



Time to get serious!

This form was designed by Ghost Research International to provide a means for clients to supply details of reported paranormal activity to research organisations. ©Copyright Ghost Research International (ghostresearchinternational.com)

CLIENT QUESTIONNAIRE

This form has been designed to collect key information in order for investigators to determine the best course of action with the objective of providing assistance while documenting and researching the reported activity. Your privacy and well being is our foremost concern so please approach us if you have any concerns.



Ghost Research International

Website: www.ghostresearchinternational.com

Forum: <http://griteam.proboards.com>

Rest assured we take your report seriously and we thank you for taking the time to complete this questionnaire. Once completed your case can then be prioritised and we will be in touch to offer suggestions of how to proceed.

PERSONAL DETAILS (In confidence)

Full Name: _____ D.O.B.: _____ SEX (M/F): _____ TEL: _____

Place of Residence (Postal Address): _____

Email: _____ Your connection to this case: Site Owner Occupant Witness Heard Story

Note: No site investigation can occur without the permission of the site owner/trustee.

LOCATION DETAILS (In confidence)

Site Address (N/A if same as above): _____

Owner contact details (Name/address/phone/email): _____

Site Classification: Private Dwelling Business Premises Other (Please specify): _____

Any problems at the site (non paranormal): Electrical Plumbing Structural Other (Please specify): _____

Site history, previous owners, age of dwelling, known deaths at premises etc...

OCCUPANT DETAILS (In confidence)

Occupant/Witness details (continue on attachment if required). Include yourself in position 1.

If activity seems centered around a particular person please indicate this in the comments column.

Name	M/F	Age	Occupation	Witness (Y/N)	Years at site	Relationship to you (Position 1)	Comments
1.						---- SELF ----	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							



Please list any pets/animals and their reaction (if any) to the activity

Type (Dog/Cat etc...)	Comments

Have any of the occupants experimented with the paranormal (eg. Ouija board use)?

Is there a general belief/interest in the paranormal? Please rate interest level (1-10)

What is the predominant religion of the household? Please rate level of religious following (1-10)

Has there been any involvement by the church?

Has there been any media involvement?

Has any other research group been approached or involved?

Please mark any boxes which apply to any occupant (in confidence):

Prescription eye wear
 High caffeine intake
 Sudden headaches
 Sudden dizziness
 Recent anxiety or stress
 Smoker

Use of illegal drugs
 Prescription drugs which may effect perception
 Heavy alcohol use
 Receiving psychiatric care

ACTIVITY DETAILS

Please mark any boxes that apply:

Noises
 Voices
 "Orbs"
 Objects moving
 Odors
 Shadows
 Apparitions
 Cold/Hot Spots
 Touching

Physical Attacks
 Trouble Sleeping
 Nightmares
 Unusual thoughts
 Changes of personality
 Sudden mood swings

Strange problems with electrical items
 Strange problems with Plumbing
 Other

Do you feel the activity is connected with:

Recent renovations
 Recent death
 Anniversary of death
 Anniversary of event
 Other

When was the activity first noticed?

How often does the activity occur?

How long does the activity usually last for?

Is there any apparent pattern to the timing of activity?

Has the frequency and intensity of activity changed over time?

What do you believe the activity to be?

Have you previously experienced such activity at other locations?

How does the activity make you feel?

Uncomfortable
 Fear
 Anger
 Hatred
 Happiness
 Sadness
 Depression
 Curiosity

Other

Are all occupants in agreement of what is occurring?

Please describe in your own words what is happening (*Hit TAB to continue to next page*):



Would you consent to an on site investigation if one was deemed warranted?

What would you hope an investigation would achieve?

Thank you for taking the time to complete this questionnaire. The following may be of assistance until we can review your answers:

- If you haven't already, please commence a diary of any activity recording the date, time as many details as possible including witnesses, weather conditions, duration, what you were doing at the time etc... Such information can be of benefit in identifying patterns which may assist in finding answers as well as selecting the best time for an investigation to occur should it be warranted.
- Have some equipment handy to help document your experience such as a camera, tape recorder etc...
- When activity occurs it is important not to panic, as frightening as it may be. It is extremely rare that any physical harm comes to those who experience apparent paranormal activity, other than that caused by a panicked reaction.
- If you have any concerns please contact us via the details given on the first page.