The Paul Sinclair / Dr Martin Abbas

Paranormal Phenomenon Contact Stratification and Triangulation Tool.

This tool (questionnaire) is designed to take the details of a contact episode.

It is to take a summary of the event in such a way as to ensure that as many aspects of the event are recorded.

It is not only to document the event but to try to understand why it happened.

With some contacts there may be a conscious decision by the phenomenon to interact with the individual and do so in specific ways. There is potentially at that point things that the phenomenon is detecting or looking for before it interacts. Are we in some way attracting the activity even if we don’t want it?

This tool may help to understand if there is a trigger or reason that may attract the phenomenon, by collating the data and triangulating the variables from many cases looking for any common themes. Of course, the contact may just be locational, and the individual(s) affected may have been just in the right or wrong place at the right time depending on the nature of the event good or bad.

Please note none of the questions are compulsory and if you do not feel comfortable answering any question leave it blank and we will not infer anything other than it being missed out.

Do describe as well as you can the answers to these questions, if possible, by measuring the level of the event phenomenon. If you have equipment such as a Tri field meter or thermometer, please do record this information, but even if you have no equipment, you can still quantify the experience. If you heard a noise for example how loud was it out of 10. For things that are less tangible such as emotions like fear you could measure this out of 3 where 1 is not scared and 3 being very scared.

If there is not enough room in any of the boxes, please describe things in more detail at the end of the questionnaire.

If you are happy to have a follow up call with the team, please leave your contact details directly with the team.

If at any time during or after completing this form you are medically unwell physically or with mental ill health, please speak to a health professional for further support

Please send your forms through to Paul and Martin at the email address below at -

aliendisclosure@aliendisclosure.co.uk

Confidentiality Note.

We shall not keep any contact details with any forms, and they will be anonymised meaning we shall not store any person specific identifiers with any form.  Any personal information recorded shall not be shared without your consent. You can ask for your questionnaire to be deleted at any time.

 1) What best describes your experience, and please indicate at what level it was:

a) Ghost / Poltergeist

GE Score

1 Visual sighting

2 Physical effects left

3 Entity interacts with you

4 Entity abducts you

5 Entity is called to interact with you

b) Demonic / Angelic Phenomenon

DE Score

1 Visual sighting

2 Physical effects left

3 Entity interacts with you

4 Entity abducts you

5 Entity is called to interact with you

c) UAP / USP / ILF / ET / CE level 1-5

1 Visual UAP sighting

2 Physical effects left

3 Entity seen

4 Entity abducts you

5 Entity called to and interacts with individual.

 d) Cryptid – Include level similar to CE

1 Visual sighting

2 Physical effects left

3 Entity interacts with you

4 Entity abducts you

5 Entity is called to interact with you.

2) Brief Description

Please describe if more than one event happened. If you like you can use 2 forms for each episode. If you do use two forms do not fill out the personal information section more than once.

3) Location of the event

4) Were you hungry or full at the time of the event?

5) If you had eaten had you had large amounts of sugar prior to the experience?

6) Duration of the encounter

7) Were you tired or rested prior to the event.

8) Any mediation / seance prior to the event ? Ignore if not applicable.

9) Auditory activity.  Did you hear anything?

10) Inter mind communication such as Mind Speak. (words inserted in to your mind) or Visual Speak (Images inserted) into your mind.

11) Visual activity. Did you see anything?

12) Olfactory activity. Did you smell anything?

13) Gustatory activity. Did you taste anything?

14) Touch activity. Did you feel anything touch you or unusual sensations on the skin or internally?

15) Thermal (Temperature) Changes  Atmospheric / Individual

16) Electrical activity (lights or other things turning on or off

17) Telekinesis activity (things moving on their own

18) Mechanical or magnetic activity

19) Emotional Activity -  Calmness / Fear / Anxiety

20) Any Apport (objects left by the activity)

21) What do you think is the origin or nature of the phenomenon

22) **Person specific Information**

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| Age |
| Sex |
| Ethnicity |
| Culture you most identify with |
| Work History |
| Maximum Educational Achievement |
| Alcohol usage prior to the event |
| Medical HxInclude medication and other drugs if applicable and willing to include.  |
| Psychiatric  History (mental ill health problems  if any) |
| Social HistoryInclude recent stress factors such as bereavement  |
| If stressful a trigger present was this in the last 3 months   |
| If stressful a trigger present was this in the last 12 months   |
| Have you had any stressful event ever that might have made you more likely to experience unusual activity |
| Attitude to the event -Was the event spontaneous or Were you searching for and event |
| Type of Phenomenon interested in / hoping for if applicable. |
| Number of previous episodes of the phenomenon you have experienced.If possible brief description.  |
| Age of first experience.  |
| Any family members with similar contact activity |
| Any previous military experience. (optional)  |