

Home Investigation Questionnaire: (Please answer the best you can) Let us know what you are experiencing and approximately for how long? (If you have experience things not listed, please let us know.) Our form is mandatory, and home investigation services upon completion of this form and an interview are free if we determine our services can be of value for your needs.

Do you have any of these experiences?

- 1) Cold spots.
- 2) Electrical disturbances, such as flickering lights and radios turning off and on.
- 3) Movement of physical objects, such as doors.
- 4) Items missing or moved.
- 5) Water turning off and on.
- 6) Goosebumps, chills, the feeling that you are being watched, or touched.
- 7) Sounds, such as footsteps, music, voices, whispers, rapping, banging, something being dropped, etc.
- 8) Balls or orbs of light that appear and float around.
- 9) Shadows moving about a room or in the corner of one's eye.
- 10) Odd behavior from a pet. Animals are very in tune with spirits around them.
- 11) Unexplained or known fragrances of the deceased.
- 12) Levitating objects.
- 13) Mists, or vapors that appear.
- 14) Shadows off the side of your eyes resembling people moving by
- 15) Do others in your household experience activity also?

Have you or a family member within your household experienced any of these things:

- * Traumatic accident
- * Surgery, especially with anesthesia
- * Substance abuse (Even a few beers are enough to open your shield)
- * Sickness, fever
- * Anxiety, stress
- * Addictions
- * Violence, intimidation, fear
- * Abusive behavior
- * Death in the family
- * Have you practiced magic or spells (black or gray,) experimented with Spirit Communication, Spirit board, tarot, Witchcraft, etc.
- * Out-of-Body Experience without appropriate precaution

Have you or a family member within your household experienced any of these things:

- 1) Feeling "beside yourself" or "above yourself"
- 2) Feeling chronically ungrounded
- 3) Out of character selfishness
- 4) Feeling carried away by something avaricious during trance or dreaming.
Experiencing the feeling that something is just beside or behind you, followed sensation or pressure.
- 5) Experiencing chronic distraction whenever you try to get centered or do something good for yourself.
Also experiencing unusual and remarkable hurdles to this.
- 6) Behavior that is out of character.
- 7) Restlessness, forgetfulness, general lack of mental focus, chronic boredom, and depression.
- 8) Obsessive thinking and behavior.
- 9) Self-abusive behavior
- 10) Feeling lost or betrayed for no specific reason.
- 11) Nightmares which recur
- 12) feeling that something is smothering or something very scary. Unreasoned fear.
- 13) Pain, pressure, paralysis, or muscle spasms which have no medical explanation.
- 14) Cycles of events which amount to ongoing crisis, or stress.

Please send your response to HTWJUBOY@aol.com