## STANDARD SCREENLINE COUNT FORM

Name:			Location:			
Date:	Start Time:		End Time: _			
Weather:						
<ul> <li>Please fill in your name,</li> <li>Count all bicyclists and p</li> <li>Count for two hours</li> <li>Count bicyclists who</li> <li>Count the number of</li> <li>Pedestrians include</li> <li>People using equipocategory.</li> </ul>	count location pedestrians cross in 15 minute oride on the sof people on the people in whe	increments. idewalk. ne bicycle, no eelchairs or o	t the number o	er the approp of bicycles. istive devices	riate categories. , children in strolle	rs, etc.
category.					_	7
		/cles	Pedes		Others	-
00-:15	Female	Male	Female	Male		-
0013						
15-:30						
30-:45						
45-1:00						
1:00-1:15						
1:15-1:30						
1:30-1:45						
1:45-2:00						
Total						
lelmet use			Notes			
Wearing						
lot Wearing						