

<b>Safety</b>	
1. Generally, do you feel safe on this walk?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Can you see other people around as you walk?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. If you were to walk this route at night, would it be well lit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are pedestrian lights and/or painted crosswalks located at all major intersections?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the timing of pedestrian lights allow for enough time for older people to cross safely?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you feel safely separated from the road traffic?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do cars seem to be following the speed limit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are there roundabouts, speed bumps or other measures to slow traffic?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are crossing points free of obstruction such as vegetation and parked cars that limit your view of traffic and traffic's view of you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments or suggestions:	
Location of identified issues:	

<b>Convenience and Connectedness</b>	
1. Does this route link with public transportation? If yes, please circle which form: bus train other	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does lead to a destination, such as a park, library or café?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. If you walked to a cul-de-sac or dead-end, was there a safe route leading you to another street?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments or suggestions:	
Location of identified issues:	