

EPI Client Questionnaire

Name	Do you live here?	
	Yes	No
Address	House	<input type="checkbox"/>
	Apartment	<input type="checkbox"/>
	Business	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Phone Number	Email Address	

Describe the activity you are experiencing

I've noticed		Explain
	Weird smells	
	Objects moving without cause	
	Lights or other things turning on and off	
	Cupboards, drawers, doors, windows opening/closing	
	Items going missing without explanation	
	Missing items suddenly reappearing	
	Batteries dying more quickly than they should	
	Vibration or movement of furniture, floors, walls, etc.	
	Other people behaving strangely while here	
	Appliances turning on and off	
	Other:	
I've heard		Explain
	Whispers or voices	
	Knocking	
	Footsteps	
	Laughing or crying	
	Other:	
I've felt		Explain
	Touches	
	Unexplained temperature changes	
	Drafts or breezes	
	Unexplained scratches or bruises	
	Other:	
I've seen		Explain
	Figures or parts of figures	
	Shadows	
	Smoke or mist	
	Movement out of the corner of my eye	
	Lights or light flashes	
	Other:	
I've sensed		Explain
	Feeling like someone is watching me	
	Feeling like someone is following me	
	Changes or behavior in mood that can't be explained	
	Unusual emotions	
	Unexplained crying	
	Other:	

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Who lives or works at this address? (Use back for additional)

Name	Age	Male	Additional Information
		Female	
Name	Age	Male	Additional Information
		Female	
Name	Age	Male	Additional Information
		Female	
Name	Age	Male	Additional Information
		Female	
Name	Age	Male	Additional Information
		Female	
Name	Age	Male	Additional Information
		Female	
Name	Age	Male	Additional Information
		Female	

Do any of the current occupants have a history of or current health or mental health issues? Please describe (information will be kept confidential):

What are the spiritual beliefs of the occupants?

Do you or anyone else on the property believe they have psychic abilities? Please describe who and how those abilities manifest.

Pets (use back for additional)

Name	Breed	Age/Gender	Additional Information
Name	Breed	Age/Gender	Additional Information
Name	Breed	Age/Gender	Additional Information
Name	Breed	Age/Gender	Additional Information

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Location, Occupant and Property History

Date Built:	Do you know the occupants who were here before you?	If YES, list names and details you know.	
	Yes	No	

How long has the activity been occurring?	Have others before you reported unusual activity? If yes, explain.
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Have the people reporting the activity in this location experienced anomalous activity elsewhere? If yes, explain.

Has the location undergone any recent changes or renovations? If yes, explain.

Are there any known maintenance issues, such as drafty windows, plumbing problems, issues with power or appliances, etc.? If yes, explain.

Describe any antiques or second-hand items you have on the property. Were there activity changes when you brought them?

Describe any significant military items you have on the property such as medals, war souvenirs, guns used in the war, uniforms, military surplus, etc. Include location.

Do you have any cremains or items made from cremains on the property? Describe them and their location.

Describe any animal or human remains located on or near the property. Where are they located?

Describe any mementos you have from loved ones who have passed. Where are they located?

Describe anything else located on the property you believe may be affecting activity.

Describe any significant events that have occurred on or near the property.

Describe any paranormal activity of which you are aware in the area (neighborhood, vicinity, etc.).

What natural land formations or bodies of water are nearby (mountains, lakes, underground springs, rivers, etc.)? Please note where they are located in relation to the property).

What man-made structures are nearby (high voltage wires, cell towers, power switch yards, etc.) Please note where they are located in relation to the property).

Describe any other nearby features you may be affecting the activity on the property.

Property Details

Please attach a map of the property with any areas of significant concern highlighted (or draw one below).

Area or Floor: _____

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