

JANE JACOBS AND THE FUTURE OF NEW YORK

Neighborhood Walking Tour Sheet

Name _____ Date _____

As you explore the neighborhood today, answer the following questions.

1. Where did you start the tour? Be specific. (e.g., what streets) _____
2. Keep a tally of the residential structures you see. _____
3. Keep a tally of the commercial structures you see. _____
4. Keep a tally of the open spaces you see. _____
5. Keep a tally of the ecclesiastical structures you see. _____
6. Keep a tally of the public or cultural structures you see. _____
7. Describe the residential structures you see. E.g., are there single-family homes, are there six-story apartment buildings, are there tall apartment towers, are there small two- or three-story apartment buildings, of what materials are they made, do they appear old or new, are they all the same or different, etc. _____

8. Describe the commercial structures you see. E.g., what types of businesses are there, are they busy, are the structures strictly commercial or are they mixed with residential, are the stores national chains, are the stores small “mom-and-pop” businesses, etc. _____

9. Describe the cultural or public structures you see. E.g., what are they used for, are there schools, libraries, hospitals, post offices, art galleries, theaters, police stations, etc. _____

10. Do these cultural or public structures provide a service only to neighborhood residents or to people from all over New York City? _____

11. Describe the open spaces you see. E.g., parks, plazas, sidewalks, schoolyard, are they small or large, are they grassy or concrete, etc.

12. Are there many or few people on the streets? _____

13. What types of activities are they engaged in? (E.g., walking, talking, standing, sitting, reading, staring, jogging, a school crossing guard helping children, a police officer giving directions, someone making a delivery etc.) _____

14. Do you think there might be more or fewer people on the street at a different time of day? Why or why not? _____

15. Is there a lot of traffic on the street? _____

16. Is the traffic only cars, or does it also include bikes, vans, trucks, buses, scooters, motorcycles, etc.? _____

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Favorite/Least Favorite Neighborhood Place Questionnaire

Name _____ Date _____

Ask your partner the following questions about his/her favorite and least favorite place in their neighborhood.

1. What is your name? _____

2. What is the name of your neighborhood? _____

3. How long have you lived there? _____

4. Do you feel like you know your neighborhood very well, or not that well?
Why? _____

5. When you travel around your neighborhood, do you go alone, with friends, or with a family member? _____

6. What is your favorite place in your neighborhood and why? _____

7. Where is it? Be specific. _____

8. How often do you go there? _____

9. What do you do there? _____

10. Do you travel there alone, with friends, or with family? _____

11. Do you travel by public transportation, walking, bike, or car? _____

12. Do you see friends there? _____

13. Do you go there year-round, or only at certain times of the year? _____

14. How long do you stay there? _____

15. What is your least favorite place in your neighborhood and why? _____

16. Where is it? Be specific. _____
17. How often do you go there? _____
18. What do you do there? _____
19. Do you travel there alone, with friends, or with family? _____
20. Do you travel by public transportation, walking, bike, or car? _____
21. Do you see friends there? _____
22. Do you go there year-round, or only at certain times of the year? _____
23. How long do you stay there? _____

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Favorite/Least Favorite Neighborhood Place Analysis

Name _____ Date _____

Place name: _____

Place location: _____

This is _____'s (circle one) favorite or least favorite place in their neighborhood.

Physical description: This place consists of: _____

Day of week: _____

Time of day upon arrival: _____

Number of people observed: _____

Types of people observed: (e.g., children, babies, adults, teenagers, senior citizens) _____

Types of activities observed: _____

Time of day upon departure: _____

Have the activities observed changed since you arrived? If so, explain. _____

