



# American Peripheromenal Survey

## Experience Questionnaire

REGION 10: CASCADIA

FORM ID: APS-SUB-3.2  
REV: 2026-01

### Statement of Purpose

Thank you for participating. This research aims to systematically document anomalous human experiences; events that exist on the periphery of current scientific understanding.

We are adopting an experience-centered approach. This means we are interested in documenting the event exactly as you perceived it, along with the context surrounding it. We are not here to judge the objective reality of your experience, but to create a comprehensive record of these occurrences.

**INSTRUCTIONS:** Complete to the best of your ability. Your identity is hidden and protected. Return to a Field Researcher or via scan to [cascadia@aps-project.org](mailto:cascadia@aps-project.org).

All responses are strictly anonymous unless you choose to provide contact information.

### PART 1: WITNESS PROFILE (DEMOGRAPHICS)

**1. Age Group:**

- [ ] 18-25 [ ] 26-35 [ ] 36-45  
 [ ] 46-55 [ ] 56-65 [ ] 66+

**2. Gender Identity:**


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**3. Occupation:** (Required for Socioeconomic Analysis)
 

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**4. Cultural Background:**


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### PART 2: THE ENCOUNTER (CONTEXT)

**5. Location (Jurisdiction):**

- [ ] WA [ ] OR [ ] ID [ ] BC  
 [ ] AK (SE) [ ] NorCal

**6. Witness Status:**

[ ] Alone [ ] With 1 Person [ ] Group

**7. Specific Location:** (Landmarks, Mile Markers, GPS)
 

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**8. High Strangeness Indicators:** Did you experience any of the following? (Check all that apply)
 

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|---|---|
| <input type="checkbox"/> <b>UNNATURAL SILENCE</b> (The “Oz Factor” - Ambient noise stops) | <input type="checkbox"/> <b>PARALYSIS</b> (Inability to move voluntary muscles) |
| <input type="checkbox"/> <b>THE HUM</b> (Low-frequency mechanical vibration)              | <input type="checkbox"/> <b>SOMATIC NAUSEA</b> (Dizziness, Headache, Vertigo)   |
| <input type="checkbox"/> <b>MISSING TIME</b> (Unaccounted lapses)                         | <input type="checkbox"/> <b>OZONE SMELL</b> (Sulfur, metallic taste)            |
| <input type="checkbox"/> <b>TECH FAILURE</b> (Battery drain, glitch, stall)               | <input type="checkbox"/> <b>SUDDEN DREAD</b> (Irrational panic/fear)            |

## PART 3: NARRATIVE DESCRIPTION

**9. Your Account:** *Describe the event in your own words. Focus on sensory details (sight, sound, smell).*

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**10. Attribution (Theory):** *At the time, what did you think was happening?*

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## PART 4: DATA CONSENT (REQUIRED)

**OPTION A: PUBLIC ARCHIVE (Recommended)**

I authorize the APS to include my anonymous story in the public online registry. (All names and contact info are permanently redacted).

**OPTION B: DATA ONLY (Restricted)**

I authorize the APS to use my report for internal analysis/mapping only. **Do NOT** publish my narrative text.

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**Contact Info (Optional):**

(For follow-up only. Never published)

Methodological Agnosticism Observed.