

PAS
Paranormal Awareness Society, Corp.
• To Cultivate Awareness & Understanding •

A 501(c)3 Non-Profit / Charitable Organization

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**FORM TWO – Client Questionnaire
for Paranormal Encounters**

Interview Questions (Revised 11/03/07)

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PASC does not charge for any of its investigations.
PASC does not accept donations from its clients for any services performed.

Case #: _____ (Leave blank)

Date of Contact: ___/___/___ (Leave blank)

Name of Investigator(s): _____ (Leave blank)

Date of Interview: ___/___/___ (Leave blank)

Name of Investigator(s): _____ (Leave blank)

Date of Investigation: ___/___/___ (Leave blank)

Name of Investigator(s): _____ (Leave blank)

Location Information

(All information on this form will be kept confidential)

Physical Address of Investigation:

Address: _____

City/State/Zip Code: _____

History of location (date built, previous occupants, battles or other confrontations near location, other paranormal phenomena, etc.):

Documentation of any previous paranormal accounts (newspaper clippings, occupants' testimony, etc.)

Attach drawing or map of location to sheet and mark areas that show paranormal activity.

Occupant Information

Number of occupants at location:

Currently: _____

During paranormal experiences: _____

Names, gender, and birth date of occupants (add additional to back of sheet or attach):

1. _____ / /
2. _____ / /
3. _____ / /
4. _____ / /
5. _____ / /

Contact information of occupants:

Phone: _____ E-Mail address: _____

Mailing address:

Check here if it is the same as "Physical Address of Investigation" on Page 1)

Address: _____

City/State/Zip Code: _____

How long have occupants lived at location?: _____

Religion: _____

Have any of occupants encountered any of the following? (Check all that apply):

(If you need extra space to respond to any of these questions, please provide on a separate sheet and write the question you are responding to with your answer).

- Voices (if yes, explain: _____)
- Calling of your name from no apparent source.

- Smells/Odors (if yes, explain: _____)
- Being touched (shoulder, arm, etc.).
- Tugging of clothes.
- Shadows (if yes, explain: _____)
- Apparitions (any specific time of day?: _____)
- Unexplained lights.
- Orbs.
- Smoky forms.
- Sudden unexplained breezes.
- Hair on arms and neck standing on end.
- Strong random thoughts.
- Strong feelings of being watched or followed.
- Cold or hot spots (if yes, explain: _____)
- Recent death of loved on (if yes, give information: _____)
- Recent anniversary of loved one's death, birthday, anniversary, etc. (if yes, give information: _____)
- Tapping or Knockings from no source.
- Mood changes, especially in one room (if yes, explain: _____)
- Conversations with spirits (if yes, explain: _____)
- Door(s) opening/closing.
- Moving/disappearing/rearranged objects.
- Furniture rearranged.
- Movement out of the corner of your eye (usually when you are alone).
- Electrical disturbances (frequent light bulb, burnouts, etc.).
- Appliances on/off.
- Puberty of family member or emotional stress of adolescents in area.
- Renovations in location (if yes, explain: _____)
- Problems with appliances:
 - TV
 - Radio/Stereo
 - Computer
 - Clock/Clock Radio
 - Microwave
 - Other: _____

Are there any accounts of paranormal phenomena occurring at occupants' previous residence? If so, explain:

Any history of hoaxing involved with occupant or family member? If yes, explain:

Please print, complete, and contact us.