

MASSCONN PARANORMAL

When Things Go Bump in the Night, We Bump Back!

www.MassConnParanormal.com

Interview Questions

Introduction: Some of these questions may be considered controversial or too personal. All answers are voluntary; only answer the questions you feel are relevant. These interview questions are used to help us determine what kind of paranormal activity you have. You may answer each question or give us a detailed description of what happened.

Everything written or discussed on this form is strictly CONFIDENTIAL and will not be publicized in any way or form.

Case #: (Leave blank)

Date of Contact: / / (Leave blank) Date of Interview: / / (Leave blank)

Name of Investigator(s):

(Leave blank)

Location Information

(All information on these forms will be kept confidential)

Physical Address of Investigation:

Address:

City/State/Zip Code:

Contact information of occupants:

Phone: E-Mail address:

Mailing address:

Address:

City/State/Zip Code:

If a rental property, is it ok to contact the landlord to attain a history of occurrences and background?

Yes No - Landlord name & contact information:

History of Location

(date built, previous occupants, battles or other confrontations near location, paranormal phenomena, etc.):

Rental property Yes No Number of Stories Bedrooms Baths

Living Areas Basement Crawlspace or Attic

Notes:

Are there any enclosed or walled-off empty spaces in the building? Yes No

Have you done any renovation on the property? Yes No

Any known deaths on property? Yes No

If yes Name and cause of death:

Area(s) where activity seems to be the most concentrated:

Have you found any left behind possessions from previous owners/tenants? Yes No

Is any of the furniture in the house left from previous owner/tenants? Yes No

Are there any antiques or used furniture items in the house? Yes No

Are there any graves on the property? Yes No

Are there any old wells on the property? Yes No

Have you ever found anything unusual buried on the property? Yes No

Have you noticed any unusual scratches or any other markings on the walls or furniture? Yes No

Has there ever been a fire or flood on the property? Yes No

Has anything ever been stolen from the property? Yes No

Occupant Information

Number of occupants at location: Currently:

During paranormal experiences:

Names, gender, and birth date of occupants (add additional to back of sheet or attach):

1.	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8.	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupant's occupations:

What are the Occupants religious beliefs?

How long have you lived there before the incident happened?

Do the occupants have any previous experience with the paranormal? Yes No

Explain

Do you have maid service or anyone else who comes to work at the property on a regular basis?
 Yes No

Have you ever seen any strangers hanging around the property? Yes No

Have you ever noticed any windows or doors open that should have been shut? Yes No

Ever noticed any unusual lights on the property or in the sky above the property? Yes No

Does anyone who doesn't live at the property have a key to the property? Yes No

Have you talked to any of your neighbors about the activity? Yes No

What did they have to say about it?

Do you have any problems with any of your neighbors? Yes No

Any stray animals or neighbor's pets that hang around your property? Yes No

Ever see or hear any strange or unusual animals on the property? Yes No

Ever had any problems with mice or other pests? Yes No

Is there any way for squirrels or other critters to get into your attic or basement? Yes No

Do you store paint or any other sorts of noxious chemicals in the house? Yes No

Do you keep the windows and doors locked when you're not at home and while sleeping?
 Yes No

Have you had the property blessed by any sort of religious authority? Yes No

Ever notice any unusual stains on the floors or walls or ceilings inside the property? Yes No

Have any of occupants encountered any of the following? (Check all that apply):

Voices (if yes, explain:)

Calling of your name from no apparent source.

Smells/Odors (if yes, explain:)

Being touched (shoulder, arm, etc.).

Tugging of clothes.

Shadows (if yes, explain:)

Apparitions (any specific time of day?:)

Unexplained lights.

Orbs.

Smoky forms.

Sudden unexplained breezes.

Hair on arms and neck standing on end.

Strong random thoughts.

Strong feelings of being watched or followed.

