

**DFW Paranormal Investigations**  
**Pre Investigation Questionnaire**

**Contact Info**

Name and age:

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Home phone:

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Cell phone:

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E-Mail Address:

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Has any other group or organization been contacted? (If yes, please state who):

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**PART 1: Site Information**

Address of site to be investigated:

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How many occupants at the site?

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Please list EACH occupant living or working at site with COMPLETE name and age

1. \_\_\_\_\_.

2. \_\_\_\_\_.

3. \_\_\_\_\_.

4. \_\_\_\_\_.

5. \_\_\_\_\_.

6. \_\_\_\_\_.

7. \_\_\_\_\_.

8. \_\_\_\_\_.

9. \_\_\_\_\_.

10. \_\_\_\_\_.

What does each occupant do for a living?

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What are the Occupants religious beliefs?

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Amount of time at the site:

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Age of site:

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How many previous owners?

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History of the site: (Tragedies, Deaths, Previous Complaints)

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How many rooms are at the site?

List each room and what floor it is on.

Do include bathrooms etc.

Also include if basement if finished or not:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

Has the site been blessed?

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Has there been any recent remodeling?

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What remodeling has been done?

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**PART 2: Client Information**

Are any occupants on medication?

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If yes, what is the medication being used to treat?

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Any occupants interested in the Occult, Use an Ouija Board, or interested in Séances, Psychics, or Spells?

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If so, to what extent?

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Which occupants, if any, are currently seeing a mental Health Professional?

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What is your highest level of education?

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Do any of the occupants have trouble sleeping?

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Have you or anyone close had a near death experience?  
(If so, please explain who and what happened)

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Has anyone close to you passed away recently?

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Who, When, and what relationship did you have with the person(s)?

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How would the phenomena be explained where you grew up?

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How would have your parents explain what was happening?

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What knowledge and to what extent is your knowledge of the Paranormal?

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Have you or any occupant experimented with Witchcraft or the Occult?

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Please explain your answer in detail if you have answered "Yes":

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**PART 3: Occupant Experiences**

Please give us a description of each of the events that you or anyone else in the home has experienced in your home:

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Who has witnessed these events (and what events have they witnessed?) that do not live in the home?

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Have there been any unexplained odors? (Perfumes, Flowers, Sulfur, or Excrement)

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What has been smelled and when was it and in what location of the home was it in?

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What unexplained sounds have heard by you or anyone else in the home? (Footsteps, Knocks, or Bangs)

Please state what sound(s) have been heard by whom... when they were heard and in what location of the home they have been heard:

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Has anyone heard any voices? (Whispering, Yelling, Crying, or Speaking)

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Please state what type of voice and what has been heard by whom... when they were heard and in what location of the home they have been heard:

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Has there been any movement of objects?

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Explain what has been moved, and if anyone actually watched it move or if it was just noticed it in a different spot:

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Have there been any unexplained hot or cold spots? If yes, please explain:

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Have there been any personal attacks? If yes, please explain:

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## **PART 4: Occupant Observations**

When and what was the very first occurrence of any phenomena?

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What was the initial reaction to the phenomena?

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What was the duration of any and all phenomena?

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Who was first to witness the phenomena?

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Were there any other witnesses?

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What time of day was the first occurrence of the phenomena?

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How often do any of the phenomena occur?

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What are the patterns to any phenomena that are experienced such as a certain time of day or week?

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Does anybody feel the occurrences have increased since they were first noticed? If so, in what way?

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What is the strangest incident experienced so far?

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What were the weather conditions when the phenomenon occurred?

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What is the most frightening incident that you have experienced so far?

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What do you and the occupants believe is happening?

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**PART 5: Pets and Animals**

Are there Pets in the home or business?

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If so, please state the type of animal and how many of each type you have:

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If you have a pet, has any pet or animal shown unexplained behavior?

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If so please explain:

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How long have you had your pet or animal?

**PART 6: Additional Home / Business Information**

Have there been any problems with electrical appliances?

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What have the problems been?

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Have there been any problems with plumbing?

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What have the problems been?

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Do your electrical devices plug into a three or two prong outlet?

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Did you believe that this location was "haunted" when you moved in?

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Were you told the location was possibly "haunted" when you moved in?

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What Religious Clergy have been consulted if any?

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## **PART 7: Final Questions**

What do you believe to be the source of the phenomena and what makes you believe this?

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Do you believe in Ghosts, Spirits, or Entities?

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If so, how long have you believed in the paranormal?

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Do the occupants feel this is threatening? If yes...Who and why do they feel it is?

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Have you visited any haunted locations before; alone or in a group?

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When and where was that?

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Do all occupants agree that what is happening is paranormal or

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Do the occupants believe in the supernatural?

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If not...what do others believe is happening?

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Do you have any desire to keep the phenomena from leaving? If you do, for what reason?

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Have you done any type of "investigating" on your own? Please explain what you have done to investigate, what equipment you have used, what evidence have you found and what your results or findings have been:

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What would you like to see come from our investigation?

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