

Completed By: _____



QUABBIN
VALLEY
PARANORMAL

CASE INTAKE QUESTIONNAIRE



Case Intake Questionnaire

Address Of Location to be Investigated

[Street Address, Town/City, Zip Code]

Name of Reporting Party

[List reporting parties full name.]

Mailing Address of Reporting Party if Different From Above

[Street Address, Town/City, Zip Code]

Reporting Party Phone Number(s)

[List all pertinent contact numbers]

Reporting Party EMAIL Address

[List reporting parties primary email account]

How Many Occupants' Reside at Location?

[List the number of persons who actually reside at location in question]

How Many Pets' Reside at Location?

[List the number of pets and the types of pets that reside at location in question]

What Are the Occupants' Names, Sexes, and Ages

[List the names of all the occupants' who reside at location in question, include sex and age for each]

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What Are the Occupation(s) that the Occupant(s) Work?

[List the occupation(s) of all the occupant(s) that reside at location in question]

What Are the Religious Beliefs of the Occupant(s)?

[List the religious beliefs that the occupant(s) have]

What is the Age of the Site Being Investigated?

[How old is the location to be investigated]

What is the Pertinent Site History?

[List any deaths, tragedies, previous complaints, etc at *or* associated with the location to be investigated]

How Many Rooms are at the Site to Be Investigated?

[List the number of rooms in structure being investigated and also denote if there will be outdoor investigations as well]

Has There Been Any Recent Remodeling at Location? If So, Where?

[List the areas and types of remodeling that has taken place, as well as time frames of that remodeling]

Are Any of the Occupants' Taking Medications? If So, What?

[List anyone who is taking any medications, and what medication they are taking]

Do Any of the Occupants Drink Alcohol? If So, How Often?

[List any occupant who drinks alcohol and the frequency of use]

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Do Any of the Occupants Use Illegal Drugs? If So, What and How Often?

[List any occupant who uses illegal drugs, the type, and the frequency of use]

Are Any of the Occupants Interested in the Occult?

[List any occupants that are interested in the occult and what they are interested in (Ouija, séances, witchcraft, etc) and do they practice]

Are Any of the Occupants Seeing a Psychiatrist?

[List any occupant who is seeing a psychiatrist]

Has the Occupant(s) Complained of or has had Frequent Illnesses?

[List any illnesses or complaints by any of the occupants]

Has Clergy Been Consulted?

[List if clergy has been consulted, and if so, who]

Has There Been Any Media Involvement?

[List if the media has been involved, and if so who and to what extent]

Have There Been Any Other Witnesses Besides Occupant(s)?

[List names of other witnesses and their relationship to the occupant]

Have There Been Any Reports of Unexplained Odors?

[List any reports of strange odors encountered (perfumes, flowers, sulfa, ammonia, excrement, etc)]

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Have There Been Any Reports of Unexplained Sounds?

[List any reports of unexplained sounds (footsteps, voices, bangs, music, etc)]

Has There Been Any Objects that Move by Unexplained Means?

[List if there have been any objects moved by unexplained means]

Has There Been Any Reports of Visual Disturbances or Apparitions?

[List if there have been reports of visual disturbances (lightning, balls of light, shadows, etc) or any apparitions]

Has There Been Any Unexplained Cold or Hot Spots?

[List any reports of unexplained temperature fluctuations]

Has There Been Any Unexplained Electrical Disturbances?

[List any reported electrical disturbances such as problems with lights, appliances, etc]

Has There Been Any Unexplained Plumbing Problems?

[List any reports of problems with the plumbing (water turning on, leaks, floods, etc)]

Is Anyone Experiencing Sleep Difficulties?

[List if any occupants are having trouble sleeping, including nightmares]

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Has There Been Any Reported Physical Contact Made?

[List if anyone reports that physical contact has been made (slaps, taps, scratches, push, etc)]

Have Any of the Pets at the Site Been Affected?

[List if there are reports of the pets being affected by the events]

Describe the First Account of Paranormal Activity:

[Have the reporting party describe the first account of activity witnessed by them]

Who First Witnessed the Phenomena?

[List the name of the first person who witnessed the activity]

What Time Was The First Occurrence of the Phenomena?

[List the time that the phenomena was first noted to include month, date, and time]

What was the Witnesses Reaction to the Phenomena?

[How did the witness react when the phenomena first happened]

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Were There Other Witnesses to the First Event?

[List any other witnesses to the first event]

How long is the Average Duration of the Phenomena?

[What is the average length of time of the occurrences?]

How Often Does the Phenomena Occur?

[Note the frequency of the phenomena when it occurs]

Does Anyone Feel Threatened By the Phenomena?

[Note if anyone feels threatened by the phenomena, and if so, why?]

What Do The Occupants Feel Is Happening?

[Note the opinion of the witnesses on what they think is happening]

Do All the Occupants Agree on what is Happening?

[Note if everyone agrees on what is reported, or are there disagreements]

Case Intake Questionnaire

What Would you Like to have Accomplished By Our Visit?

[Ask what the reporting party would like accomplished by the investigation]

Any Other Information?

[Is there anything else the reporting party would like to add?]

Any Other Groups Investigated the Site?

[List any other groups that have investigated site]

Investigator Completing Questionnaire	
Investigator Signature	
Date Interview Completed	