

MetroPlan Orlando Bicycle & Pedestrian Count Form

Name: _____ Phone No.: _____

Location: _____

Date: _____ Weather: _____

Please fill in your name, count location, date, and weather conditions (fair, rainy, hot, humid, sunny, etc). Count all bicyclist and pedestrians crossing the intersection. For bicyclist, mark whether they are on the road or sidewalk, with or against traffic.

		Bicycles				Pedestrians		Others
		Female		Male		Female	Male	
		Road	Sidewalk	Road	Sidewalk			
:00 - :15	<i>With traffic</i>							
	<i>Against traffic</i>							
:15 - :30	<i>With traffic</i>							
	<i>Against traffic</i>							
:30 - :45	<i>With traffic</i>							
	<i>Against traffic</i>							
:45 - 1:00	<i>With traffic</i>							
	<i>Against traffic</i>							

Name: _____ Phone No.: _____

Location: _____

Date: _____ Weather: _____

		Bicycles				Pedestrians		Others
		Female		Male		Female	Male	
		Road	Sidewalk	Road	Sidewalk			
1:00 - 1:15	With traffic							
	Against traffic							
1:15 - 1:30	With traffic							
	Against traffic							
1:30 - 1:45	With traffic							
	Against traffic							
1:45 - 2:00	With traffic							
	Against traffic							
Total								