

# Questionnaire

Date \_\_\_\_\_

## Nature of Paranormal Activity (Brief description of what is occurring)


## Specific Activity

<b>Auditory Events</b> (Explain in details)	Details
<input type="checkbox"/> Voices	
<input type="checkbox"/> Calling of a name(s)	
<input type="checkbox"/> Footsteps	
<input type="checkbox"/> Strange sounds or growling	
<input type="checkbox"/> Tapping or knocking	
<input type="checkbox"/> Conversations with spirit(s)	
<input type="checkbox"/> Other	
<b>Physical Events</b> (Explain in details)	Details
<input type="checkbox"/> Being touched, shoved, or grabbed	
<input type="checkbox"/> Tugging on clothing	
<input type="checkbox"/> Hair on arms or neck standing on end	
<input type="checkbox"/> Hot or cold spots	
<input type="checkbox"/> Objects moving without apparent cause	
<input type="checkbox"/> Unexplained odors	
<input type="checkbox"/> Appliances turning on or off	
<input type="checkbox"/> Doors or windows opening/closing	
<input type="checkbox"/> Other	

<b>Visual Events</b> (Explain in details)		Details
<input type="checkbox"/>	Apparitions	
<input type="checkbox"/>	Smoky or misty forms	
<input type="checkbox"/>	Shadow figures	
<input type="checkbox"/>	Unexplained lights	
<input type="checkbox"/>	Orbs	
<input type="checkbox"/>	Corner of the eye glimpses	
<input type="checkbox"/>	Other	
<b>Emotional Events</b> (Explain in details)		Details
<input type="checkbox"/>	Intense random thoughts	
<input type="checkbox"/>	Feeling of being watched or followed	
<input type="checkbox"/>	Mood changes (especially in one room)	
<input type="checkbox"/>	Unexplained stress or anxiety	
<input type="checkbox"/>	Unexplained feelings of joy or anger	
<input type="checkbox"/>	Recent anniversary of a significant event	
<input type="checkbox"/>	Other	

## Historical Data

### Residence and Occupant Background

Date Built (If known)		Previous occupants (If known)	
Is there a history of paranormal activity at the residence?	<input type="checkbox"/>	Yes	If Yes, explain:
	<input type="checkbox"/>	No	
Is there documentation of previous paranormal accounts (newspaper clippings, occupant testimony, etc.)?	<input type="checkbox"/>	Yes	If Yes, explain (attach a copy if possible):
	<input type="checkbox"/>	No	
Any accounts of paranormal activity in the current occupant's previous address?	<input type="checkbox"/>	Yes	If Yes, explain:
	<input type="checkbox"/>	No	
Any known issues with electrical power, heating or cooling systems, or plumbing at the residence?	<input type="checkbox"/>	Yes	If Yes, explain:
	<input type="checkbox"/>	No	
Any known problems with any appliances or electronic equipment at the residence (refrigerator, TV, etc.)?	<input type="checkbox"/>	Yes	If Yes, explain:
	<input type="checkbox"/>	No	
Any history of hoaxing by an occupant or person known to the occupants?	<input type="checkbox"/>	Yes	If Yes, explain:
	<input type="checkbox"/>	No	

## Property Background

Did any significant historic event take place on or near the property?	Yes	If Yes, explain:
	No	
Is there a history of paranormal activity in the vicinity?	Yes	If Yes, explain:
	No	
Is there documentation of previous paranormal accounts (newspaper clippings, etc.)?	Yes	If Yes, explain (attach a copy if possible):
	No	
Does the property reside near a significant man-made structure (high voltage power lines, electrical substation, water pumping station, microwave/radio/cell tower, railroad tracks, cemetery, funeral home, Native American burial grounds, etc.)?	Yes	If Yes, explain:
	No	
Does the property reside near a major natural feature (creek, river, lake, rock formation, forest, etc.)?	Yes	If Yes, explain:
	No	

## Pet Information (List all pets residing at the residence)

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1. Length of residency at location \_\_\_\_\_
  2. Age of site \_\_\_\_\_
  3. History of site (tragedies, deaths, previous complaints, etc.) \_\_\_\_\_
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4. Number of rooms at site \_\_\_\_\_
  5. Has the site been cleansed, blessed or exorcised? \_\_\_\_\_

6. Has there been any recent remodeling or redecorating? \_\_\_\_\_  
\_\_\_\_\_
7. Any occupants interested in or practicing the occult? (Ouija boards, séances, voodoo, cards, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
8. Any prior investigations conducted? \_\_\_\_\_
9. Has there been any media involvement? \_\_\_\_\_
10. Other witnesses besides occupants \_\_\_\_\_  
\_\_\_\_\_
11. When did the activity begin? \_\_\_\_\_  
\_\_\_\_\_
12. Does paranormal activity tend to occur at certain times of the day or night?  
\_\_\_\_\_
13. Have there been any problems with plumbing? (leaks, flooding, sinks, toilets)  
\_\_\_\_\_
14. Have any occupants had trouble sleeping or been having nightmares? \_\_\_\_\_  
\_\_\_\_\_
15. Any pets affected? \_\_\_\_\_
16. Do any occupants feel frightened or threatened? \_\_\_\_\_  
\_\_\_\_\_
17. What do occupants believe is occurring? \_\_\_\_\_  
\_\_\_\_\_

Additional notes, please include any details of recent changes in health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*THE FOLLOWING QUESTIONS ARE OPTIONAL AND WILL NOT BE SHARED UNLESS CONSENT IS EXPRESSLY GIVEN TO DO SO. Please specify which of the following may be made publically available. If none, please write "NONE" \_\_\_\_\_**

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**18. Occupants' names and ages \_\_\_\_\_**

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**19. Physical address of site \_\_\_\_\_**

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**20. Telephone numbers \_\_\_\_\_**

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**21. E-mail address \_\_\_\_\_**

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**22. Any occupants taking medication(s)? \_\_\_\_\_**

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**23. Any occupants using illegal substances? \_\_\_\_\_**

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**24. Any occupants drinking alcohol heavily? \_\_\_\_\_**

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**25. Any occupants currently under psychiatric/psychological care? \_\_\_\_\_**

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**26. Occupants' professions/type of work \_\_\_\_\_**

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**27. Occupants' religious/spiritual beliefs \_\_\_\_\_**

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