



CLIENT QUESTIONNAIRE

This questionnaire is confidential and no names will be shared with any outside party unless client gives written permission. Questions must be answered as honestly and accurately as possible.



Name of Client:

Investigation Address:

Time Site Occupied:

Property Type:

Residence

Business

Phone Number:

Number of Occupants:

Human:

Pets:

E-mail Address:

Question 1: Occupants names and ages:

Reply:

Question 2: Occupants occupations:

Reply:

Question 3: Occupants' religious beliefs (list church and level of belief):

Reply:

Question 4: Have any religious clergy been consulted? If so, please list church:

Reply:

Question 5: Has this location been blessed? If yes, by whom?

Reply:

Question 6: Has a Psychic/Medium or any other ghost group been consulted? If yes, list results:

Reply:

Question 7: Any occupants on prescribed medication? If yes, please list:

Reply:

Question 8: Any occupant currently seeing a psychiatrist or in therapy?

Reply:

Question 9: Any occupants using illegal drugs?

Reply:

Question10: Any occupants drink alcohol heavily?

Reply:

Question 11: Any occupants interested/have history in the occult (Ouija, séances, psychics, spells, etc?) If so, who, what and when?

Reply:

Question 12: Any occupants with frequent or unexplained illnesses? If yes, describe:

Reply:

Question 13: Any occupants having nightmares or trouble sleeping? If yes, describe:

Reply:

Question 14: Has there been any media involvement? If so, if so who?

Reply:

HAUNTING INFO

Question 1: Describe Haunting:

Reply:

Question 2: Who first witnessed the phenomena?

Reply:

Question 3: Where did the phenomena occur, what time was the first occurrence?

Reply:

Question 4: What was the witness's reaction during the phenomena?

Reply:

Question 5: How often does phenomena occur?

Reply:

Question 6: How long is the average duration of the phenomena?

Reply:

Question 7: Do any of the occupants feel the phenomena is threatening: if so, who and why?

Reply:

Question 8: Do all of the occupants agree on what is happening? Do any think its nonsense/not happening? If so, who & why?

Reply:

Question 9: Have there been any other witnesses besides the occupants? If so, whom and what was witnessed?

Reply:

Question10: Any drinking or drugs being used while the haunting occurred? If yes, please describe:

Reply:

Question 11: Has there been any physical contact with the entities? If so, who, where and what happened?

Reply:

Question 12: Have there been any odors (i.e. perfumes, flowers, sulfur, ammonia, excrement, etc.) not common to the residence/business? If so, when, where and what?

Reply:

Question 13: Have there been any sounds (i.e. footsteps, knocks, banging, etc.) not common to the residence/business? If so, when, where and what?

Reply:

Question 14: Have there been any voices (whispering, yelling, crying, speaking)? If so, when, where, and what?

Reply:

Question 15: Has there been any movement of objects? If so, when, where and what?

Reply:

Question 16: Have there been any apparitions? If so, when, where and what? (describe the apparition):

Reply:

Question 17: Have there been any uncommon cold or hot spots? If so, when, where and what?

Reply:

Question 18: Have there been any problems with electrical appliances (TV, lights, kitchen appliances, doorbells)? If so, when, where and what?

Reply:

Question 19: Have there been any problems with plumbing (leaks, flooding, sinks, toilet bowls)? If so, when, where and what?

Reply:

Question 20: Have you had a knock at the door or the doorbell ring and no one was there but you opened the door? If yes, when and did paranormal occur more often after this?

Reply:

Question 21: Are pets affected? If so, when, where and how?

Reply:

Question 22: Please list the most recent history of incidents (approximate dates and times from the most current backward):

Reply:

Question 23: What would you like to see accomplished from our visit?

Reply:

NNGH Notes:

Additional information (please attach pictures if emailing form):
(please state question # before information)