

PSI Paranormal Scientific Investigators
Questionnaire

Case # _____

Date _____

1 Full name _____

2 Mailing address or post office box _____
City _____ State _____ Zip _____

3 Phone Number _____

4 Cell phone # (if any) _____

5 Email address (if any) _____

6 Gender (M/F) _____ Age _____

7 What is your education and occupation? _____

8 Describe exactly what was seen, heard, felt and even smelled:

9 Describe what you think happened:

10 Describe your theory as to the cause of the disturbance:

11 Do you consider yourself religious? (Y/N) _____ If so, what is your religion?

12 Where is the location of the disturbance? _____

13 What was the duration of the disturbance? _____

14 What was the time of the occurrence? _____

15 Please list birthdays, anniversaries and other significant dates:

16 Are there any children in the house? (Y/N) If so what are their names and their age and gender:

Name _____	Gender	M/F	Age _____
Name _____	Gender	M/F	Age _____
Name _____	Gender	M/F	Age _____
Name _____	Gender	M/F	Age _____
Name _____	Gender	M/F	Age _____

17 Describe any previous psychical experiences:

18 Do you or anyone in your family have schizophrenia or mental incompetence? (Y/N) Explain:

19 Do you have any house pets? (Y/N)_____ If yes, please indicate the type of pet and how many:

20 Do you or have you or anyone in your household taken drugs (prescription, over the counter, or illegal), alcohol or stimulants? (Y/N)_____

21 How old is the house and do you know any of the previous occupants or who they were?

22 Has any other paranormal groups or any clergy been consulted? (Y/N)_____ If so explain:

23 Has the media (television, radio, newspapers) been involved? (Y/N)_____

24 Have there been any other witnesses to these paranormal events? (Y/N)_____ If so, please indicate who & their relationship to you:

25 Has there been any recent remodeling? (Y/N)_____ If so, what?

26 Have there been any odors, sounds, voices, levitations or any physical attacks?

27 Have there been any movement of objects?

28 Have there been any problems with electrical appliances or with the plumbing?

29 Any occupants having insomnia or nightmares? (Y/N)

30 Has anyone died in the residents that you know of? _____

31 Any occupants have frequent or unexplained illnesses? _____

32 Anyone conducted seances or played with ouija boards on the premises? _____

33 Is anyone in the residents seeing a psychiatrist or in therapy? _____

34 Have there been any apparitions? _____

35 Have there been any hot or cold spots? _____

36 Are pets affected if any? _____

37 Who witnessed the first occurrence? _____

38 Who see's the most activity? _____

39 How long does each occurrence last? _____

40 What would you like accomplished from our visit? _____

41 What residents will be present for the investigation?
Name _____
Name _____
Name _____
Name _____
Name _____
Name _____
Name _____
Name _____

42 Any additional comments?

