

Case No: _____

Client: _____

Interview Location: _____

Interview Time: _____

McInville Paranormal

Paranormal Investigation Client Questionnaire

1. Information

Investigator Name:	Date:
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Address:		
Phone:	Email:	
Residency Length	Site Age:	No. of Rooms:

2. Occupants

Occupant Names	Occupation/Type of Work	Ages

3. Previous Owners/Tenants

Previous Owners/Tenants	Length of time in the home

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4. Occupants' religious/spiritual beliefs:

5. History of site (tragedies, deaths, previous complaints, etc.)

6. Is the site within close proximity to:

<input type="checkbox"/> Source of water (lake/river/stream/springs)	<input type="checkbox"/> Funeral home/crematory
<input type="checkbox"/> Airport	<input type="checkbox"/> Cellular tower
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Railroad tracks
<input type="checkbox"/> Large electrical power source	<input type="checkbox"/> Native American burial grounds

7. Has the site been cleansed, blessed or exorcized? YES NO

8. Has there been any recent remodeling or redecorating? YES NO

9. Any occupants taking any mind altering medication(s)? YES NO

10. Any occupants using illegal substances? YES NO

11. Any occupants drinking alcohol heavily? YES NO

12. Any occupants interested in or practicing the occult?(ouija boards, seances, voodoo, etc.) YES
 NO

13. Any occupants currently under psychiatric/psychological care? YES NO

14. Any prior investigations conducted? YES NO By Who?

15. Has there been any media involvement? YES NO

16. Other witnesses besides occupants? YES NO

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Name	Location	Number

17. Brief summary of paranormal activity:

18.

When did the activity begin? ___/___/_____

19. When does paranormal activity tend to occur? Day Night

20. Have there been any scents/odors?(perfume, flowers, sulfur, excrement, etc.) YES NO

Explain: _____

21. Have any voices or whispering been heard? YES NO

Describe any specific words:

22. Have any unusual or unexplainable sounds/noises been heard? YES NO

Explain:

23. Has there been any movement of objects/object displacement or relocation? YES NO

Explain:

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24. Have occupants experienced touching or physical assaults? YES NO

Explain:

25. Have any unusual cold and/or hot spots been detected? YES NO

Explain:

26. Have there been any problems with electrical devices/appliances? (televisions, computers, lighting fixtures, telephones, etc.) YES NO

Explain:

27. Have there been any problems with plumbing? (leaks, flooding, sinks, toilets) YES NO

Explain:

28. Have any occupants had trouble sleeping or been having nightmares? YES NO Explain:
