

QUESTIONNAIRE FORM

Please fill out and return to

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- (1) The "Map of U.S. Tornadoes during the past 25 Years," colored by intensity, mountains, cities, etc., will become available in April 1976. The map will be distributed free of charge. If you wish to receive a copy, please check one.
- I will send you postage stamps later.  
 I am enclosing 30 cents in postage stamps now.

(2) Name: Mr, Ms \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address \_\_\_\_\_ ZIP \_\_\_\_\_

(3) In general, I believe maximum windspeeds of U.S. tornadoes to be (please circle one)  
50 100 150 200 250 300 350 400 450 500 600 700 800 900 1000 mph

(4) Please state your basis for this estimate. \_\_\_\_\_  
\_\_\_\_\_

(5) Have you ever seen or experienced an actual tornado?  Yes,  No.  
If "Yes", please give information as much as possible.

	Where	Time	Day Mo. Yr.	Distance away	How was it
1st experience				miles	
2nd experience				miles	
3rd experience				miles	

If more than three, please use the back side.

(6) We would like to use movies to learn more about tornadoes. Do you know anyone who took a movie, 8mm or 16mm, of actual tornadoes?  Yes,  No.  
If "Yes", please indicate.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
Address \_\_\_\_\_

----- FOLLOWING QUESTIONS APPLY TO APRIL 3-4, 1974 TORNADOES ONLY -----

(A) Do you know if light objects (checks, papers, etc.) were found in your area?  
What were the objects? \_\_\_\_\_  
Where were they found? \_\_\_\_\_  
Where did they come from? \_\_\_\_\_

(B) Were you in or near the tornado?  Yes,  No. If "Yes", my location was \_\_\_\_\_  
(example: 3 miles southwest of Xenia)

WHEN I WAS IN	I	THEN I	I WAS	STRUCTURE I WAS IN WAS
<input type="checkbox"/> Business Bldg.	<input type="checkbox"/> heard warning	<input type="checkbox"/> rushed to basement	<input type="checkbox"/> not inj.	<input type="checkbox"/> not damaged
<input type="checkbox"/> Brick house	<input type="checkbox"/> saw funnel	<input type="checkbox"/> went to shelter	<input type="checkbox"/> injured	<input type="checkbox"/> damaged
<input type="checkbox"/> Frame house	<input type="checkbox"/> heard sound	<input type="checkbox"/> drove away	(explain)	(explain)
<input type="checkbox"/> Mobile home	<input type="checkbox"/> smelled _____	<input type="checkbox"/> opened windows	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____

(C) ● How far were you from the path of the tornado center? (Please circle one)  
at the center 1/4 1/2 1 2 3 4 5 6 7 8 9 10 miles away

● My ears  popped,  did not pop. ● The sound I heard was  loud,  weak,  none.  
◆ If you know "unusual stories", please write on the back of this sheet.

(D) Do you want to receive the result of these surveys?  Yes,  No.  
If "yes" we will send you a report when completed.

Thank you very much, in advance, for your effort.

*T. Theodore Fujita*