

**FROM:**

**PLEASE RETURN TO:**

**THE EARTHQUAKE UNIT  
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UNIVERSITY OF THE WEST INDIES  
MONA, KINGSTON 7  
JAMAICA**

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## EARTHQUAKE REPORT FORM

This form is part of a study of the effects of the earthquake of ..... (date) which occurred at ..... (time). If you **did not** feel the earthquake **answer only** questions 1, 2 and 5, your information will still be useful. Return completed questionnaire to the address on back.

### WHERE WERE YOU

1. Where were you at the time of the earthquake?

Parish ..... Town/District .....

Street Address .....

Outdoors [ ] Indoors [ ] Stationary vehicle [ ] Moving vehicle [ ]

Other [ ] .....

**1. b)** *If indoors:* Which floor were you on? ..... Height (number of stories) .....

Function (house, school, church etc.) .....

Construction (brick, stone, wood etc.) .....

2. What were you doing?

Walking [ ] Standing [ ] Sitting [ ] Kneeling [ ] Lying down [ ] Sleeping [ ]

### EARTHQUAKE SHAKING AND SOUND

3. What best describes the shaking you felt?

No shaking [ ] Trembling [ ] Swaying [ ] Jerking motion [ ] Impact [ ]

Rolling motion [ ] Other [ ] .....

**3. b)** How strong was the shaking? Weak [ ] Moderate [ ] Strong [ ]

4. What best describes any sound you heard?

No sound [ ] Rumbling [ ] Roaring [ ] Explosion [ ]

Other [ ] .....

**4. b)** How loud was the sound? Faint [ ] Moderate [ ] Loud [ ]

### EFFECTS ON PEOPLE AND ANIMALS

5. What best describes what happened where you were (your house, neighbours)?

Nobody noticed [ ] One/Two people noticed [ ] Some, but not many noticed [ ]

Most people noticed [ ] Everyone noticed [ ] Only people indoors noticed [ ]

People upstairs notice, but not those on the ground floor [ ]

Don't know if others noticed or not [ ]

6. Did the earthquake cause you to...?

Lose balance [ ] have difficulty standing [ ] be thrown to the ground [ ]

7. (Only for earthquakes that happened at night) Did the earthquake wake you?

No [ ] Yes [ ] I was not asleep [ ]

**7. b)** Were other people where you were woken up?

No [ ] Yes, a few [ ] Yes, many [ ] Yes, most/ all [ ] Don't know [ ]

8. Were you frightened? No [ ] Yes [ ]
8. b) Did anyone run outdoors in fright where you were?  
 No [ ] Yes, a few [ ] Yes, many [ ] Yes, most/ all [ ] Don't know [ ]
9. Were any animals nearby frightened?  
 No [ ] Yes, pets [ ] Yes, farm animals [ ] Don't know [ ]

**EFFECTS ON OBJECTS, BUILDINGS ETC.**

10. Did any of the following things happen?

	No	Yes	Don't know
Windows/doors rattled	[ ]	[ ]	[ ]
Crockery, etc. rattled	[ ]	[ ]	[ ]
Hanging objects swung	[ ]	[ ]	[ ]
Pictures moved askew	[ ]	[ ]	[ ]
Small objects shifted or fell	[ ]	[ ]	[ ]
Books or similar objects shifted or fell	[ ]	[ ]	[ ]
Furniture shook visibly	[ ]	[ ]	[ ]
Furniture shifted out of place	[ ]	[ ]	[ ]
Furniture toppled over	[ ]	[ ]	[ ]
Pendulum clock stopped	[ ]	[ ]	[ ]
Plants shook	[ ]	[ ]	[ ]
Liquids splashed or spilled	[ ]	[ ]	[ ]

Please give details or state anything else you noticed

.....  
 .....

11. Was there any damage to the building(s) where you were?

No [ ] Yes [ ] Don't know [ ]

If yes, describe .....

12. Were there any effects on the natural surroundings where you were (e.g. landslides, cracks in the ground, effects on ponds or streams etc.)?

No [ ] Yes [ ] Don't know [ ]

If yes, describe .....

13. Have you any other observations of the earthquake that might be useful?

.....  
 .....