



Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Recorded?      Y / N

Name: \_\_\_\_\_

Street, City, State: \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Site of investigation \_\_\_\_\_ Residence?      Y / N

This is to help us understand your experiences and perceptions.  
 All information provided is strictly confidential and will not be used by SSPR or it's members for any unlawful means.

Please circle one:            Residence owner            Residence renter            Business

Is the age of the structure known?            Y / N            \_\_\_\_\_

How long have you been at this location?            \_\_\_\_\_

Is the history of the location known?            Y / N            \_\_\_\_\_

How many rooms on property? (List rooms & weather active is present.)

Room	Activity ( Y / N )	Describe activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**How many residents in the home?** (Age, name and relationship)

Age	Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**What kind of phenomena have you currently been experiencing?** (Circle all that apply)

(apparitions, being touched, dizziness, feelings of fear, feelings of dread, feeling of pressure, footsteps (running footsteps), headaches, hot or cold spots (temperature changes), light anomalies, missing and returned objects, objects moving or levitating, noises (banging, knocking, tapping), smells/odors, shadows, voices), electronic issues, plumbing issues

*List others below:*

**When did you first notice activity?** (Who was the first to notice activity?)

**Does the activity happen frequently/deration?** (During the day, or night, at specific times, or around specific people or pets?)

**Do children report seeing people who are not there? Do animals seem to track people who are not there?** Y / N (if yes please explain below)

**Have non residences had experiences on the property? Are they willing to talk with members of SSPR about their experiences?** Y / N  
(if Yes please explain below)

**Does anyone in residence experience trouble sleeping, or nightmares?** Y  
/ N (if yes please explain)

**Do you feel like you are trying to be communicated with?** Y / N  
**Voices/noises heard?** (child, female, male) (where/when) (decipherable?)

**Is the history of the property known?** Y / N (if Yes please explain below)

**On a scale of 1 to 10, 1 being moderate and 10 extreme, what would you rate the level of activity?**

1 2 3 4 5 6 7 8 9 10

**Do you feel threatened?** Y / N

**Are you considering moving?** Y / N

**Have you or had your home cleansed previously?** Y / N (if Yes did this help)

**Would you be open to a blessing of your home?** Y / N

**Has there been media involvement?** Y / N (if Yes please explain below)

**How did you hear about SSPR?**

**What are your expectations from having SSPR investigate?**

**Additional notes:** Please use the back of this form.