**EXPERIENCER CONTACT QUESTIONNAIRE**

**ACERN**

Thank you for making the time to complete this questionnaire on contact experience. Please answer each question as honestly as possible; there are no right or wrong answers. In each question you will be asked to show the extent to which you agree or disagree with a statement. If you *strongly* *agree* with a statement, circle the number ➆. If you *strongly disagree* with a statement, circle ➀. If your feelings are not strong or neutral, circle one of the numbers in the middle.

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| **1** | **Please rate the extent to which you agree or disagree with the following statements. Circle only one number for each statement.** | ***Strongly******Disagree*** | ***Strongly******Agree*** |
| **Feelings** |
| **1** | I feel more connected to the stars than to the earth | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **2** | I feel different to my parents and siblings, almost like I’ve been adopted | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **3** | I feel no-one else is the same as me | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **4** | I feel drawn to a universal spirituality | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **5** | I feel I have a mission or purpose, but am not yet conscious of what it is | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **6** | I feel my body seems dense and/or bulky | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **7** | I feel connected to all living things | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **8** | I feel passionate and care deeply about the planet | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **9** | I feel the impulse to draw unusual symbols or pictures | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **10** | I feel the urge to draw faces of unusual beings | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **11** | I feel the urge to speak in a strange language that feels familiar to me | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **12** | I feel I’m constantly being watched or observed | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **13** | I feel I’m being touched by someone or something when I’m resting or sleeping | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **14** | I feel that I’m sharing my consciousness with another being | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **15** | I feel I can sometimes be in two places at once | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **16** | I feel I can visit or see other places/planets with my consciousness | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **17** | I feel someone is speaking telepathically to me at times | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **18** | I feel a need to have a holistic, healthy and mainly vegetarian diet | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **19** | I feel that I’ve got unusual small objects implanted in my body | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **20** | I feel that I’ve got unusual strange children elsewhere | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **21** | I feel I can hear people’s thoughts | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **22** | I feel drawn to travel to remote places | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **23** | I feel a strong connection or a pull to a strange planet which feels like home | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| **2** | **Please rate the extent to which you agree or disagree with the following statements. Circle only one number for each statement.** | ***Strongly******Disagree*** | ***Strongly******Agree*** |
| **Awareness** |
| **1** | I am aware of a healing energy in my hands | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **2** | I can see auras, colours, and/or energy fields around people | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **3** | I dream that my body or mind has been changed or altered in some way | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **4** | I’m aware of different energies in and around people | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **5** | I have dreams of where I’m attending an unusual school | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **6** | I have out-of-body experiences and where I’m going through walls or windows | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **7** | I have dreams of where I’m flying | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **8** | I have difficulty at times being in crowds of people | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **9** | I’m aware of past lives as a human or extra-terrestrial | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **10** | I’m aware of being in a dual reality at times | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **11** | I’m aware of events before they happen | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **12** | I’m aware of information/knowledge in my head that I’ve not consciously learnt | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **13** | I’m aware of perceiving orbs or balls of light | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **14** | I have played with or am known to have unusual imaginary friends | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **15** | I question/ed information taught at school | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| **3** | **Please rate the extent to which you agree or disagree with the following statements. Circle only one number for each statement.** | ***Strongly******Disagree*** | ***Strongly******Agree*** |
| **Physical Effects** |
| **1** | I see strange beings with my physical eyes or with my inner eye | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **2** | I have energy surges in my body at times | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **3** | I have marks or scars on my body that I cannot explain | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **4** | I sometimes wake up with nose bleeds | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **5** | I learnt to read, speak, or walk earlier than average | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **6** | I become distressed when any living thing is harmed or killed | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **7** | I see Unidentified Flying Objects (UFOs) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **8** | I am fascinated by UFOs or the possibility of ET life forms | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **9** | I draw unusual writing or scripts | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **10** | Sometimes my thoughts can affect lights or objects | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **11** | Electrical equipment reacts erratically around me | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **12** | I have difficulty wearing a watch | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **13** | Occasionally my body will spontaneously levitate | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **14** | I’ve woken up and felt I had been healed in some way | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **15** | There are memory gaps in my childhood | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **16** | I have paralysing dreams where I feel I’m awake but cannot move | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **17** | I have experienced missing or extra time episodes | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **18** | I have/had difficulty fitting in at school or in life generally | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **19** | I am sensitive and allergic to many pollutants and drugs | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **20** | I have sensitive/acute hearing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **21** | My sleep patterns are irregular | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **22** | I experience strange or unusual psychic or paranormal phenomena around me  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **23** | My vital signs (i.e. heart rate) are slower than normal (60-70 beats per min) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **24** | I have lower blood pressure and body temperature than normal | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **25** | People say I look much younger than my chronological age | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| **4** | **Please rate the extent to which you agree or disagree with the following statements. Circle only one number for each statement.** | ***Strongly******Disagree*** | ***Strongly******Agree*** |
| **Fears** |
| **1** | I am fearful of clowns, Father Christmas, owls, spiders, large insects, cats, wolves | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **2** | I recall being visited by beings that seem like skeletons | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **3** | I fear the dark, closets, long passageways, and elevators – even as an adult | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **4** | I fear rooms without curtains | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **5** | I am fearful of certain locations | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **6** | I react with excessive fear to medical surroundings, procedures and/or needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| **5** | **To analyse the information we receive from you, we need to be able to classify it into broad categories. Your personal information will not be used for identification purposes.**  |
| **1** | **What is your gender?** Circle only one. |
|  |  |  |  |  |
| **2** | **What is your age?**  |
|  |  |  |  |  |  |  |
| **3** | **What is your job/career?**  |
|  |  |  |  |  |  |  |
| **4** | **What is the job/career of your choice – it is the one you have always wanted to do, even as a child?**  |
|  |  |  |  |  |  |  |
| **5** | **What is your country of origin?** Write below |
|  |  |  |  |  |
| **6** | **What language/s do you speak?** List below with preferred language listed first |
|  |  |  |  |  |

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| **6** | **Open-ended question and answer. Complete these questions if you feel it will assist your ACERN worker to better assist you and more quickly. This section can be completed later.**  |

**1. Describe your earliest memory of strange phenomena or paranormal activity**

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**2. Detail anything else you believe relevant to your situation?**

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**3. What would you like to achieve by having contact with ACERN and FREE?**

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**4. Do you have anything else you would like to add? Please insert below.**

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**Thank you for completing this questionnaire.**

**Please now save and email to Mary at** **starline@iinet.net.au** **or telephone**

**+61 7 4974 7219 to book a time to discuss your situation.**