

## Client Questionnaire

### Client Information

Name	Do you live here?	Yes	
		No	
Address	Is this address		House
			Apartment
			Business
			Other
Phone number	Email		

### Describe the activity you are experiencing:


**Have you experienced any of the following?**

<b>I've heard:</b>		Explain
<input type="checkbox"/>	Whispers or voices	
<input type="checkbox"/>	Knocking	
<input type="checkbox"/>	Footsteps	
<input type="checkbox"/>	Laughing or crying	
<input type="checkbox"/>	Other	
<b>I've felt:</b>		Explain
<input type="checkbox"/>	Touches	
<input type="checkbox"/>	Unexplained temperature changes	
<input type="checkbox"/>	Drafts or breezes	
<input type="checkbox"/>	Unexplained scratches or bruises	
<input type="checkbox"/>	Other	
<b>I've noticed:</b>		Explain
<input type="checkbox"/>	Weird smells	
<input type="checkbox"/>	Objects moving without cause	
<input type="checkbox"/>	Lights or other things turning on and off	
<input type="checkbox"/>	Cupboards, drawers, doors, and windows opening and closing on their own	
<input type="checkbox"/>	Items going missing without explanation	
<input type="checkbox"/>	Missing items mysteriously reappearing	
<input type="checkbox"/>	Batteries dying more quickly than they should	
<input type="checkbox"/>	Vibration or movement of furniture, floors, walls, etc.	
<input type="checkbox"/>	Other people behaving strangely while here	
<input type="checkbox"/>	Appliances turning on or off on their own (radios, televisions, etc.)	
<input type="checkbox"/>	Other	

<b>I've seen:</b>		Explain
	Figures or parts of figures	
	Shadows	
	Smoke or mist	
	Movement out of the corner of my eye	
	Lights or light flashes	
	Other	
<b>I've sensed:</b>		Explain
	Feeling like someone is watching me	
	Feeling like someone is following me	
	Changes in behavior or mood that can't be explained	
	Unusual emotions	
	Unexplained crying	
	Other	

**Who lives or works at this address? (use back for additional)**

Name	Age	Male	Additional information
		Female	
Name	Age	Male	Additional information
		Female	
Name	Age	Male	Additional information
		Female	
Name	Age	Male	Additional information
		Female	
Name	Age	Male	Additional information
		Female	
Do any of the current occupants have a history of or current health or mental health issues? Please describe (information will be kept confidential):			
What are the spiritual or religious beliefs of the occupants?			
Do you or anyone else regularly on the property believe they have psychic abilities? Please describe who and how those abilities manifest.			

**Pets (use back for additional)**

Name	Age	Male	Breed
		Female	
Name	Age	Male	Breed
		Female	
Name	Age	Male	Breed
		Female	
Name	Age	Male	Breed
		Female	
Name	Age	Male	Breed
		Female	

### Location and Occupant History

Date Built (If known)		Do you know who was here before you?	If yes, names and any details you know.
How long has the activity been occurring?		Have others before you reported unusual activity? If yes, explain.	
Have the people reporting the activity in this location experienced anomalous activity elsewhere? If yes, explain.			
Has the location undergone any recent changes or renovations? If yes, explain.			
Are there any known maintenance issues, such as drafty windows, plumbing problems, issues with power or appliances, etc.? If yes, explain.			
Describe any antiques or second-hand items you have on the property. Were there activity changes when you brought them?			
Describe any significant military items you have on the property such as medals, war souvenirs, guns used in the war, uniforms, military surplus, etc. Include location.			
Do you have any cremains or items made from cremains on the property? Describe them and their location.			
Describe any animal or human remains located on or near the property. Where are they located?			
Describe any momentos you have from loved ones who have passed. Where are they located?			
Describe anything else located on the property you believe may be affecting activity.			

## Property History

Describe any significant events that have occurred on or near the property:

Describe any paranormal activity of which you are aware in the area (neighborhood, vicinity, etc.)

What natural land formations or bodies of water are nearby (mountains, lakes, underground springs, rivers, etc.)? Please note where they are located in relation to the property).

What man-made structures are nearby (high voltage wires, cell towers, power switch yards, etc.) Please note where they are located in relation to the property).

Describe any other nearby features you may be affecting the activity on the property.

## Property Details

Please attach a map of the property with any areas of significant concern highlighted (or draw one below).