

# NEPA - Case Investigation Questions

05/16/20, Rev. 4



## North East Paranormal Associates

Site Address: \_\_\_\_\_

Site Town/State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Site Type: \_\_\_\_\_ House \_\_\_\_\_ Apt \_\_\_\_\_ Business \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Historic \_\_\_\_\_ Other

Site Description: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Age of Structure/Year of Construction: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_ Floors: \_\_\_\_\_

Occupants' Names & Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Duration of Occupancy (if living here): \_\_\_\_\_

1. Why do you want an investigation? \_\_\_\_\_

\_\_\_\_\_

2. Details of activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How long has this been happening? \_\_\_\_\_

4. What do you expect/hope to discover? \_\_\_\_\_

5. Any prior paranormal experiences? \_\_\_\_\_ What/When? \_\_\_\_\_

6. Who were the previous owners? \_\_\_\_\_

7. Who currently owns the property? \_\_\_\_\_

8. Do you have the owner(s)' permission for the investigation? \_\_\_\_\_

9. Is the owner aware of the current paranormal activity onsite? \_\_\_\_\_

10. Is the owner aware of any previous paranormal activity onsite? \_\_\_\_\_

11. Do you know any History of the site (owners, uses, deaths, tragedy, illnesses, complaints)? \_\_\_\_\_

\_\_\_\_\_

12. Any occupants interested or involved in the occult? \_\_\_\_\_

13. Have there been any other witnesses? \_\_\_\_\_

14. Any unusual odors/smells (smoke, perfume, flowers)? \_\_\_\_\_
15. Any voices (whispers, singing, talking, crying)? \_\_\_\_\_
16. Any noises (knocks, steps, groans, taps)? \_\_\_\_\_
17. Any movement of objects? \_\_\_\_\_
18. Any missing & reappearing of objects? \_\_\_\_\_
19. Any malfunctioning appliances (TV, lights, kitchen)? \_\_\_\_\_
20. Any odd behavior by pets (fear, stare, whine)? \_\_\_\_\_
21. Any sleeplessness, nightmares, restlessness? \_\_\_\_\_
22. Any apprehension, fear, worry, or concerns? \_\_\_\_\_
23. Any uncommon hot or cold spots/sensations? \_\_\_\_\_
24. Any pattern to the occurrences (time, day, people, events)? \_\_\_\_\_  
\_\_\_\_\_
25. Any moving shadow or fleeting figures observed? \_\_\_\_\_
26. Any lights seen or photographed? \_\_\_\_\_
27. Any people felt touched, pushed, scratched? \_\_\_\_\_
28. Any movement felt while in bed, couch, chair? \_\_\_\_\_
29. Any sense of being watched or a presence? \_\_\_\_\_
30. Who first witnessed the phenomena? \_\_\_\_\_
31. When did the activity occur (time, situation)? \_\_\_\_\_
32. How long did the phenomena last? \_\_\_\_\_
33. How frequently does the activity occur? \_\_\_\_\_
34. Do the occupants feel the phenomena is threatening? \_\_\_\_\_
35. Do the occupants want the activity to stop or just seeking info? \_\_\_\_\_
36. Do the occupants want any paranormal activity to "move on" or stay? \_\_\_\_\_
37. Do the occupants want a Cleansing or a Blessing performed? \_\_\_\_\_
38. Do all occupants agree on what is happening? \_\_\_\_\_
39. Are any occupants adverse to any investigation? \_\_\_\_\_
40. Are there any religious sensibilities or considerations? \_\_\_\_\_
41. Do the occupants prefer that any children not be present? \_\_\_\_\_
42. Requested Follow-up Investigation? \_\_\_\_\_
43. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Investigator(s): \_\_\_\_\_ Date: \_\_\_\_\_