

Lost Person Questionnaire

NOTE: Use pencil/black ink, print clearly. Avoid confusing phrases/words and unfamiliar abbreviations. Complete and detail answers for future use. Answer ALL questions, if possible.

Incident Title: _____ Today's date: _____ Time: _____

Interviewer(s): _____ Incident number: _____

A. SOURCE(S) OF INFORMATION FOR QUESTIONNAIRE

Name: _____ How Info Taken: _____

Home Address: _____

Phone 1: _____ Phone 2: _____ Relationship: _____

What does informant believe happened: _____

B. LOST PERSON

Full Name: _____ DOB: _____ Sex: _____

Nicknames: _____ Age: _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

C. PHYSICAL DESCRIPTION

Height: _____ Weight: _____ Age: _____ Build: _____ Eye Color: _____

Hair: Color Current: _____ Natural: _____ Length: _____ Style/Binding: _____ Wig: _____

Beard: _____ Style/Color _____ Mustache: _____ Style/Color _____ Sideburns: _____

Distinguishing marks (scars/moles/tattoos/piercing): _____

Overall Appearance: _____

Photo Available: Y ___ N ___ Where: _____ Need to be returned: Y ___ N ___

Clothing Last Worn: _____

Comments: _____

D. SCENT ARTICLE

Scent articles available?: Y ___ N ___ What: _____ Secured?: Y ___ N ___

Secure by whom?: _____

E. TRIP PLANS OF SUBJECT

Started from: _____ Day/Date: _____ Time: _____

Going to: _____ Via: _____

Purpose: _____

For how long?: _____ Exit date: _____ Alone? Y ___ N ___ Group size: _____

Done trip before? Y ___ N ___ Details: _____

Transported by whom/means: _____

Vehicle now located at: _____ Type: _____ Color: _____

License #: _____ State: _____ Verified? Y ___ N ___ By whom: _____

Alternate plans/routes/objectives discussed: _____

Comments: _____

F. LAST SEEN

Time: _____ Where: _____ Why/how: _____

Seen by whom: _____

Who last talked at length with person: _____

Where: _____ Subject matter: _____

Weather at time: _____ Weather since: _____

Seen going which way: _____ When: _____

Reason for leaving: _____

Attitude (confident, confused, etc.): _____

Subject complaining of anything: _____

Subject seem tired: _____ Cold/Hot: _____ Other: _____

Comments: _____

G. OUTDOOR EXPERIENCE

Familiar with area?: Y ___ N ___

Other areas of travel: _____

Formal outdoor training / degree: _____

Military Experience?: Y ___ N ___ What: _____ Rank: _____

Ever lost before?: Y ___ N ___ Where: _____ When: _____

Ever go out alone?: Y ___ N ___ Where: _____

Stay on trail or cross country: _____

How fast does subject hike: _____

Athletic/other interests: _____

Climbing experience: _____

Comments: _____

H. HABITS / PERSONALITY

Smoke?: Y ___ N ___ What: _____ Brand: _____

Alcohol?: Y ___ N ___ What: _____ Brand: _____

Recreational drugs?: Y ___ N ___ What: _____

Gum brand: _____ Candy brand: _____ Other: _____

Comments: _____

I. HEALTH / GENERAL CONDITION

Overall health: _____

Overall physical condition: _____

Known medical/dental problems: _____

Handicaps/deformities/prosthetics: _____

Known psychological problems: _____

Pertinent Medication: _____

Comments: _____

J. CONTACTS PERSON WOULD MAKE UPON REACHING CIVILIZATION

Full Name: _____ Relationship: _____

Address: _____ Zip: _____

Phone #: _____ Anyone Home Now?: Y __ N __

K. CHILDREN

Afraid of dark?: Y __ N __ Animals?: Y __ N __ Afraid of: _____

Feelings toward adults: _____ Strangers: _____

Reactions when hurt: _____ Cry: _____

Training when lost: _____

Active/lethargic/antisocial: _____

Comments: _____

L. ACTIONS TAKEN SO FAR

By: Family/Friends: _____

Results: _____

Others: _____

Results: _____

Comments: _____

