

Client Activity Questionnaire



All information will be kept confidential

Case Number

Name

Address

Phone Number

Email Address

Do you live here? Yes No

If yes do you: Own Rent

If no, provide name and contact information of property owner below:

How long has the activity been occurring?

Please describe the activity you are experiencing.

Check all that apply

I've Noticed:

- Weird Smells
- Objects moving without cause
- Lights, appliances or other things turning on and off
- Cabinets, drawers, doors, windows opening/closing
- Items going missing without explanation
- Missing item suddenly reappearing
- Batteries dying more quickly than they should
- Vibration or movement of furniture, floors, walls, etc.
- Other people behaving strangely while here

I've Seen

- Figures or parts of figures
- Shadows
- Smoke or mist
- Movement in the corner of my eyes
- Lights or flashes

I've Heard

- Whispers or voices
- Knocking
- Footsteps
- Laughing or crying

I've Felt

- Touches
- Unexplained temperature changes
- Drafts or breezes
- Unexplained scratches or bruises

I've Sensed

- Feeling like someone is watching me
- Feeling like someone is following me
- Unexplainable changes in behavior or mood
- Unusual emotions
- Unexplained crying

Who lives or works at this address?

Name: <input type="text"/>	Age: <input type="text"/>	Name: <input type="text"/>	Age: <input type="text"/>
Name: <input type="text"/>	Age: <input type="text"/>	Name: <input type="text"/>	Age: <input type="text"/>
Name: <input type="text"/>	Age: <input type="text"/>	Name: <input type="text"/>	Age: <input type="text"/>

Do any of the current occupants have a history of or current health or mental health issues? Describe

What is the spiritual belief(s) of all the occupants?

Do you or anyone else on the property believe they have psychic abilities? Describe

Are there any pets or animals at the residence/business?

Name and Breed: <input type="text"/>	Age: <input type="text"/>
Name and Breed: <input type="text"/>	Age: <input type="text"/>
Name and Breed: <input type="text"/>	Age: <input type="text"/>