

PARANORMAL PRE-INVESTIGATION QUESTIONNAIRE

All Location Questions

1. Address: _____

2. How old is the location? _____
3. Was anything on this location prior to the current building? _____
4. How many previous owners have there been? _____
5. Have any known deaths or tragedies occurred at this location? If so please describe. _____

6. Have there been any odors (perfumes, flowers, sulfur, smoke, excrement)? If so please describe.

7. Have there been any sounds heard such as footsteps, knocks, banging? When, where, and by who?

8. Have there been any voices heard (whispering, yelling, crying, speaking)? When, where, and by who? If so please describe. _____

9. Has there been any movement of objects? If so please describe. _____

10. Have there been any uncommon cold or hot spots? Where, when, and how often do they occur?

11. Have there been any unexplained problems with electrical appliances such as TVs, lights, kitchen appliances, doorbells? If so please describe. _____

12. Have there been any unexplained problems with plumbing (leaks, flooding, sinks, toilet bowls): If so please describe. _____

13. Has anyone been physically touched? If so please describe. _____

14. How many rooms are in the location? List each room (include bathrooms and storage closets)?

15. Has there been any recent (within the last year) remodeling? If so please describe.

16. Has the location been blessed? If so, when. _____

17. Who has witnessed the possible paranormal activity? _____

18. When was the first occurrence of the paranormal activity? _____

19. Who first witnessed the paranormal activity? _____

20. What were the reactions during the paranormal activity? _____

21. How often does the paranormal activity occur? _____

22. Is there any certain time of day/night the activity is greater than others? _____

23. Does anyone smoke in the building? _____

24. How long are the durations of the paranormal activity? _____

25. Do the occupants feel threatened by what is happening? _____

26. Why do the occupants believe the occurrences to be paranormal in nature? _____

27. Have there been any other witnesses to any of the paranormal activity? List the names, relations, and what they witnessed. _____

28. What do the occupants how to gain by having this investigation conducted? _____

Residence Questions

29. How many occupants live at location? _____
30. List the names and ages of all occupants' names: _____

31. List the occupations of all occupants: _____

32. What are the religious beliefs of the occupants? _____

33. How long have the occupants lived at this location? _____

34. Are any of the occupants on medication? Please list the names and the reasons: _____

35. Do any occupants use illegal drugs? List the names and frequency of use: _____

36. Do any occupants drink alcohol heavily? _____

37. Have any of the occupants used an Ouija board? _____
38. Are any occupants currently seeing a psychiatrist? If so, what is the reason? _____

39. Are any occupants having nightmares or trouble sleeping? If so please describe. _____

40. Are there any pets? Please list the type and names of each. _____

41. Have pets been affected by the activity? If so, which ones and how? _____

Additional Comments:
