

GHOST-PA™

Ghost Hunters of Southern Tioga - PA

Pre-Interview Questionnaire (3 pages)

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 at the location:
14. History of the site:
15. How many rooms in the site:
16. Has the house been blessed:
17. Has there been any recent remodeling (if yes explain):
18. Any occupants on prescribe medications (anxiety, depression) if yes please list (Confidential):
19. Any occupants using illegal drugs (Confidential):
20. Any occupants drink alcohol heavily (Confidential):

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21. Any occupants interested in the occult (Ouija, séances, psychics, spells):
22. Any occupants currently seeing a psychiatrist or in therapy. (Confidential):
23. Any occupants with frequent or unexplained illnesses (if yes explain):

24. Have any religious clergy been consulted: if so who?
25. Has there been any media involvement: if so who?
26. Have there any other witnesses besides the occupants (if yes names and relationships):

27. Have there been any odors, sounds, voices (If yes please list):

28. Has there been any movements of objects (if so where, when and what):

29. Has there been any apparitions, if so where, when and what:

30. Has there been any uncommon cold or hot spots: if so when, where and what:

31. Have there been any electrical or plumbing problems: if so when where or what:

32. Any occupants having nightmares or trouble sleeping:
33. Have there been any physical contact by unseen agents:
34. Are pets affected: if so, how:

35. Who witnessed the phenomena:

36. What was the witnesses reaction to the phenomena:

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37. Did anyone else witness the phenomena:

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

39. How often does the phenomena occur:

40. Do any of the occupants feel the phenomena is threatening:

41. What do the occupants believe is happening:

42. Do all the occupants agree on what is happening:

43. What would you like to see accomplished from our visit:

I certify that all the answers above to my knowledge are true and correct with no intent to deceive or otherwise falsify any facts about this case.

Signed _____ Date _____