

COMPARISON OF MACROSEISMIC QUESTIONNAIRES USED IN VAN NOTEN ET AL. (2017), Solid Earth, 8, 453-477.

Nr.	Questions	Possible answers	ROB-BNS	BCSF	KNMI	NRW-GD	BGS	EMSC	USGS
1	Date and Time		yes	yes	yes	yes	yes	yes	yes
2	Street, Address		yes	yes	yes	yes	yes	yes	yes
3	Zip code, City, Country		yes	yes	yes	yes	yes	yes	yes
PERSON'S SITUATION WHEN THE EARTHQUAKE OCCURRED									
4	How many times have you felt an earthquake ?	1st, few times, often	no	no	no	no	no	yes	no
5	What was your situation during the earthquake?	No answer / Inside / Outside / In a stopped vehicle / In a moving vehicle / other	yes	yes (less precise)	yes	yes	yes	yes	yes
6	What was your situation during the earthquake?	church tower / electricity mast / scaffolding	no	no	no	yes	no	no	no
7	If you were inside, please select the type of building or structure	No building, Family home, Apartment building, Office building/school, Mobile Home with permanent foundation / Trailer without foundation	yes	yes	yes	partly	yes	no	no
8	At what floor where you?	Inside / Outside / Groundfloor / Floor number	yes	<2, 2/3, 3/4, >=5	yes	yes*	0,1,2,3,4-8,>8	yes	no
9	Type (wood, brick, etc.) of the building	wood / brick / concrete / loam / ...	yes	yes	yes	yes	Yes	no	no
10	Height (in floors) of the building	specify	yes	yes	yes	no	no	no	no
11	Type of activity during event	Standing, sitting, lying, walking, kneeling, sleeping	no	yes	no	yes	yes	yes	no
12	Swinging effect of the respondent	Standing up, swaying, fell	no	yes	no	yes	no	yes	no
PERCEPTION OF THE EARTHQUAKE									
13	Did you feel the earthquake?	no / yes	yes	yes	yes	no**	yes	yes	yes
14	Were you asleep during the earthquake?	no / yes, didn't get up / yes, did get up	yes	yes	yes	yes	yes	yes	yes
15	What best describes any sound you heard?	no sound / rumblinb / roaring / explosion	no	yes	no	yes	yes	yes	no
16	Did you hear a noise? How loud ?	no / yes, slight, loud noise	yes	yes	no	yes*	yes	yes	yes
17	Did you hear church bells ?	no / yes	no	no	no	yes	no	yes	no
18	Did other persons nearby feel the earthquake?	I don't know, nobody nearby/some felt it, others not/most felt it, others not/(almost) everyone felt it	yes	no	yes	yes	yes	yes	yes
19	Have you felt shocks before or after, if so how long/many	Specify	no	YES (last case observations)	no	yes	no	no	no
YOUR EXPERIENCE OF THE EARTHQUAKE									
20	How would you best describe the ground shaking?	weak / mild / moderate / strong / violent	yes	yes	yes	yes*	yes	yes	yes
21	How would you describe the earthquake shaking	vibrating / trembling / swaying / impact / rolling	no	yes	no	yes	yes	yes	no
22	About how many seconds did the shaking last?	Specify	yes	no	yes	yes	no	no	no
23	How would you best describe your reaction?	no reaction / very little reaction / excitement / (somewhat, very, extreme) frightened	yes	yes	yes	yes*	yes	yes	yes
24	How did you respond?	No action / moved / cover / ran outside	yes	yes	yes	yes*	yes	no	yes
25	Was it difficult to stand or walk?	no / yes (difficult, fallen, forcibly thrown)	yes	yes	yes	yes*	no	no	yes

