

# ANUBIS PARANORMAL RESEARCH ORGANIZATION



## Client Interview Questionnaire

By filling out the form below you will help us create a pre-evaluation of the location in question. All data is completely confidential and will never meet the public eye without your written consent. Use a separate piece of paper if necessary noting the number and section of the question, if there is not enough room on this form to complete your answer.

### I – Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apt./Unit #

City State Postal Code

How long have you lived/worked at this location? \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: / / Relationship:  Single  Partnered  Divorced  Widow  Other

Location of apparition: \_\_\_\_\_

Dates: \_\_\_\_\_

### II – Other Witnesses

1 - Full Name: \_\_\_\_\_ / /  Male  Female  
Date of Birth Sex

2 - Full Name: \_\_\_\_\_ / /  Male  Female  
Date of Birth Sex

3 - Full Name: \_\_\_\_\_ / /  Male  Female  
Date of Birth Sex

4 - Full Name: \_\_\_\_\_ / /  Male  Female  
Date of Birth Sex

### III – Encounter Questions

1. Can you describe the paranormal experience?

2. If it was an apparition, how far away was it from the person who reported the sighting?

3. If it was an experience, what happened? What was the person doing when it happened?

4. Did the apparition cast a shadow?

5. Did the entity manipulate make contact with the subject, make sounds, have a smell, or move any objects?

6. Did the entity make eye contact with the subject?

7. Did the entity acknowledge anyone present in any way?

8. Did the entity speak? And if so, what exactly did it say?

9. Did the entity move? If yes, explain.

10. Could you see an apparition? If so, was it solid or translucent?

11. What was the apparition wearing?

12. How long was the apparition visible?

13. Was this the first sighting? If not, explain in as much detail as possible (reviewing the questions above).

#### IV – Conditions at the Time of the Sighting

1. What were the weather conditions like that day?

Date:

DD/MM/YYYY

2. What were the weather conditions at the time of the sighting?

Time:

am  pm

3. Was there any visible lightning or was thunder heard?

4. Was there any precipitation? (Rain, snow, hail, for, mist, etc)

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5. Were there any electrical problems before, during, or after the sighting?

6. Was there any noticeable variation in the temperature before, during, or after the sighting?

## V – Witness Questions

Witness Name: \_\_\_\_\_ / /  Male  Female  
Date of Birth Sex

1. What were you doing before the experience occurred?

2. What first made you notice the entity's presence?

3. What did you think was happening? Or if it was an apparition, what did you think it was?

4. Describe what the apparition was doing when you saw it?

5. Did you notice any unusual, or out of place smells, during the experience? If so, please describe the odors.

6. How long did it last, and how did you lose sight of the apparition?

7. Were you sleeping before the experience?

8. Were you feeling tired before the sighting?

9. Describe what you did before, during and after the sighting?

10. Did you attempt to communicate with the entity?

11. Were you able to capture any images of the apparition on film or video?

12. Did you move toward or away from the apparition?

13. Describe your thoughts during the experience:

14. Had you experienced anything like this before?

15. Had anyone you know ever experienced anything similar to this? If so, please describe who, when, and what.

## VI – General Questions

1. Were there any animals present at the time?

2. What were the reactions of the animals before and after the experience?

3. How did the animals act before, during, or after the experience?

4. Did any objects break before, during, or after the experience?

5. Was there any type of physical or sexual attack by the apparition?

6. Did you hear any abnormal sounds? If so, please explain what they sounded like.

7. Did you hear any abnormal voices? If so, what did they sound like, and what was said?

8. Did anything else unusual happen, before during, or after the experience?

9. Have you noticed any patterns of the entity's appearances?

10. Does the experience happen the same each time, or is it different with each occurrence?

## VII – Location Questions

Type of Building: \_\_\_\_\_ House, office, store, apartment, townhouse, condo, etc.  
Type of Structure: \_\_\_\_\_ Wood, brick, stone etc.  
Approximate area:  Sq. Feet  Sq. Meters Construction Date: DD/MM/YYYY  
Total square footage: \_\_\_\_\_ Is the attic being used? \_\_\_\_\_  
Number of rooms: \_\_\_\_\_ Is the basement being used? \_\_\_\_\_

