

# Sacramento Paranormal Intuitive Research Investigation Team

## Interview Questionnaire

Date of Interview: \_\_\_\_\_ Name of Investigator: \_\_\_\_\_

### Location Information

Physical Address of Investigation: \_\_\_\_\_

History of the Location: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Documentation of any previous paranormal accounts: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Occupant Information

Number of Occupants at location: \_\_\_\_\_

Names, birth date and gender of occupants:

1)	/ /	
2)	/ /	
3)	/ /	
4)	/ /	
5)	/ /	
6)	/ /	

Have any of the Occupants encountered any of the following? (Check all that apply.)

- Voices (If yes, explain: \_\_\_\_\_)
- Smells/Odors (If yes, explain: \_\_\_\_\_)
- Shadows (If yes, explain: \_\_\_\_\_)
- Being Touched (If yes, explain: \_\_\_\_\_)
- Apparitions (If yes, explain: \_\_\_\_\_)
- Unexplained lights (If yes, explain: \_\_\_\_\_)
- Smokey forms (If yes, explain: \_\_\_\_\_)

- Feelings of being watched or followed
- Unexplained breezes
- Hot or Cold Spots
- Moving, disappearing/rearranged objects
- Door(s) opening/closing
- Electrical disturbances
- Mood changes (If yes, explain: \_\_\_\_\_)
- Recent death of a loved one (If yes, explain: \_\_\_\_\_)
- Recent anniversary of a loved ones death
- Renovations of location (If yes, explain: \_\_\_\_\_)
- Problems with appliances:
  - TV
  - Radio/Stereo
  - Computer
  - Clock/Cloak Radio
  - Microwave
  - Other: \_\_\_\_\_

Are there any accounts of paranormal phenomena occurring at occupants previous residence or a history of hoaxing involved with occupant or family member?

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