



## Investigation Questionnaire INDIANA GHOST TRACKERS

Property owner / building \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### SITE OCCUPANCY

1. Number of occupants at location \_\_\_\_\_
2. Occupants names and ages \_\_\_\_\_  
\_\_\_\_\_
3. Occupants occupations \_\_\_\_\_
4. Occupants religious beliefs \_\_\_\_\_
5. Time of occupancy at the location \_\_\_\_\_
6. Occupants on medication(s) \_\_\_\_\_
7. Occupants currently seeing a psychiatrist \_\_\_\_\_
8. Occupants using alcohol \_\_\_\_\_
9. Occupants using illegal drugs \_\_\_\_\_
10. Occupants interested in the occult — Ouija, séances, psychics, spells, etc. \_\_\_\_\_
11. Witnesses besides the occupant(s) \_\_\_\_\_

### SITE HISTORY

1. Age of this site \_\_\_\_\_
2. Number of previous owners and names, if available \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. History of site — tragedies, deaths, previous complaints, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Location been blessed \_\_\_\_\_
5. Religious clergy been consulted \_\_\_\_\_
6. Any media involvement \_\_\_\_\_

**SITE DESCRIPTION**

1. Number of rooms at the site \_\_\_\_\_
2. Has there been any recent remodeling, if so explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SITE EXPERIENCES**

1. Any odors — perfumes, flowers, sulfur, excrement, etc.  
\_\_\_\_\_
2. Any sounds — footsteps, knocks, banging, etc. \_\_\_\_\_
3. Any voices — whispering, yelling, crying, speaking, etc. \_\_\_\_\_
4. Any movement of objects \_\_\_\_\_
5. Any levitations \_\_\_\_\_
6. Any uncommon cold or hot spots \_\_\_\_\_
7. Any problems with electrical appliances — TV, lights, kitchen appliances, doorbells, etc.  
\_\_\_\_\_
8. Any plumbing problems — leaks, flooding sinks, toilet bowls, etc.  
\_\_\_\_\_
9. Any occupants having nightmares or trouble sleeping \_\_\_\_\_
10. Any physical attacks? \_\_\_\_\_
11. Any pets affected? \_\_\_\_\_
12. When was the first occurrence of the phenomena? \_\_\_\_\_
13. What was the witness(es) reaction during the phenomena? \_\_\_\_\_
14. What was the duration of the phenomena? \_\_\_\_\_
15. Who first witnessed the phenomena? \_\_\_\_\_
16. Were there any other witnesses? \_\_\_\_\_
17. What time of day did the phenomena first occur? \_\_\_\_\_
18. Currently, how often does the phenomena occur? \_\_\_\_\_
19. Do the occupants feel the phenomena is threatening? \_\_\_\_\_
20. What do the occupants believe is happening? Is it supernatural?  
\_\_\_\_\_
21. Do all occupants agree on what is happening, or do they think it is “nonsense?”  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
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**HOME/PROPERTY/BUILDING DESCRIPTION**

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