



# Paranormal Investigation Interview Checklist

## Client Contact Information

### Name

First Name

Last Name

### Phone Number

Please enter a valid phone number.

### Email

example@example.com

### Best Time To Contact:

### Address

Street Address

Street Address Line 2

City

County

Postal Code

### Home

Please Tick

**Flat**

Please Tick

**Business**

Please Tick

**Other:**

**Age Of Property:**

**How Long Have You Lived/Owned This Property?**

**Initial Report**

**Brief Description Of The Activity:**

**Urgency Level (Scale 1-5):**

1 2 3 4 5

High

Low

**Activity Details**

**How Often Does This Activity Occur?**

Daily

Weekly

Sporadically

Other

**If Ticked "Other" Please Tell Us:**

**Are There Any Particular Times Of Day Or Night This Activity Happens?**

## **Types of Activity (Tick all that apply)**

### **Types Of Activity (Tick All That Apply)**

Unexplained sounds (footsteps, voices, knocks, etc.)

Visual sightings (shadows, apparitions, lights, etc.)

Physical sensations (touch, cold spots, feelings of unease, etc.)

Object movement or disturbances

Electrical issues (e.g., lights flickering, devices turning on/off)

Unusual smells (e.g., perfumes, sulphur, rotting odours)

Other

**If You Ticked Other, Please Describe What Types Of Other Activity Is Taking Place:**

## **Location-Specific**

**Are there areas in the property where the activity is concentrated?**

Yes

NO

**If Yes, Describe:**

## **Witnesses**

**Have Others In The Household Experienced The Activity?**

Yes

No

**If Yes, Briefly Tell Us What Happened:**

**Have Visitors Or Neighbours Noticed Anything Unusual?**

Yes

No

**If Yes, Briefly Tell Us What Happened:**

## **Personal And Historical Context:**

**Have you or anyone in the household experienced paranormal activity in other locations?**

Yes

No

**Are there any significant events in the property's history?**

Deaths

Violent Events

Other

**If Other, Describe:**

**Do you know of any history about the land (e.g., near a battlefield, burial site)?**

Yes

No

**If Yes, Describe:**

**Have any household members practised occult activities (e.g., séances, Ouija boards, spell-casting)?**

Yes

No

**If yes, Describe:**

## **New Items in the Home**

**Have you recently acquired any new items? (e.g., furniture, antiques, gifts)**

Yes

No

**If Yes, List The Items:**

**Are any of these:**

Secondhand?  
Inherited?  
Historically significant?

**Have you noticed increased activity after bringing these items into the property?**

Yes  
No

## Physical and Emotional Effects

**Has anyone experienced physical harm (e.g., scratches, bites)?**

Yes  
No

**Has anyone experienced emotional changes (e.g., nightmares, mood swings, oppression)?**

Yes  
No

**Do any household members feel targeted by the activity?**

Yes  
No

## Client Goals

**What do you hope to achieve from this investigation?**

**Are you seeking:**

Validation?  
Answers?  
A solution (e.g., cleansing, clergy involvement)?

**Are you open to natural explanations if discovered?**

Yes

No

**Disclaimer: Unseen Frequencies provides free investigative services to assist with potential paranormal phenomena. We do not guarantee results, nor do we claim to resolve or eliminate any supernatural occurrences. All investigations are conducted discreetly, with client confidentiality as a priority. If at any time you feel in danger or have feelings of self-harm, it is important to seek medical advice immediately.**