**Client Questionnaire **

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| Please Answer All Questions |

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| **Client:** |  | Resident Type |  |
| Address: |  | | |
| Email: |  | Phone: |  |

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| Questions: | Answers: |
| How many occupants live at location? |  |
| List the occupations of all occupants: |  |
| What are the religious beliefs of the occupants? |  |
| How long have the occupants lived at the location? |  |
| How old is the location? |  |
| How many previous owners lived at the location? |  |
| Are there any known deaths, tragedies, or previous complaints   known to the location? |  |
| Has the location been blessed? |  |
| Has there been any recent remolding? |  |
| Are any of the occupants on medication? Please list the reasons. |  |
| Do any occupants use illegal drugs? |  |
| Do any occupants drink alcohol heavily? |  |
| Are any occupants interested in the occult (Ouija board, séances, psychics, etc? |  |
| Have any of the occupants used a Ouija board,   been part of a séances, seen a psychic, or etc? |  |
| Are any occupants currently seeing a psychiatrist?   If so, what is the reason? |  |
| Have any religious clergy been consulted about the activity? |  |
| Has there been any media involvement? |  |
| Have there been any other witnesses besides the occupants? |  |
| Have there been any odors (perfumes, flowers, sulfur, smoke, excrement): |  |
| Have there been any sounds heard (footsteps, knocks, banging)?   If so, where and when was the sound heard? |  |
| Have there been any voices heard   (whispering, yelling, crying, speaking)?   If so, where and when was the sound heard? |  |
| Have there been any moving objects? |  |
| Have there been any problems with electrical appliances   (TV, lights, kitchen appliances, doorbells)? |  |
| Have there been any problems with plumbing   (leaks, flooding, sinks, toilet bowls): |  |
| Are any of the occupants having nightmares or having trouble   sleeping? |  |
| Has anyone been physically touched? |  |
| Are there any pets? )? If yes, please indicate the type of animal. |  |
| Are the pets affected by the activity? If so, which ones and how. |  |
| When was the first occurrence of the paranormal activity? |  |
| What time did the first form of activity occur? |  |
| Who first witnessed the paranormal activity? |  |
| How often does the activity occur? |  |
| How long is the durations of the activity? |  |
| Have there been any other witnesses to any of the activity? |  |
| Do the occupants feel threatened by what is happening? |  |
| How did you first learn about us? |  |
| Additional Comments: |  |