

## Building Occupant Questionnaire

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

### A. GENERAL INFORMATION

1. **Property Address:** \_\_\_\_\_
- Nearest Cross Street:** \_\_\_\_\_
- City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_
- Occupant Name:** \_\_\_\_\_
- Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### B. OBSERVATIONS

2. **Select the type of building or structure at this property: (✓ check one)**
- Single Family Home or Duplex
- Apartment Building
- Office Building/School
- Mobile Home with Permanent Foundation
- Other, please describe \_\_\_\_\_
3. **Were you at this property when the earthquake occurred?**
- Yes
- No – Where were you? \_\_\_\_\_
4. **What was your situation during the earthquake? (✓ check one)**
- Inside
- Outside
- In stopped vehicle
- In moving vehicle
- Other, please describe \_\_\_\_\_
5. **If you were in a building with more than one level, what level were you on? (✓ check one)**
- Basement
- First floor, main floor, or ground floor
- Second floor
- Third floor
- Roof
- Other, please describe \_\_\_\_\_

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### B. OBSERVATIONS (continued)

6. Were you asleep during the earthquake? (✓ check one)

- No
- Yes, slept through it
- Yes, woke up

7. Did you feel the earthquake? (✓ check one)

- No
- Yes

8. How would you best describe the ground shaking? (✓ check one)

- Not felt
- Weak
- Mild
- Moderate
- Strong
- Violent

9. About how many seconds did the shaking last? \_\_\_\_\_

10. How would you best describe your reaction? (✓ check one)

- Don't remember
- No reaction/Not felt
- Very little reaction
- Excitement
- Somewhat frightened
- Very frightened
- Extremely frightened

11. How did you respond? (✓ check one)

- Don't remember
- Took no action
- Moved to doorway
- Ducked and covered
- Ran outside
- Other, please describe: \_\_\_\_\_

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### B. OBSERVATIONS (continued)

12. Was it difficult to stand or walk? (✓ check one)

- Did not try
- No
- Yes

13. Did you notice the swinging/swaying of doors or hanging objects? (✓ check one)

- Did not look
- No
- Yes, slight swinging
- Yes, violent swinging

14. Did you notice creaking or other noises? (✓ check one)

- Did not pay attention
- No
- Yes, slight noise
- Yes, loud noise

15. Did small objects (vases, books, statues, etc) objects rattle, topple over, or fall off shelves? (✓ check one)

- No Shelves
- No
- Rattled slightly
- Rattled loudly
- A few toppled or fell off
- Many fell off
- Nearly everything fell off

16. Did pictures on walls move or get knocked askew? (✓ check one)

- No pictures
- No
- Yes, but did not fall
- Yes, and some fell

17. Did any furniture or appliances slide, tip over, or become displaced? (✓ check one)

- No furniture
- No
- Yes

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### B. OBSERVATIONS (continued)

18. Was heavy appliance (refrigerator or range) affected? (✓ check one)

- No heavy appliance
- No
- Yes, some contents fell out
- Yes, shifted by inches
- Yes, shifted by a foot or more
- Yes, overturned

19. Were freestanding walls or fences damaged? (✓ check all that apply)

- No freestanding walls or fences at this property
- No
- Yes, some were cracked
- Yes, some partially fell
- Yes, some fell completely

20. If you were at this property, did you immediately observe 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
- Water heater (damaged or toppling)

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### B. OBSERVATIONS (continued)

21. Do you know of any broken water mains in the area? (✓ check one)

No

Yes, please describe location \_\_\_\_\_

22. Do you know of any ground cracks or fissures in the area? (✓ check one)

No

Yes, please describe location \_\_\_\_\_

23. Any repairs made since the earthquake (✓ check one)

No

Yes, please describe location \_\_\_\_\_

24. Any other observations:

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