



The Washington State Periphenomenal Survey: Experience Questionnaire

Status: Subject-Facing (Printable / Offline Version)

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.

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

Part 1: Background & Context

This section helps us understand the perspective you bring to your experience.

1. Age:

☐ Under 18 | ☐ 18-24 | ☐ 25-34 | ☐ 35-44 | ☐ 45-54 | ☐ 55-64 | ☐ 65+

2. Gender: _____

3. Country & Region of Residence: _____

4. Cultural Background:

What would you describe as your primary cultural or ethnic background?

5. Worldview & Beliefs:

How do you currently identify spiritually or philosophically? (e.g., Agnostic, Religious, Spiritual, Scientific Materialist, Open to the Unknown, etc.)

6. Information Sources & Interests:

Prior to your experience, which of the following topics did you engage with regularly? (Check all that apply)

- ☐ Online forums regarding unexplained events (e.g., Reddit, specialized forums)
- ☐ Podcasts or videos about the paranormal, true crime, or high strangeness
- ☐ Content related to "simulation theory," "shifting," or quantum mechanics
- ☐ Science Fiction / Horror media
- ☐ None of the above

Part 2: The Account

Please tell us the story of the event in your own words.

7. Description of Event:

Please describe your experience in as much detail as possible. Focus on the sequence of events—how it started, what happened, and how it ended.

8. Immediate Reaction & Verification:

During the event, did you take any steps to test if what you were seeing/feeling was real? (e.g., turning on lights, asking others, checking devices, washing face).

Part 3: Physical & Environmental Factors

This section focuses on the concrete, physical details of the event.

9. State of Awareness:

What was your physical state immediately before the event began?

- ☐ Wide awake and active
- ☐ Driving / Performing a repetitive task
- ☐ Resting / Relaxing
- ☐ Just falling asleep
- ☐ Just waking up
- ☐ Under the influence of medication or substances

10. Physical Sensations:

Did you experience any of the following physically during the event?

- ☐ Inability to move (Paralysis)
- ☐ Pressure or weight on the chest/body
- ☐ "Electric" sensations, buzzing, or vibrations
- ☐ Sudden distinct change in temperature
- ☐ Nausea, dizziness, or disorientation
- ☐ None

11. Sensory Characteristics:

Please categorize the primary anomaly you encountered:

- **Visual:** ☐ Shadow / Dark form ☐ Solid / Life-like form ☐ Lights / Orbs ☐ Geometric patterns ☐ Visual distortion (pixelation/blurring)
- **Auditory:** ☐ Distinct voice/words ☐ Indistinct mumble/chatter ☐ Mechanical/Static noise ☐ Physical sounds (footsteps/knocks)
- **Olfactory:** ☐ Sulfur/decay ☐ Floral/Perfume ☐ Ozone/Static/Metallic
- **Other:** _____

12. Witness Corroboration:

If others were present, how did their experience compare to yours?

- ☐ We saw/heard exactly the same thing at the same time.
- ☐ We experienced different things, but at the same moment.
- ☐ Only I experienced it; they noticed nothing.
- ☐ N/A (I was alone).

Part 4: Sharing & Precedent

This section helps us understand how information about these events circulates.

13. Prior Awareness:

Had you heard of identical or very similar events (e.g., in media, online, or local stories) before this happened to you?

- ☐ Yes, I was very familiar with this specific type of event.
- ☐ I had a vague idea, but didn't think about it often.
- ☐ No, I had no prior concept of this occurring.

14. Context of Occurrence:

Were you actively seeking an unusual experience when this occurred? (e.g., visiting a specific location known for activity, using specific apps/techniques).

☐ Yes

☐ No

Part 5: Interpretation

We are interested in your personal theory regarding the event.

15. Classification:

If you had to put a label on what you encountered, what term would you use? (e.g., Glitch, Spirit, Entity, Hallucination, Phenomenon, etc.)

16. Personal Theory:

Based on your experience, do you believe the source of the event was:

- ☐ Internal (Psychological / Neurological)
- ☐ External (A physical or environmental occurrence)
- ☐ Non-Physical / Spiritual / Interdimensional
- ☐ Technological / Simulated Reality
- ☐ Undecided

Part 6: Contact Information (Optional)

Email Address:

Phone Number:

(Your contact information will only be used for follow-up questions regarding this specific event.)