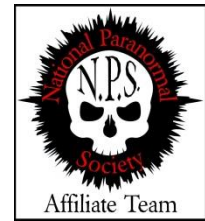


Client Questionnaire

All information contained in this form will be kept strictly confidential.



Case #: _____

Date of Initial Contact: ____/____/____ Date of Interview: ____/____/____

Initial contact made by: _____ phone e-mail

Investigators Conducting/Present During Interview: _____

***** Location Information *****

(All information on this form will be kept confidential unless permission granted by interviewee(s) to release information publicly.)

Name(s) of Client: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail address: _____

***** Occupant Information *****

Names, gender, and birth date of occupants (add additional to back of sheet or attach):

1. _____ M F DOB: ____/____/____
2. _____ M F DOB: ____/____/____
3. _____ M F DOB: ____/____/____
4. _____ M F DOB: ____/____/____
5. _____ M F DOB: ____/____/____
6. _____ M F DOB: ____/____/____
7. _____ M F DOB: ____/____/____
8. _____ M F DOB: ____/____/____
9. _____ M F DOB: ____/____/____
10. _____ M F DOB: ____/____/____

Time at residence: _____ Number of bedrooms: _____

Religion: _____ All baptized: Yes No

Have any of occupants encountered any of the following? (Check all that apply):

- Voices (whispering, yelling, crying)
- Name(s) called from no apparent source
- Children report seeing someone who isn't there
- Smells/odors (such as perfumes, flowers, sulfur, ammonia, excrement, etc.)
- Physical contact/being touched (shoulder, arm, hair, etc.) or tugging of clothes
- Shadows
- Apparitions (specific time of day/place?)
- Unexplained lights
- Orbs
- Smoky forms/mists/fog
- Sudden unexplained breezes
- Hair on arms and neck standing on end
- Strong random thoughts
- Strong feelings of being watched/followed
- Cold or hot spots
- Recent death of loved one
- Recent anniversary of loved one's death, birthday, anniversary, etc.
- Tapping or knockings
- Footsteps or other unexplained noises
- Mood changes, especially in one room
- Conversations with spirits
- Door(s) opening/closing
- Moving/disappearing/rearranged objects
- Furniture rearranged
- Movement out of the corner of your eye
- Electrical disturbances (frequent light bulb, burnouts, etc.)
- Appliances on/off
- Puberty of family member or emotional stress of adolescents in area
- Renovations in location
- Problems with appliances (TV, radio/stereo, computer/laptop, clock/clock radio, microwave, lights, doorbell, etc.)
- Problems with plumbing

NOTES: _____

Have you previously enlisted the help of any other individuals, teams, etc? If so, please explain:

What is it you hope to achieve with the help of our team?

By signing below I/we understand that the information given in this questionnaire is true and accurate to the best of our knowledge. I/we also understand that this information will be used by the team to conduct their investigation. I/we give permission to the team to conduct a paranormal investigation of our property.

Client's Printed Name

Client's Signature

Today's Date
