

In the Shadows PARANORMAL PROJECT

Paranormal Event Document

General Information

Date:	Name:
Names of other people present:	
Names of other people present:	
Names of other people present:	
Names of other people present:	
Time:	Location:

Events

Describe the Event:

Where the event took place, were there?	How many / often?				
Drafty Windows	1	2	3	4	5
Creaky or Unstable Floors	1	2	3	4	5
Noisy Pipes	1	2	3	4	5
Changes in Temperature	1	2	3	4	5
Apparitions	1	2	3	4	5
Sensation of Being Watched	1	2	3	4	5
Sudden Mood Changes	1	2	3	4	5
Discarnate Voices	1	2	3	4	5
Electrical Problems	1	2	3	4	5
Disappearing Objects	1	2	3	4	5
Psychic Impressions	1	2	3	4	5



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