**EXPERIENCER CONTACT QUESTIONNAIRE**

**ACERN/FREE**

Thank you for completing this questionnaire on measuring your contact experience. Answer each question as honestly as possible; there are no right or wrong answers and you don’t have to answer every question. For 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, circle a middle number.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | |
|  |  |  |  |  | | |
| **6** | **Open-ended question and answer. Complete these questions if you feel it will assist your ACERN worker to better assist you. It is not necessary to answer these questions now.** | | | | | |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Thank you for completing this questionnaire.**

**Please now save this questionnaire to your computer and email to Mary at** [**starline@iinet.net.au**](mailto:starline@iinet.net.au)

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