

Ghost PRO Pre-Investigative Questionnaire

1. Address of site:
2. Name of client or witness:
3. Mailing address, if different:
4. Phone Number: (H) (B) (C)
5. Email Address:
6. Number of occupants at location:
7. Occupants' names, ages, genders:
8. Occupants' occupations:
9. Occupants' religious beliefs:
10. Time of occupancy at location:
11. Number and kind of pets at location:
12. Age of the site:
13. Number of previous owners & names (if known):
14. History of site (uses, tragedies, deaths, prior complaints):
15. How many rooms in site? Any basements, attics, crawl spaces, enclosed storage areas?
16. Has there been any remodeling? What type? When?
17. Do any occupants suffer from frequent or unexplained illnesses? If so, describe. Has a physician been consulted? Diagnosis? (confidential)

18. Any occupants having trouble sleeping or recurrent nightmares? If so, who & how often?

19. When did the difficulty start? Has a physician been consulted? Diagnosis? (confidential)

20. Describe the difficulty or dreams.

21. Are any occupants on prescribed medication? (anxiety, pain, depression, etc.) Please list names, medications & how long used. (confidential)

22. Do any occupants use alcohol heavily? (confidential)

23. Do any occupants use illegal drugs? What & how long used?(confidential)

24. Any occupants currently under a psychiatrist's or therapist's care? If so, who & how long? (confidential)

25. Any occupants participate in or use occult devices? (Ouija, tarot, seances, spells, etc.) If so, who, what & how long? (confidential)

26. Have any religious clergy been consulted regarding the phenomena? List church or person.

27. Has the site been blessed or exorcised? By whom? When?

28. Has the site been previously investigated? By whom? When? Findings?

29. Has there been any media involvement? By whom? When?

30. Have there been other witnesses besides the occupants? (names & relationships)

31. Have there been any unexplained odors? (cologne, chemicals, florals, smoke, excrement, etc.) Describe when, where & what.

32. Have there been any unexplained sounds? (footsteps, knocks, raps, banging, etc.) Describe when, where & what.

33. Have there been any unexplained voices? (whispers, yells, crying, cursing, speaking, etc.) Describe when, where, & what.

34. Has there been any movement or disappearance of objects? Describe when, where & what.

35. Have there been any apparitions or unexplained shadows? Describe when, where, & what.

36. Have there been any uncommon hot or cold spots? Rapid temperature changes? Describe.

37. Have there been any problems with electrical apparatus? (TV, lights, appliances, stereos, doorbells) Describe when, where & what. Has a professional been consulted? Findings?

38. Have there been any problems with plumbing? (leaks, flooding, sinks, toilets) Describe when, where & what. Has a professional been consulted? Findings?

39. What type of installed heating or air systems? Any problems? Describe when, where & what. Has a professional been consulted? Findings?

40. Have there been any problems with the roof or foundation? Describe when, where & what. Has a professional been consulted? Findings?

41. Have there been any problems with pest infestation? Describe when, where & what. Has a professional been consulted? Findings?

42. When was the occurrence of the FIRST phenomena? (Date, approximate time, weather)

43. Describe the FIRST occurrence of the phenomena: what happened?

44. Who initially experienced or witnessed the FIRST phenomena?

45. Were there any other witnesses during the FIRST phenomena? Who?

46. What was the witness(es) reaction(s) during the FIRST phenomena?

47. When was the MOST RECENT occurrence of the phenomena? (Date, approximate time, weather)

48. Describe the MOST RECENT occurrence of the phenomena: what happened?

49. Who initially experienced or witnessed the MOST RECENT phenomena?

50. Were there any other witnesses during the MOST RECENT phenomena? Who?

51. What was the witness(es) reaction(s) during the MOST RECENT phenomena?

52. How long is the average duration of the phenomena?

53. How often does the phenomena occur?

54. When does the phenomena occur most often? (Day, night, alone, others present)

55. Is there a pattern to the phenomena occurrences? (same time, day, weather, witnesses present) If so, describe.

56. Does the occurrence seem to revolve around a particular occupant, object or area ? If so, describe.

57. Has there been any physical contact or sensations? If so, what happened, where & to whom?

58. How do children (if any) perceive the phenomena? Do they avoid or focus on a particular area? Talk or play with, draw pictures of, or are frightened by unseen persons? If so, describe.

59. Are pets (if any) affected? Do they avoid or focus on a particular area? If so, describe.

60. Do any of the occupants feel the phenomena is threatening? If so, who & why?

61. Do all of the occupants agree on what is happening? Do any think it is nonsense or imaginary?

62. What do the occupants believe is happening? (natural, paranormal, unsure, etc.)

63. Do any of the occupants believe in the paranormal? (Angels, ghosts, demons, etc.) If so, who & what type?

64. Do any of the occupants feel they possess psychic gifts? (ESP, clairvoyance, etc.) If so, who & what type?

65. How long has the occupant been aware of the talent? Is it used or acknowledged?

66. Is this the first time any of the occupants have experienced any type of phenomena? If

not, describe prior experiences. Who, when, where & what?

67. What would you like to see accomplished from a GHOST PRO investigation?