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Did You Feel It? — Unknown Event

OMB No. 1028-0048

Expires 03/31/2012

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Your location when the earthquake occurred

Country:

Select your country.

Zip Code:

Input your 5-digit U.S. zip code.

Address:

(Optional) Street address. Used for geocoding to improve our analysis.

Time of Earthquake:

Local time. Example: 1/31/2008 9:00 AM or
Relative time. Example: 5 minutes ago

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Your situation when the earthquake occurred

Did you feel it : Yes No

If you were sleeping, did it wake you?

Physical Situation :

Select the option that best describes your physical situation during the earthquake.

Were you asleep :

Did others feel it :

Your best guess at what others nearby may have felt.

Your experience of the earthquake

Shaking Strength :

How would you best describe the shaking?

Shaking Duration :

About how many seconds did the shaking last?

Your Reaction :

How would you best describe your reaction?

Your Response :

How did you respond during the shaking?

Stand or Walk :

Was it difficult to stand and/or walk?

Earthquake Effects

Free-hanging objects :

Did you notice any swinging/swaying of doors or other free-hanging objects?

Sounds :

Did you hear creaking or other noises?

Shelved Objects :

Did objects rattle, topple over, or fall of shelves?

Hanging Pictures :

Did pictures on walls move or get knocked askew?

Furniture :

Did any furniture or appliances slide, topple over, or otherwise become displaced?

Large Appliances :

Was a heavy appliance (refrigerator or range) affected?

Walls/Fences :

Were free-standing walls or fences damaged?

Was there any damage to the building?

Check all that apply.

- No Damage
- Hairline cracks in walls
- A few large cracks in walls
- Many large cracks in walls
- Ceiling tiles or lighting fixtures fell
- Cracks in chimney
- One or several cracked windows
- Many windows cracked or some broken out
- Masonry fell from block or brick wall(s)
- Old chimney, major damage or fell down
- Modern chimney, major damage or fell down
- Outside wall(s) tilted over or collapsed completely
- Separation of porch, balcony, or other addition from building
- Building permanently shifted over foundation

Structure Description :

Please indicate the general type of structure you were in at the time of the earthquake and your approximate location within the structure. (eg. wood, brick, etc... basement, penthouse, etc...)

Contact Information (Optional)

Name :

Email :

Your email address.

Phone :

Your phone number.

Additional Comments

You may use this box to clarify answers or to make observations that are not accommodated by other questions. You may also give first-person descriptions of how the earthquake affected you. USGS scientists may use some of the information that you enter in qualitative descriptions of shaking or damage in USGS publications. You would be identified as "an observer" and your location would be given in general terms. Parts of some first-person accounts may be reproduced as quotations in USGS publications.

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