

NPS – Endeavor Project Intake Form

Date: _____

Personal Information

Age: _____ Year of Birth: _____ Gender: Male Female
Race: African American Caucasian Latino Native American Asian
City: _____ State: _____ Zip code: _____
Highest level of education completed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Diploma | <input type="checkbox"/> Bachelors Degree |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> G.E.D. Vocational/Trade | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> School Certificate | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> High School | <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Other |

Health Information

Please answer the following questions using: 5 – Excellent, 4 – Good, 3 – Average, 2 – Poor, 1 – Failing

_____ How would you currently rate your physical health?

_____ How would you currently rate your mental health?

_____ How would you currently rate your spiritual health?

Medical Information

Do you now have, or have you had in the past, any of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Sleep Disorder |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Serious Accident |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Epilepsy Seizures | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Currently under the care of a Doctor or other medical health professional |
| <input type="checkbox"/> Digestive Disorders | <input type="checkbox"/> Urinary Disorders | <input type="checkbox"/> Currently taking any prescription medications |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Currently taking any counter medications, vitamins, or herbal supplements |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Thyroid Disorder | <input type="checkbox"/> Currently exercise |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Multiple Sclerosis | |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Chronic Fatigue Syndrome | |
| <input type="checkbox"/> Immune System Problems | <input type="checkbox"/> Fibromyalgia | |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Miscarriage | |



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Please indicate substances currently used (over the past 6 months):

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Caffeine | <input type="checkbox"/> Cocaine/Crack | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin | <input type="checkbox"/> Tranquilizers |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> Sleeping Pills |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> PCP/LSD/Mushrooms | <input type="checkbox"/> Diet Pills |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Pain Killers | |

Mental Health Information

- Have you ever been in counseling/therapy before?
- Are you currently receiving mental health services?
- Have you ever been hospitalized for mental health concerns?
- Have you ever been diagnosed with a mental illness?
- Has anyone in your family ever been diagnosed with a mental illness?
- Have you ever or are you currently engaging in self harm?
- Have you ever or are you currently contemplating suicide?
- Have you ever or are you currently contemplating harming another person?
- Have you ever attempted suicide?
- Has anyone in your family ever attempted suicide?
- Has anyone in your family ever completed suicide?
- Has anyone else in your life ever attempted?
- Do you currently or have you ever had trouble sleeping?
- Do you currently or have you ever had problems with eating or with food?

Please indicate if you have experienced any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Have you ever experienced the death of a family member or a close friend? |
| <input type="checkbox"/> Legal Problems | <input type="checkbox"/> Neglect | <input type="checkbox"/> Have you ever served in the military? |
| <input type="checkbox"/> Physical Abuse
Frequent/Multiple | <input type="checkbox"/> Lived over-seas | <input type="checkbox"/> Have you ever been the victim of a violent crime? |
| <input type="checkbox"/> Moves | <input type="checkbox"/> Substance Abuse | |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> PTSD | |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Serious Illness | |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Discrimination | |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Accident or Injury | |

NPS – Endeavor Project Intake Form

Spiritual Information

- Have you ever or do you currently engage in a personal faith practice?
- Have you ever, or do you currently belong to a faith community (church, synagogue, temple, religious order, etc.)?

Which Faith(s):

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Tribal Religions | <input type="checkbox"/> Jainism |
| <input type="checkbox"/> Islam | <input type="checkbox"/> Sikhism | <input type="checkbox"/> Shinto |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Judaism | <input type="checkbox"/> Zoroastrianism |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Shamanists | <input type="checkbox"/> Pagan |
| <input type="checkbox"/> Atheists | <input type="checkbox"/> Spiritism | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Chinese Folk | <input type="checkbox"/> Confucianism | <input type="checkbox"/> Other |
| <input type="checkbox"/> New Asian | <input type="checkbox"/> Baha'i Faith | |

Property Information

Address: _____

City: _____ State: _____ Zip code: _____

Longitude: _____ Latitude: _____

Property Use: Residential Commercial Agricultural

Residential:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Triplex | <input type="checkbox"/> Bi-Level |
| <input type="checkbox"/> Apartment 4 – 8 units | <input type="checkbox"/> Tri-Level | <input type="checkbox"/> Apartment 9 + |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Condominium | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> Manufactured Home | | |

Commercial:

- | | |
|--|---|
| <input type="checkbox"/> Merchandising | <input type="checkbox"/> Special Purpose/Religious/School |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Warehouse Storage |
| <input type="checkbox"/> Offices | <input type="checkbox"/> Multi-Use |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Commercial Condo |

Agricultural:

- | | |
|---|---|
| <input type="checkbox"/> Farm / Ranch Residential | <input type="checkbox"/> Supply |
| <input type="checkbox"/> All Other | <input type="checkbox"/> Developed or Undeveloped |

Historical Landmark

Cemetery

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Acres: _____

Number of Buildings on Property: _____

Year Built: _____

Heated Square Feet: _____

Total Rooms: _____

Bedrooms: _____

Bathrooms: _____

Latitude & Longitude link: <http://mynasadata.larc.nasa.gov/latitudelongitude-finder/>