Nr.	Questions	Possible answers	ROB-BNS	BCSF	KNMI	NRW-GD	BGS	EMSC	USGS
EARTHQUAKE EFFECTS ON FURNATURE AND BUILDING									
26	Did you notice the swinging or swaying of doors, windows or free-hanging objects?	No answer, did not look / yes (slight/violent swinging)	yes	yes (only objects)	yes	yes, only checkbox	yes	yes	yes
27	Did you notice creaking or other noises?	No answer, paid no attention / yes (slight/loud noise)	yes	yes	yes	yes, only checkbox	no	no	yes
28	Did objects rattle, topple over, or fall off shelves?	No answer, no shelves / Yes: slight/ loud rattle - few toppled - few/many/everything fell off	yes	yes	yes	Yes, only checkbox	yes	yes	yes
29	Did pictures on walls move or get knocked askew?	No answer, no furniture / no / yes	yes	yes	yes	yes	yes	yes	yes
30	Did any furniture or appliances slide, tip over, or become displaced?	No answer, no heavy appliance / no / yes, some contents fell, shifted few cm, shifted a foot (30 cm), overturned	yes	yes	yes	yes, only checkbox	yes	yes	yes
31	Was a heavy appliance (refrigerator or range) affected?	No answer, no furniture / no / yes	yes	yes	yes	no	yes	no	yes
32	Moving liquids, oscillation / overflow of liquids in bowls?	no / yes / don't know	no	yes	no	yes	yes	yes	no
33	Did trees / bushes swing ?	no / yes / don't know	no	no	no	yes	yes	yes	no
34	Were free-standing walls or fences damaged?	No answer, no walls / no / yes, some were cracked/partially fell/completely fell	yes	no	yes	no	no	no	yes
35	If you were inside, was there any damage to the building? Check all that apply: <i>No damage</i> <i>Hairline cracks in walls</i> <i>A few large cracks in walls</i> <i>Many large cracks in walls</i> <i>Ceiling tiles or lighting fixtures fell</i> <i>Cracks in chimney</i> <i>One or several cracked windows</i> <i>Many windows cracked or some broken out</i> <i>Masonry fell from block or brick wall(s)</i> <i>Old chimney, major damage or fell down</i> <i>Modern chimney, major damage or fell down</i> <i>Outside wall(s) tilted over or collapsed completely</i> <i>Separation of porch, balcony, or other addition from building</i> <i>Building shifted over foundation</i>		yes	no	yes	no	yes	yes	yes
			yes	yes (+ quantity)	yes	Yes, only checkbox	yes	not specified	yes
			yes	yes	yes		yes		yes
			yes	yes	yes		yes		yes
			yes	yes	yes		no		yes
			yes	yes	yes	yes	yes		yes
			yes	no	yes	yes	yes		yes
			yes	yes	yes	yes	yes		yes
			yes	yes (+ quantity)	yes	no	yes		yes
			yes	yes, but without age distinction	yes	Yes, no age distinction	Yes, no age distinction		yes
			yes	yes (+ quantity)	yes	no	no		yes
			yes	no	yes	no	no		yes
			yes	no	yes	no	no		Yes
36	Did the roof collapse?	Total / part (quantity)	no	yes	no	yes	House partly or completely collapsed ?	no	no
	Did any poles or storeys collapse?	yes / no	no	yes	no	no		no	no
	Cracks at joints, poles, wall corners?	specify	no	yes	no	no		no	no
	Did parts of walls or the facade collapse?	yes / no	no	yes	no	no		no	no

Nr.	Questions	Possible answers	ROB-BNS	BCSF	KNMI	NRW-GD	BGS	EMSC	USGS
ENVIRONMENTAL EARTHQUAKE EFFECTS									
37	Environmental effects	Ground cracking / landslided /waving ground movement	no	no	no	yes	yes	yes	no
38	Unusual animal behaviour	No/Yes, pets, farms animals, no animals nearby	no	no	no	yes	yes	yes	no
Are THUMBNAILS provided?			no	yes	no	no	no	yes	no
Type of intensity maps?	Intensity map based on individual coordinates		no*	no*	n/a	yes*	no*	yes*	no*
	Zip code map		yes	yes	yes	no	yes	yes	yes
	Geocoded "boxes" maps		yes	no	no	no	no	no	yes
	Nearest city maps		no	no	no	no	no	yes	yes

UPDATE (2017-04-12):

yes*

Cells with asterisk are updated after additional input by NRW-GD after final publication of our paper in Solid Earth (2017-04-07).

UPDATE (2017-04-12):

no**

NRW-GD encourages people to fill in the questionnaire if the earthquake was not felt. The specific question "have you felt it" is not present.