interval											
15 minute interval											
15 minute interval											
15 minute interval											
15 minute interval											
15 minute interval											
Totals											