

## PK QUESTIONNAIRE

The document below is the standard set of questions for any client that may be experiencing high levels of psychokinesis (PK). If you are an experiencer, please feel free to print out this document, complete it to the best of your ability, and send it to the address located at the end of this form. You may also contact us by email with your responses.

Name\_\_\_\_\_ Date\_\_\_\_\_

Address\_\_\_\_\_

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

Phone\_\_\_\_\_ Email\_\_\_\_\_

DOB\_\_\_/\_\_\_/\_\_\_\_\_ Marital Status\_\_\_\_\_

# of children & ages\_\_\_\_\_

Religious affiliation\_\_\_\_\_

Spiritual/religious practices (spiritual teacher, meditation, healing techniques)

\_\_\_\_\_

\_\_\_\_\_

Location(s) of PK disturbance(s)

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\_\_\_\_\_

List any witnesses to disturbances along with relative facts (i.e. date, age, relationship to above named individual, experience description)

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Continue on reverse side if necessary.

The following questions are a compilation from a variety of other investigators who are also studying anomalous events. In our attempt to determine the underlying cause(s) of your experiences, the questions will reflect the possible source(s), be they physical, emotional, spiritual, or induced by natural or manmade electromagnetic frequencies et al.

1. Are any of the following near your home: quarry, reservoir, hill, radio mast, power lines, TV/radio station, ham radio?

2. Do you ever experience electrical rippling sensation under the skin?

3. Do you often receive electrical shocks?

4. Does electrical equipment often behavior oddly in your presence (explain)

5. Does your hair often stand on end for no noticeable reason?

6. List any known allergies or sensitivities to specific products

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7. Do you ever notice a metallic taste in your mouth?

8. Are you sensitive to light? florescent lighting? sunlight? wear tinted glasses?

9. Is the lifetime of lightbulbs in your home unusually short or long?

10. Are you sensitive to medications?

11. Have you ever been diagnosed with clinical depression? anxiety disorders?

12. Are you now or have you ever sought psychological counseling? If so, do you

perceive it as being beneficial?

13. Have you ever been exposed to any type of major electrical event such as an electrical shock, lightening strike, etc.? (If so, explain)
14. Have you experienced magneto-phosphenes (small flickering lights) in your field of vision, and if so please describe their location (upper, lower, right, left)?
15. Would you describe your childhood as happy?
16. Do you feel that you any unresolved issues with people in your life? Are you harboring any ill feelings towards others?
17. Do you experience any recurring dreams? If so, please describe.
18. Do you often experience feelings of deja vu strongly?
19. Do you have difficulty expressing your wants, needs, or desires?
20. Do you have difficulty making up your mind?
21. Do you have difficulty saying "no" to others?
22. Is it hard for you to look a person in the eyes?
23. Do you find yourself frequently getting involved with people who end up hurting you?
24. Do you consider others' opinions more important than yours?
25. Do people tend to take advantage of you?
26. Do you feel "different" from other people?
27. Have you ever been treated for ailments that appear to be undiagnosable?

28. Have you ever had any type of cranial exam (X-ray, MRI, CAT Scan)?

29. Have you ever been exposed to toxic elements?

30. Have you been overly exposed to X-rays throughout your life?

31. Have any medical scans indicated any unusual tumors, spots, objects?

32. Have you ever experienced any ringing/whistling/high-pitched noises, and if so,

is it predominantly in one ear?

33. Have you ever experienced any time periods in which you had memory loss that

could not be attributable to drugs, alcohol, or a medical condition? ( Please elaborate)

34. Do you frequently use alcohol or drugs now or in the past?

35. Have you ever experienced dreams that seemed real, but they were so strange that

you knew they couldn't be? Explain.

36. Have you ever undergone hypnosis, and if not, would you be open to exploring it?

To be completed if you have previously undergone hypnosis:

a. For what reason did you undergo hypnosis?

b. Did you have memories of any unexplained experiences?

c. Did you experience any unusual physical or emotional responses?

