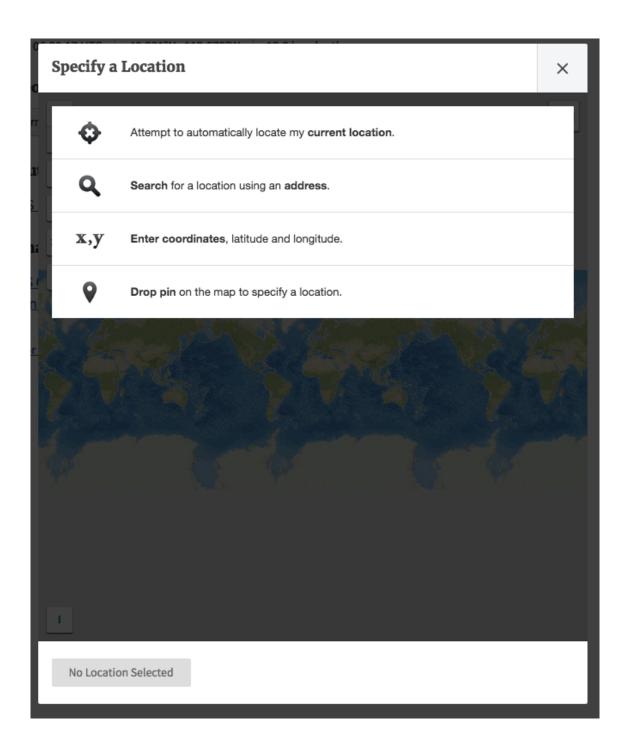
Did You Feel It? Earthquake Questionnaire Screenshots https://earthquake.usgs.gov/earthquakes/eventpage/us10009757#tellus

Felt Report - Tell Us!	OMB No. 1028-0048 Expires 05/31/2018
Your location when the earthquake occurred	
Choose Location	
Did you feel it?	
Yes	
○ No	
The remainder of this form is optional. Help make a shaking intensity map by telling us about location.	the shaking at your
What was your situation during the earthquake?	
O Not specified	
O Inside a building	
Outside a building	
O In a stopped vehicle	
O In a moving vehicle	
Other	
Please describe	
Were you asleep?	
O Not specified	
○ No	
○ Slept through it	
○ Woke up	



Did others nearby feel it?
○ Not specified
O No others felt it
O Some felt it, most did not
○ Most felt it
Everyone/almost everyone felt it
How would you describe the shaking?
O Not specified
○ Not felt
○ Weak
Mild
Moderate
Strong
○ Violent
How did you react?
O Not specified
O No reaction/not felt
O Very little reaction
Excitement
Somewhat frightened
O Very frightened
Extremely frightened

low o	lid you respond?
	Not specified
\bigcirc	Took no action
	Moved to doorway
	Dropped and covered
\bigcirc	Ran outside
\bigcirc	Other
	Please describe
as it	difficult to stand and/or walk?
\circ	Not specified
\bigcirc	No No
	Yes
id yo	ou notice any swinging of doors or other free-hanging objects?
	Not specified
	No No
\bigcirc	Yes, slight swinging
	Yes, violent swinging
oid yo	ou hear creaking or other noises?
oid yo	Not specified
oid yo	

Did objects rattle, topple over, or fall off shelves?
○ Not specified
○ No
Rattled slightly
Rattled loudly
A few toppled or fell off
Many fell off
Nearly everything fell off
Did pictures on walls move or get knocked askew?
○ Not specified
○ No
Yes, but did not fall
Yes, and some fell
Did any furniture or appliances slide, topple over, or become displaced?
○ Not specified
○ No
Yes
Was a heavy appliance (refrigerator or range) affected?
○ Not specified
○ No
Yes, some contents fell out
Yes, shifted by inches
Yes, shifted by a foot or more
Yes, overturned

Were free-standing walls or fences damaged?
O Not specified
○ No
Yes, some were cracked
Yes, some partially fell
Yes, some fell completely
Was there any damage to the building?
☐ 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
Additional Comments

Name		
Email		
_		
Phone		

Submit

Cancel

This form is subject to the Privacy Act of 1974.

Authority

The National Earthquake Hazards Reduction Program (NEHRP), 42 USC 7701.

Principal Purpose

The Earthquake Hazards Program provides rapid, authoritative information on earthquakes and their impact to emergency responders, governments, facilities managers and researchers across the country.

Routine Use

Used to allow users to report shaking intensity of earthquake events, to allow users to receive notifications of earthquake events, and to allow users to volunteer to have seismic instrumentation installed on their property.

Disclosure is Voluntary

If the individual does not furnish the information requested, there will be no adverse consequences. However, if you do not provide contact information we may be unable to contact you for additional information to verify your responses.

Privacy Act Statement

You are not required to provide your personal contact information in order to submit your survey. However, if you do not provide contact information, we may be unable to contact you for additional information to verify your responses. If you do provide contact information, this information will only be used to initiate follow-up communications with you. The records for this collection will be maintained in the appropriate Privacy Act System of Records identified as Earthquake Hazards Program Earthquake Information. (INTERIOR/USGS-2) published at 74 FR 34033 (July 14,2009).

Paperwork Reduction Act Statement

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq.) requires us to inform you that this information is being collected to supplement instrumental data and to promote public safety through better understanding of earthquakes. Response to this request is voluntary. Public reporting for this form is estimated to average 6 minutes per response, including the time for reviewing instructions and completing the form. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Comments regarding this collection of information should be directed to: Bureau Clearance Officer, U.S. Geological Survey, gs-info_collections@usgs.gov.