Cold or hot spots (if yes, explain:)

Recent death of loved on (if yes, give information:)

Recent anniversary of loved one's death, birthday, anniversary, etc. (if yes, give information:)

Tapping or Knockings from no source.

Mood changes, especially in one room (if yes, explain:)

Conversations with spirits (if yes, explain:)

Moving/disappearing/rearranged objects.

Furniture rearranged.

Movement out of the corner of your eye (usually when you are alone).

Electrical disturbances (frequent light bulb, burnouts, etc.).

Appliances on/off

Puberty of family member or emotional stress of adolescents in area.

Renovations in location (if yes, explain:)

Problems with appliances: Check the following:

TV Radio/Stereo Computer Clock/Clock Radio Microwave

Other:

Ever feel like something or someone was putting thoughts in your mind, or able to read your mind?

Yes No

Do you ever feel compelled to do things you wouldn't normally do? Yes No

Do you ever sit things down only to come back shortly thereafter and find that they are missing?

Yes No

Do you ever find things in unusual places, or find things missing from their usual Place? Yes No

Do you ever feel like the television or radio is sending out special messages not everyone can see and hear?

Yes No

Do you believe in ghosts? Yes No

Do you believe in any other sorts of paranormal or ESP phenomena? Yes No

Do you believe you have any sort of extrasensory abilities? Yes No

Have you ever practiced any sort of meditation or astral projection? Yes No

Have you ever had an out-of-body or near-death experience? Yes No

Have you ever witnessed any other sort of paranormal phenomenon before occupying this property?

Yes No

Has anyone who doesn't live here witnessed any of the activity? Yes No

For parents: Do your children get along well? Yes No

Do your children do well in school? Yes No

Do you believe that any of your children (in your estimation) are hyperactive? Yes No

Have any of the children seemed depressed or quieter lately? Yes No

Do the children report seeing things or hearing things that you think they're simply making up?

Yes No

Do any of the children report having imaginary friends? Yes No

Any occupants on medication? Yes No

If yes, Please list:

Any occupants drink alcohol heavily? Yes No

Ever have any problems with sleep, particularly consistently waking up at about the same time at night?
 Yes No

Any recurring strange dreams or nightmares? Yes No

Does the house ever seem darker inside than it should be, i.e. when the curtains and blinds are open and it's sunny outside? Yes No

Have you ever felt like you're being watched, or not alone when you are? Yes No

Have you ever got a sense of something in the house sending out "vibes" of kindness or love?
 Yes No

Have you ever gotten a sense of something in the house sending out "vibes" of despair or sadness?
 Yes No

Have you ever gotten a sense of something in the house sending out "vibes" of anger or malevolence?
 Yes No

Ever dream of the property before the first time you saw it? Yes No

Noticed more illness or more severity in illness since occupying the property? Yes No

The reason we're asking the next few questions is not to cast doubt on the reality of the phenomena that have been witnessed, but because there could be a concrete link between mental health issues and genuine phenomena.

Overall how would you rate your families mental health? Excellent Somewhat good
 Average Somewhat poor Poor Not sure

Is there a history of mental disorder in your family? Yes No

If "Yes", please select which family member has/had a history of mental illness.
 Mother Father Brother Sister Grandfather Grandmother Other

Has anyone ever been diagnosed with a mental disorder before? Yes No

Has anyone ever been committed? Yes No

Has anyone felt particularly low or down for more than 2 weeks in a row? Yes No

Is anyone habituated to drugs and alcohol? Yes to both Only to Drugs Only to Alcohol
 Not habituated to either

Was any of the member in your household physically abused? Yes No

Anyone in the house ever consulted a mental health professional? Yes No

When was the last mental health examination done?

If so, was there a diagnosis? Yes No

If so, is anyone on any mental health medications

Is anyone in the house on any type of non-prescribed medication? Yes No (If so, please list)

The next few questions are once again not to cast doubt on anything you've experienced, but because drugs can depress the Central Nervous System, and are often a way to cope with stress.

