

CRCOG Bicycle - Pedestrian Count Form
Data Collection - Screenline Count

Location: _____ E N S W of _____

Date: _____

Municipality: _____

Weather Conditions: _____

Counter Name: _____

Time Period: _____

Interval (Write in actual time)		Bicyclists				Pedestrians				Total
		No Helmet	On Road		On Sidewalk / Trail	Adults on Foot	Recreational User	Children (Incl. Stroller)	Assisted	
			With Traffic	Against Traffic						
1	Male									
	Female									
2	Male									
	Female									
3	Male									
	Female									
4	Male									
	Female									
5	Male									
	Female									
6	Male									
	Female									
7	Male									
	Female									
8	Male									
	Female									
	Total (Male):									
	Total (Female):									

Other Observations: _____

Please use this form for
eight (8) intervals.