



STANDARDIZED TRAIL COUNT FORM

Site ID: _____ **Trail Name:** _____ **Location:** _____
Date: ____/____/____ **Day of Week:** _____ **Time Period:** _____ am / pm
Weather: _____ **Name of Data Collector:** _____

	Bicycles		Pedestrians		Wheelchairs		Others	
	Female	Male	Female	Male	Female	Male	Female	Male
:00-:15								
:15-:30								
:30-:45								
:45-1:00								
1:00-1:15								
1:15-1:30								
1:30-1:45								
1:45-2:00								
Total								



Thank you for counting! To return count forms:

- scan & e-mail to taylor.sutton@portlandoregon.gov OR
- mail to Taylor Sutton, PBOT Active Transportation, 1120 SW 5th Ave, Ste 800, Portland, OR 97204.