

# Pine Tree Paranormal

## 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, gender and birth date of occupants:

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

### Contact Info of Occupants

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

How long have occupants lived at location: \_\_\_\_\_ Years \_\_\_\_\_ Months

**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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