

**Negative Entities  
QUESTIONNAIRE**

Please answer to the best of your knowledge.

1. When did this individual start to show significant changes in mood or personality?  
Approx time frame (months/yrs/etc.). \_\_\_\_\_
2. Did you or the individual purchase or move in to a new residence before this behavior started? Approx. one (1) year or less. Yes / No
3. Had this individual experienced any behavior changes prior to living in current residence? Yes / No
4. Have there been any prior incidences of uncontrolled behavior prior to the current situation? Yes / No.
5. Has this individual been diagnosed by any professional? Yes / No.
6. If so, what was the diagnosis? \_\_\_\_\_
7. Has this individual been spending time with a new girl/boyfriend, or family member prior to his/her behavior change? Yes / No.
8. Was there a close relative that was particularly close to the individual prior to changes in that person? Yes / No.
9. Has this individual been experiencing any unexplained phenomenon or apparitions? Yes / No. If yes, please explain in an email to me. (under menu “contact me”)
10. What types of behavior has this individual done or shown that made you think he or she is in need of this service? Please email me a description of these behavior changes.
11. Has anyone else in the home (other than this individual) experienced any behavior changes? Yes / No.
12. If so, how long has this other individual been experiencing behavior changes? Approx time frame (months/yrs/etc.) \_\_\_\_\_