

Interview Questions

1. Address of site:
2. Name of witness:
3. Mailing address if different:
4. Phone number:
5. Email Address:
6. How many occupants at location:
7. How many pets:
8. Occupants' names and ages:
9. Occupants' occupations:
10. Occupants' religious beliefs:
11. Time of occupancy at the location:
12. Age of the site:

13. How many previous owners (if known):

14. History of site: (tragedies, deaths, previous complaints)

15. How many rooms in the site:

16. Has the location been blessed:

17. Has there been any recent remodeling (if so, what and where):

18. Any occupants on prescribed medication (anxiety, depression, pain, etc) Please list names and medications:

19. Any occupants using illegal drugs (this will be kept confidential):

20. Any occupants drink alcohol heavily (this will be kept confidential):

21. Any occupants interested in the occult: (Ouija, séances, psychics, spells) If so, who and what?

22. Any occupants currently seeing a psychiatrist or in therapy (this will be kept confidential): if so, who:

23. Any occupants with frequent or unexplained illnesses (if yes, describe):

24. Have any religious clergy been consulted: If so, please list church:

25. Has there been any media involvement: If so, who:

26. Have there been any other witnesses besides the occupants (names and relationships)

27. Have there been any odors: (i.e. perfumes, flowers, sulfur, ammonia, excrement, etc)
If so, when, where and what:

28. Have there been any sounds: (i.e. footsteps, knocks, banging, etc) If so, when, where and what:

29. Have there been any voices: (whispering, yelling, crying, speaking) If so, when, where and what:

30. Has there been any movement of objects, If so, when, where and what:

31. Has there been any apparitions, If so, when, where and what (describe the apparition):

32. Have there been any uncommon cold or hot spots: If so, when, where and what:

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

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

35. Any occupants having nightmares or trouble sleeping: If so, who and when:

36. Have there been any physical contact: If so, who, where and what happened:

37. Are pets affected: If so, how:

38. Describe the first occurrence of the phenomena: (what and when happened?)

39. Who first witnessed the phenomena:

40. What time was the first occurrence of the phenomena:

41. What is the witness's reaction during the phenomena:

42. Were there any other witnesses during the first event:

43. How long is the average duration of the phenomena:

44. How often does the phenomena occur:

45. Do any of the occupants feel the phenomena is threatening: If so, who and why?

46. What do the occupants believe is happening: (i.e. it's supernatural, natural, unsure, etc.) :

47. Do all of the occupants agree on what is happening, Do any think it's nonsense or not happening:

48. What would you like to see accomplished from our visit?