



Indiana Ghost Hunting Organization Seeking Truth

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www.ighost.org

PRELIMINARY INTERVIEW QUESTIONNAIRE

1. Address of site:
2. Mailing Address (if different):
3. Classification of Site (residence, business, other):
4. Name(s) of witness(es):
5. Phone number:
6. E-mail Address:
7. Number of occupants at location:
8. Occupants' names and ages:
9. Occupants' occupations:
10. Number and types of pets (if any):
11. Length of occupancy at the location:
12. Age of the site:
13. Number of previous owners (if known):
14. Number of rooms at the site:
15. History of site (tragedies, deaths, previous complaints):
16. Recent remodeling? (If so, what and where):
17. Religious clergy consulted? (If so, please list church):

18. Occupants' religious beliefs:
19. Has the location been blessed or exorcised?
20. Any occupants on prescribed medication (anxiety, depression, pain, etc.)? Please list names and medications:
21. Any occupants using illegal drugs (this will be kept confidential)?
22. Any occupants drink alcohol heavily (this will be kept confidential)?
23. Any occupants interested in the occult (Ouija, séances, psychics, spells)? If so, who and what?
24. Any occupants currently seeing a psychiatrist or in therapy? If so, who? This will be kept confidential:
25. Any occupants with frequent or unexplained illnesses? (If yes, describe):
26. Have there been any odors: (i.e. perfumes, flowers, sulfur, ammonia, excrement, etc)? If so, when, where and what:
27. Have there been any sounds: (i.e. footsteps, knocks, banging, etc) If so, when, where and what:
28. Has there been any movement of objects? If so, when, where and what:
29. Have there been any voice (whispering, yelling, crying, speaking)? If so, when, where and what:
30. Have there been any apparitions? If so, when, where and what:
31. Have there been any uncommon cold or hot spots? If so, when, where and what:
32. Have there been any problems with electrical appliances? (TV, lights, kitchen appliances, doorbells, frequent battery drainage). If so, when, where and what:
33. Have there been any problems with plumbing? (leaks, flooding, sinks, toilet bowls) If so, when, where and what:
34. Has there been any physical contact? If so, who, where and what happened:
35. Have there been any other witnesses besides the occupants (names, ages, and relationships)?

36. Describe the first occurrence of the phenomena (what and when happened):
37. What time of day was the first occurrence of the phenomena?
38. What is the witness's reaction during the phenomena?
39. Were there any other witnesses during the first event?
40. Who first witnessed the phenomena?
41. How long is the average duration of the phenomena?
42. How often does the phenomenon occur?
43. Any occupants having nightmares or trouble sleeping? If so, who and when:
44. Do any of the occupants feel the phenomena are threatening? If so, who and why:
45. What do the occupants believe is happening? (I.e. it's supernatural, natural, unsure, etc.):
46. Do all of the occupants agree on what is happening? Do any think it is nonsense or not happening?
47. What would you like to see accomplished from our visit?