

Case No: \_\_\_\_\_

Client: \_\_\_\_\_

Interview Location: \_\_\_\_\_

Interview Time: \_\_\_\_\_

**S.P.I.A.**

SPIRITUAL PARANORMAL INVESTIGATORS of ARIZONA

**Paranormal Investigation Client Questionnaire****1. Information**

Investigator Name: _____	Date: _____
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Address: _____		
Phone: _____	Email: _____	
Residency Length _____	Site Age: _____	No. of Rooms: _____

**2. Occupants**

Occupant Names	Occupation/Type of Work	Ages

**3. Previous Owners/Tenants**

Previous Owners/Tenants	Length of time in the home

# S.P.I.A.

SPIRITUAL PARANORMAL INVESTIGATORS of ARIZONA

## Paranormal Investigation Client Questionnaire

4. Occupants' religious/spiritual beliefs:

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5. History of site (tragedies, deaths, previous complaints, etc.)

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6. Is the site within close proximity to:

<input type="checkbox"/> Source of water (lake/river/stream/springs)	<input type="checkbox"/> Funeral home/crematory
<input type="checkbox"/> Airport	<input type="checkbox"/> Cellular tower
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Railroad tracks
<input type="checkbox"/> Large electrical power source	<input type="checkbox"/> Native American burial grounds

7. Has the site been cleansed, blessed or exorcised? ☐ YES ☐ NO

8. Has there been any recent remodeling or redecorating? ☐ YES ☐ NO

9. Any occupants taking any mind altering medication(s)? ☐ YES ☐ NO

10. Any occupants using illegal substances? ☐ YES ☐ NO

11. Any occupants drinking alcohol heavily? ☐ YES ☐ NO

12. Any occupants interested in or practicing the occult?(ouija boards, seances, voodoo, etc.) ☐  
YES ☐ NO

13. Any occupants currently under psychiatric/psychological care? ☐ YES ☐ NO

14. Any prior investigations conducted? ☐ YES ☐ NO By Who?

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15. Has there been any media involvement? ☐ YES ☐ NO

16. Other witnesses besides occupants? ☐ YES ☐ NO

# S.P.I.A.

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## Paranormal Investigation Client Questionnaire

Name	Location	Number

17. Brief summary of paranormal activity:

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18. When did the activity begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

19. When does paranormal activity tend to occur? ☐ Day ☐ Night

20. Have there been any scents/odors?(perfume, flowers, sulfur, excrement, etc.) ☐ YES ☐ NO

Explain: \_\_\_\_\_

21. Have any voices or whispering been heard? ☐ YES ☐ NO

Describe any specific words:

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22. Have any unusual or unexplainable sounds/noises been heard? ☐ YES ☐ NO

Explain:

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23. Has there been any movement of objects/object displacement or relocation? ☐ YES ☐ NO

Explain:

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24. Have occupants experienced any touching or physical assaults? ☐ YES ☐ NO

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## Paranormal Investigation Client Questionnaire

Explain:

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25. Have any unusual cold and/or hot spots been detected? ☐ YES ☐ NO

Explain:

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26. Have there been any problems with electrical devices/appliances? (televisions, computers, lighting fixtures, telephones, etc.) ☐ YES ☐ NO

Explain:

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27. Have there been any problems with plumbing? (leaks, flooding, sinks, toilets) ☐ YES ☐ NO

Explain:

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28. Have any occupants had trouble sleeping or been having nightmares? ☐ YES ☐ NO

Explain:

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# Paranormal Investigation Client Questionnaire

29. Any pets affected?

☐ YES ☐ NO

Explain:

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30. Do any occupants feel frightened or threatened?

☐ YES ☐ NO

Explain:

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31. What do occupants believe is occurring?

Explain:

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Additional Notes:

[illegible]