Topo map link from USGS Store:

[http://store.usgs.gov/b2c_usgs/usgs/maplocator/\(ctype=areaDetails&xcm=r3standardpitrex_prd&carearea=%24ROOT&layout=6_1_61_48&uiarea=2\)/.do](http://store.usgs.gov/b2c_usgs/usgs/maplocator/(ctype=areaDetails&xcm=r3standardpitrex_prd&carearea=%24ROOT&layout=6_1_61_48&uiarea=2)/.do)

Other Related Property Information

Electrical Utility Services: Overhead Underground

Aquifer Local Industry Railroad

Orientation, relationship of above to property: _____

Building orientation, cardinal directions: _____

Orientation at location of specific events: _____

Local thoroughfares – orientation to property and level of traffic: _____

Note local airfields and flight pattern(s) if available: _____

If possible, not broadcast locations for police, fire, etc.: _____

Note thunderstorms within 50 miles: _____

Construction materials: _____

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Environmental Information

Date of investigation: _____

Beginning time of investigation: _____ AM / PM End time of investigation: _____ AM / PM

Weather Underground link: <http://www.wunderground.com/>

Temperature: Actual Mean: _____
 Actual Max: _____
 Actual Minimum: _____

Moisture: Dew Point: _____

Humidity: Actual: _____
 Max: _____
 Minimum: _____

Precipitation: Actual Precipitation: _____

Snow: Actual Snow: _____

Sea Level Pressure: Actual Pressure: _____

Wind: Wind Speed: _____
 Max Wind Speed: _____
 Max Gust Speed: _____
 Visibility: _____

Barometric Pressure: Beginning: _____
 End: _____

Notes: _____

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Paranormal Equipment List (including manufacturers)
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Audio:

Digital Audio Recorder/Live EVP analysis: Sony, Samsung, Olympus, Tascam, Zoom, AGPtek, Paranologies

Spirit Box: ITC Research and Shack Hacks (note: not actually brand name but the name given to home created Spirit boxes also called Frank's box)

Ovilus/Electromagnetically manipulating word banks: ITC Research

Miscellaneous Audio Equipment: StereoPod Dual from Paranologies, Walkie Talkies, and Baby Monitors

Note: Not listed, but for the Spirit boxes typically any external speaker will work, also any external microphone would work with audio recorders.

Video:

Mobile Digital Video cameras: Sony, Samsung, Canon, Vivitar, Panasonic, JVC, Paranologies, FLIR, Cleveland Paranormal Supply co.

Mobile Digital Still Cameras: Panasonic, Polaroid, Nikon, Canon, Fujifilm

Stationary Video Camera systems (DVR): Defender, Foscam, Q-See, Lorex, Swann, Paranologies

Stationary Still Camera (game cameras): Browning, Bushnell, Simmons, Moultrie

Misc: power cords, power strips, batteries, SD cards, mini disks

Sensors/Meters:

EMF: Trifield, Alternative Tech International, KII, Sper Scientific, Extech Instruments, Mel

Temperature: Nubee, HDE, BAFX,

Vibration/Static Field: E-pod, NightFire Electronics

Motion/Shadow detection: Skylink, Mac, Honeywell, Leviton, GE, MEL-8704R

Misc: Ambient Weather, Vivaex (laser grid pointer), flashlights

Occult/Misc:

Spirit Communication: Ouija Board (Hasbro Games), Divining Rods(C. Green)

Misc: due to the nature of this section I will instead be putting the product name and listing the website I went to find said items. [<http://blessedbe.cc>] and [<http://www.llewellyn.com>]

Runes, Tarot cards, Pendulums, Magick Artifacts, Smudge Sticks/Incense, Crystals/gems/stones, and candles.

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Equipment Resources (website links)

[Ghost Stop](#)

[Dark Matter Technology](#)

[Ghost Hunter Store](#)

[Einstein Tablet](#)

[Less EMF](#)

[Pro Measure](#)

[Ghost Hunters Equipment](#)

[Edmund Scientifics](#)

[Ghost Outlet](#)

[DigiKey](#)

[Catch a Ghost Paranormal Equipment](#)

[Newark](#)

[Cleveland Paranormal Supply Co.](#)

[Stormwise](#)

Equipment Resources (Facebook links)

[Paranormal Equipment Buy - Sell – Trade, Texas Edition](#)

[Paranologies: Specialized - Paranormal - Technology](#)

[Paranormal Investigations Equipment](#)

[Paranormal Equipment - Buy Sell Trade](#)

[Paranormal Garage Sales](#)

[Paranormal Equipment for Sale & Trade](#)

[Paranormal Equipment Exchange Center](#)

[Dark Matter Technology, LLC](#)

[Android Entity Sensor](#)

[Ghost Stop](#)

[Catch a Ghost Paranormal Equipment](#)

*** Need to include: mediums, psychics, empaths, etc.