1. Is there a lake, pond, or natural water source on the property?

2. Are there other physical structures on the property?

3. In which room(s) do the paranormal activities occur?

4. Does any natural occurrence precede, or trigger the paranormal activity to the best of your knowledge?

5. Do you know the history of the land that this dwelling is built?

6. Does this dwelling or property have any known history of violence? Murder, rape, beatings, etc.

7. Has there been a death in the dwelling, or on the property that you are aware of?

8. Have there been séances, or Ouija Boards used inside the dwelling?

9. Have you ever had other paranormal researchers investigate this activity? If so, who, and what was the conclusion?

10. Has a priest, rabbi, or other religious group ever been called in on this sighting?

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11. Have any blessing rituals or exorcisms been performed inside the dwelling?

12. Do you have any knowledge on the prior residents or former owners of the dwelling or property?

## VIII – Medical Questions

13. Had you consumed alcohol within 24 hours of the sighting? If so, how long had you been drinking and how much did you consume?

14. Did you take any prescription medications within 24 hours of the sighting? If so, what, when, and how much?

15. Had you taken any over-the-counter medications within 24 hours of the sighting? If so, what, when, and how much?

16. Do you wear glasses or contact lenses? If so, were you wearing them at the time of the sighting?

17. How is your hearing?

18. Do you wear any auditory enhancing devices such as a hearing aid? If so, what kind? And is it worn all the time?

19. Do you wear glasses or contact lenses? If so, were you wearing them at the time of the sighting?

20. Do you have any difficulty with your sense of smell? If so, please explain.

21. Do you have any difficulty with your sense of touch? If so, please explain.

22. Do you have any difficulty with your sense of taste? If so, please explain.

**23. Have you ever been under the care of a psychiatrist?**

**24. Have you ever been diagnosed with schizophrenia?**

**25. Do you have any known health problems?**

**26. How is your sleep?**

**27. Have your sleeping patterns changed?**

**28. Are you getting a full-night's sleep?**

**29. Have you had nightmares lately?**

**30. Have you been experiencing headaches, nausea, stomach pains, or dizziness?**

**31. Have you vomited in the past 2 days?**

**32. Have you ever had a Near-Death-Experience (NDE)?**

**33. Are you currently under the care of a medical doctor for anything?**

**34. Do you feel depressed or nervous? If yes, please explain.**

**35. Do you feel you have an abnormal amount of stress or anxiety in your life?**

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36. Has anyone important to you, family or otherwise, recently died?

## IX – Knowledge of the Paranormal

1. Do you believe in ghosts?

2. Do you believe in psychic or paranormal phenomena?

3. What ordinary, normal explanations have you considered? Why do you think the events are paranormal?

4. Have you or any of the others involved had any paranormal experiences in the past? If so, when?

5. Have you or any of the others involved had any psychic experiences in the past? If so, when?

6. Have you (or anyone else who witnessed the event) been interested in paranormal phenomena before this? If so, in what context has it been discussed?

7. What is your theory as to what may be going on? What theories have you discussed with others involved?

8. Have you contacted the 'experts' about this before? If so, what was their conclusion?

9. What books or articles have you read about paranormal or psychic phenomena, supernatural or unresolved mysteries?

10. Please describe your feelings about paranormal or psychic phenomena?

11. What is your family's religious background? What is your current religious status?

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**12. Have you ever taken courses on the paranormal, psychic, or spiritual supernatural? If so, when and why?**

**13. Has there been any publicity surrounding these events? Has the press found out about what's going on here? If so, which members of the media and how can we contact them? If not, can you be sure there won't be any publicity?**

**14. What would you like us do regarding this sighting to help you? What are your expectations?**

**15. Would you allow us and our colleagues do a serious, scientific investigation of the occurrences for you? Understanding that we will report what we find, if anything, and provide you with whatever evidence we may find.**