37. Do you find it more difficult to concentrate?

38. Are you experiencing any sleep problems, and if so please describe?
39. Do you experience any sudden, unexplainable anxiety responses to objects, situations, etc.? (If so, explain)
40. Have you ever awakened and found yourself unable to move?
41. Do you often experience nightmares?
42. Are you currently taking any prescription medications?
43. Do you find that you have no memory of important events in your life?
44. How would you describe your relationship with your family?
45. Do you feel as if time is either slowing down, speeding up, etc. from a different rate than those around you?
46. Have you ever experienced episodes of psychic insight (precognition)?
47. Does anyone in your family seem to have psychic abilities?
48. Do you find that objects in your home may become missing and mysteriously reappear?
49. Do you ever get the feeling there is an unseen presence in your home?
50. Have you ever seen a spirit/entity, and were you able to look directly at it?
- (Please elaborate)
51. Have you had any recurring or persistent medical problems?

52. Have you ever experienced any type of unusual healing (spontaneous/alternative)?

53. Have you ever had a near-death type experience?

54. Have you ever had an out-of-body experience?

55. Have you ever felt that you had an encounter with a spiritual figure, angel,

spirit guide, deceased loved one, etc.?

56. Have you ever seen a UFO? Did you feel as if you made contact with any beings?

57. Have you experienced unusual nosebleeds?

58. Do you have any unexplainable scars/ bruises, etc.?

59. While experiencing strange phenomena, do you ever notice any type of scent/odor?

60. Have you ever used a medium, held a seance, used an OUIJA board, been exposed to occult rituals, etc.?

61. Have you given any recognition to a specific object (i.e. personification) that

seems to be the focus of PK?

62. Are there any drastic temperature fluctuations normally in your home?

63. Do temperature fluctuations occur during PK events?

64. Do you often feel under stress, frustrated, angry?

65. Do PK problems occur at a specific time of day? seasonal? holidays/birthdays?

moon cycles?

66. Do you hear noises resembling a stranger in the house?

67. Have you ever heard talking/breathing from an unknown source, and if so, was

the sound emanating from within your head or did it appear to be external?

68. Explain any disturbances that you may have had with electrical appliances, telephones, lights, faucets, etc....

69. Is there a specific area in your home that feels uncomfortable?

70. Have you ever been in a building said to be haunted?

71. Have you ever been witness to a murder or unusual death?

72. Do you feel as if anyone has ever placed a curse on you?

73. If items have ever disappeared and then reappeared, have you ever noticed any

noteworthy physical sensation when touching them?

74. Have you ever had your situation looked into by the clergy?

75. Are there any reports from past residents of your site? Have you researched your deed?

76. Do animals react oddly in your residence?

77. Do any PK events seem to follow a number pattern (i.e. always 10 knocks on the wall)?

78. Have you ever noticed any unusual animal activity at night (i.e. birds singing)?

79. Please describe any sounds you may have heard (i.e. scratching, moaning, screaming, rapping, breathing, whispering, footsteps, etc.).

80. Have you ever noticed any mysterious writing in your home?

81. Has there ever been any occurrence of spontaneous fires?

82. Have you ever heard odd voices on the phone or scenes on the TV?

83. Have you ever seen any orbs of light? If so, describe their color, shape, sound, changes, behavior, etc.

84. Have you purchased or been given any antiques, second hand furniture, unusual gifts, etc. that coincide with the beginning of the disturbances?

85. Have you ever noticed any unusual footprints?

86. Do you feel as if you have experienced an unusual amount of bad luck?

87. Have you or anyone in your family ever experienced glossolalia (speaking in tongues)?

88. Do you feel that if an entity is involved, it has made an attempt to communicate in any way? Have you ever asked for a "sign" of its presence?

89. Overall, would you describe these events in your life as terrifying, curious, interesting, fun, or enlightening?

90. If you leave your home, do the events seem to follow you or anyone else?

91. Does any type of activity seem to provoke PK phenomena?

92. Does any type of activity seem to calm PK activity?

93. If possible, would you like the activity to cease? If you want it to continue, please

explain your response.

This survey has been conducted by:

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