Does anyone in the house drink? Yes No

Do you feel like you're drinking more since moving in or since the activity started? Yes No

Have you ever used any street drugs? Yes No

Anyone have any serious chronic illnesses? Yes No

Have you felt a change in mood or attitude since the activity began? Yes No

Have you felt more tired since the activity began? Yes No

Would you consider yourself to be religious or spiritual people? Yes No

Noticed any sounds that would be associated with animals, growls or grunts, scratching or clawing sounds?
 Yes No

Are you ever stressed over finances? Yes No

How stressful would you say your life is on a scale of 1-10? 1 2 3 4 5 6 7 8 9 10

Ever hear any unusual sounds in the house, footsteps, voices, or children? Yes No

If you've ever heard voices in the house, did you recognize them, or did they tell you who they were?
 Yes No

Ever hear any tapping or knocking sounds? Yes No

Have you felt like there was something in the house that was trying to scare you on purpose?
 Yes No

Ever notice any unusually cold areas on the property? Yes No

Ever notice any unusual drafts or movements of air on the property? Yes No

Ever seen an apparition on the property, whether a human form or animal form or a non-human form?
 Yes No

If so, did it make any noise or did you notice anything else unusual when you saw it? Yes No

Did you feel as if the apparition was aware of your presence? Yes No

If it did not make any noise, did you feel like it was trying to communicate something to you non-verbally?
 Yes No

Did you recognize the apparition, or did it let you know in any way who it was? Yes No

Do you ever see things moving out of the corner of your eye? Yes No

Ever notice an unusual amount of static electricity on the property? Yes No

Ever have any puddles of standing water that are unexplained? Yes No

Having any problems with plumbing, pipes rattling or breaking, toilets backing up? Yes No

Have you had any relatives or close friends die recently? Yes No

Were any of them suicides or otherwise tragic deaths? Yes No

Ever have any fires that were unexplained? Yes No

Noticed any scratches, bite marks or bruises that were unexplained? Yes No

Has anything you haven't been able to see touched you? Yes No

If so, was it like being brushed against, or having a hand laid on you, or hugged, or pushed or shoved, or slapped?

Has anything that you haven't been able to see touched you in an inappropriate place? Yes No

Do you have any enemies that you know of? Yes No

Ever had a seizure or blackout? Yes No

Do any of you speak any foreign languages? Yes No If so, how well?

Any occupants interested in the occult? (ouija, séances, psychics, witchcraft) Yes No

Have any religious clergy been consulted? Yes No

Have there been any other witnesses besides the occupants? Yes No

Have there been any unusual odors? (perfumes, flowers, sulfur) Yes No

Have there been any unaccountable sounds? Yes No

Have there been any voices? (whispering, shouting, crying, speaking) Yes No

Has there been any movement of objects? Yes No

Have there been any levitations? Yes No

Have there been any uncommon cold or hot spots? Yes No

Any occupants having nightmares or trouble sleeping? Yes No

Have there been any physical attacks? Yes No

Are pets affected? Yes No

When was the first occurrence of the phenomena?

What was the witness's reaction during the phenomena?

How long was the duration of the phenomena?

Who first witnessed the phenomena?

What time was the first occurrence of the phenomena?

How often does the phenomena occur?

Do the occupants feel the phenomena is threatening? Yes No

What do the occupants believe is happening?

Do all of the occupants agree on what is happening or do SOME think it's nonsense?

Describe what happened in your own words?

Where were you when it first occurred?

What were you doing?

What first caught your attention?

What did you think...what were your thoughts?

What were your reactions directly after the incident?

Are there any accounts of paranormal phenomena occurring at occupants' previous residence?

Yes No

If so, explain:

Any history of hoaxing involved with occupant or family member? Yes No

If yes, explain:

Have any idea or opinion on who or what could be haunting you? Yes No

If yes, explain:

Could you tell us the entire story in your own words from start to end?