

**Did you feel it? Report an earthquake**  
<http://earthquake.usgs.gov/eqcenter/dyfi/form.php?scripts=enabled>

**Identifying information (optional):**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Your location when the earthquake occurred:**

**When did it occur?**

- Date of earthquake: \_\_\_\_\_
- Local time of earthquake: \_\_\_\_\_

**Where were you?**

- n<sup>o</sup>4 • What was your situation during the earthquake?
- If you were inside please select type of building:
- If other, please describe: \_\_\_\_\_
- Were you asleep during the earthquake?
- Did you feel the earthquake?  
(If you were asleep, did the earthquake wake you up?)
- Did others nearby feel the earthquake?

**Your experience:**

- How would you best describe the ground shaking?
- About how many seconds did the shaking last?
- How would you best describe your reaction?
- How did you respond?
- Was it difficult to stand or walk?

**Earthquake effects:**

- Swinging/swaying of doors or hanging objects? swinging displaced?
- Yes, violent swinging
- Creaking or other noises?
- Did objects rattle, topple over, or fall off shelves?
- Did pictures on walls move or get knocked askew?
- Did furniture or appliances slide, tip over, or become displaced?
- If you were inside, was there any damage to the building? Check all that apply.
- Was a heavy appliance (refrigerator or range) affected?
- Were free-standing walls or fences damaged?
- If you know the type of building (wood, brick, etc.) and/or your location (which story, basement, penthouse, etc.) please indicate here: \_\_\_\_\_

<input type="checkbox"/> No damage <input type="checkbox"/> Hairline cracks in walls <input type="checkbox"/> A few large cracks in walls <input type="checkbox"/> Many large cracks in walls <input type="checkbox"/> Ceiling tiles or lighting fixtures fell <input type="checkbox"/> Cracks in chimney <input type="checkbox"/> One or several cracked windows	<input type="checkbox"/> Many windows cracked or some broken out <input type="checkbox"/> Masonry fell from block or brick wall(s) <input type="checkbox"/> Old chimney, major damage or fell down <input type="checkbox"/> Modern chimney, major damage or fell down <input type="checkbox"/> Outside wall(s) tilted over or collapsed completely <input type="checkbox"/> Separation of porch, balcony, or other addition from building <input type="checkbox"/> Building permanently shifted over foundation
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**TASK-** Match the answers below to a question. Write the corresponding answer number in front of the questions above (as in the example). Then question your classmate and get an answer

- expl.
1. No building/ Single Family Home or Duplex/ Apartment/ Building/ Office Building/School /Mobile Home with Permanent Foundation /Trailer or Recr. Vehicle with No Foundation /Other
  2. No answer/Don't remember /No reaction/Not felt/ Very little reaction /Excitement /Somewhat frightened/ Very frightened /Extremely frightened
  3. No / Yes
  4. No answer /Inside /Outside /In stopped vehicle /In moving vehicle Other
  5. No answer/Did not look /No /Yes, slight swinging /Yes, violent swinging
  6. No answer/Did not pay attention /No/ Yes, slight noise /Yes, loud noise
  7. No answer/Did not try/ No /Yes
  8. No answer/Don't know/Nobody else nearby/ No others felt it /Some felt it, but most did not /Most others felt it, but some did not /Everyone or almost everyone felt it
  9. No answer/Don't remember/ Took no action /Moved to doorway /Dropped and covered /Ran outside /Other
  10. No answer/No furniture/ No /Yes
  11. No answer/No heavy appliance /No /Yes, some contents fell out /Yes, shifted by inches /Yes, shifted by a foot or more/ Yes, overturned
  12. No answer/No pictures/ No /Yes, but did not fall / Yes, and some fell
  13. No answer/No shelves/ No Rattled slightly /Rattled loudly /A few toppled or fell off /Many fell off/ Nearly everything fell off
  14. No answer/No walls /No/ Yes, some were cracked /Yes, some partially fell /Yes, some fell completely
  15. No description /Not felt /Weak /Mild /Moderate /Strong /Violent
  16. No Slept through it /Woke up

**HOMEWORK:** Use the form (questions) to write a report of your experience of an earthquake and/or prepare an oral report