

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: _____
Location: _____

A. SOURCE(S) OF INFORMATION FOR QUESTIONNAIRE

Name: _____ How Info Taken: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____ Relationship: _____
Where/How to contact now: _____
Where/How to contact later: _____
What does informant believe happened: _____

B. LOST PERSON

Full Name: _____ DOB: _____ Sex: _____
Maiden Name: _____ Nicknames: _____ Other AKA's: _____
Home Address: _____ Zip: _____
Local Address: _____ Zip: _____
Home Phone: _____ Local Phone: _____ Cell Phone: _____
Cell Phone Carrier: _____ E-mail Address: _____
Birthplace: _____ Ethnicity: _____ National Origin: _____ Language: _____

C. PHYSICAL DESCRIPTION

Height: _____ Weight: _____ Age: _____ Build: _____ Eye Color: _____
Hair: Current Color: _____ Natural Color: _____ Length: _____ Style/Binding/Wig: _____
Beard: _____ Style/Color: _____ Mustache: _____ Style/Color: _____ Sideburn: _____
Facial Features Shape: _____ Skin Color: _____ Tone: _____ Complexion: _____
Color of fingernails: _____ Fake nails: _____ Color of fingernails: _____
Distinguishing marks (scars/moles/tattoos/piercing): _____
Jewelry (and where worn, incl. medical bracelets): _____
Eyewear/Contacts (sunglasses, spares): _____
Overall Appearance: _____
Photo Available: Y ___ N ___ Where: _____ Photo Returned: y ___ N ___
Comments: _____

D. 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: _____

Return time: _____ From where: _____

By whom/what: _____

Additional names, cars, licenses, etc. for party: _____

Alternate plans/routes/objectives discussed: _____

Discussed with whom: _____ When: _____

Comments: _____

E. CLOTHING

ITEMS	STYLE	COLOR	SIZE	OTHER
Shirt sweater:				
Pants: (belt/suspenders)				
Outerwear:				
Under wear/socks:				
Head wear:				
Rain wear:				
Glasses:				
Gloves:				
Neck wear: (scarf/tie)				
Extra clothing:				
Foot wear:				

Sole type: _____ Sample available: Y ___ N ___ Where: _____

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

Where is scent article now: _____

Overall coloration as seen from air: _____

F. LAST SEEN

Time: _____ Where: _____ On foot/other: _____

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 ___ How recent: _____ Other: _____

Other areas of travel: _____

Formal outdoor training / degree: _____

Where: _____ When: _____

Medical training: _____ When: _____

Scouting experience: _____ When: _____ Where: _____

How much: _____ Scout rank: _____ Scout Leader: _____

Military Experience: Y ___ N ___ What: _____ When: _____ Where: _____

Rank: _____ Other: _____

Generalized previous experience: _____

How much overnight experience: _____

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

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

Stay on trail or cross country: _____ Risk taker: _____

How fast does subject hike: _____

Athletic/other interests: _____

Climbing experience: _____

Comments: _____

H. HABITS / PERSONALITY

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

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

Recreational drugs? Y ___ N ___ What: _____

Gum brand: _____ Candy Brand: _____ Other: _____

Hobbies/Interests: _____

Outgoing / quiet: _____ Gregarious / loner: _____

Evidence of leadership: _____ Give up easy / Keep going: _____

Legal trouble (past / present): _____

Hitchhike? Y ___ N ___ Accepts rides easily: _____

Personal problems: _____

Religious: Y ___ N ___ Faith: _____ To what degree: _____

Personal values: _____

Philosophy: _____

Person closest to: _____ In family: _____

Emotional history: _____

Education (highest grade achieved): _____ Current status: _____ College education: _____

School name: _____

Teachers: _____

Subject/Degree: _____

Local/fictional hero: _____

Comments: _____

I. HEALTH / GENERAL CONDITON

Overall health: _____

Overall physical condition: _____

Known medical/dental problems: _____

Knowledgeable doctor: _____ Phone: _____

Handicaps/deforimities/prosthetics: _____

Known psychological problems: _____

Medication: _____

Dosages: _____

What will happen without meds: _____

Dentures/partials: _____ Dentist: _____ Phone: _____

Comments: _____

J. PERSONAL ITEMS / EQUIPMENT

EQUIPMENT	STYLE	COLOR	BRAND	SIZE
Pack:				
Tent:				
Sleeping bag:				
Ground Cloth/Pad:				
Fishing Equipment:				
Climbing Equipment:				
Light:				
Knife:				
Camera:				

Stove: _____ Fuel: _____ Starter: Y ___ N ___ What: _____

Drinking liquid container: _____ Liquid amount: _____ What kind: _____

Compass: _____ Map: _____ Of where: _____

How competent with map/compass: _____

Food: _____

Brands: _____

Skis: Type: _____ Brand: _____ Color: _____ Size: _____

Bindings: _____ Pole type: _____ Length: _____

How competent: _____

Snowshoes: Type: _____ Brand: _____ Color: _____ Size: _____

Bindings: _____ How competent: _____

Firearms: Y ___ N ___ Brand: _____ Model: _____ Holster: _____

Money: Amount: _____ Credit/debit cards: _____

Other documents: _____

Dog/dogs: _____

Dogs name: _____ Breed: _____

Size: _____ Color: _____ Sex: _____ Age: _____

Aggressive: _____ Barking/habits: _____

Collar: _____ Color: _____

Lead: _____ Color: _____

Comments: _____

K. ELECTRONIC EQUIPMENT

EQUIPMENT	BRAND	MODEL	COLOR	FREQUENCY
PLB/EPIRB				
GPS				
IPOD/MP3				
Wireless Device				
Laptop				
Headphone/Earbuds				
Handheld radio				
Thumb drive				
Wireless Device				

L. UPON REACHING CIVILIZATION WHO WOULD THEY CONTACT

Full name: _____ Relationship: _____

Address: _____ Zip: _____

Phone #: _____ Anyone home now: _____

Full name: _____ Relationship: _____

Address: _____ Zip: _____

Phone #: _____ Anyone home now: _____

Full name: _____ Relationship: _____

Address: _____ Zip: _____

Phone #: _____ Anyone home now: _____

M. 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: _____

N. GROUPS OVERDUE

Name/kind of group: _____ Leader: _____

Experience of group leader: _____

Address/Phone of knowledgeable person: _____

Personality clashes within group: _____

Leader types in group other than leader: _____

What would subject do if separated from group: _____

Competitive spirit of group: _____

Intergroup dynamics: _____

Comments: _____

O. ACTIONS TAKEN SO FAR

By: Family/Friends: _____

Results: _____

Others: _____

Results: _____

Comments: _____

P. PRESS/FAMILY RELATIONS

Nest of kin: _____ Relationship: _____

Address: _____ Zip: _____

Phone #: _____ Occupation: _____

Significant family problems: _____

Family's desire to employ special assistance: _____

Comments: _____

Q. OTHER INFORMATION

What haven't I asked you: _____

Comments: _____

R. SOCIAL NETWORKING

	USERNAME	PASSWORD
FACEBOOK		
INSTAGRAM		
FIND MY PHONE		
FIND MY FRIENDS		
TWITTER		
MYSACE		
PINTEREST		
LINKEDIN		
OTHER		

	USERNAME	PASSWORD
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
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OTHER		
OTHER		

INITIAL 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: _____

Location: _____

LOST PERSON:

Full Name: _____ Sex: _____ Nicknames: _____

Local Address: _____ Cell Phone: _____

Cell Phone Carrier: _____

PHYSICAL DESCRIPTION:

Height: _____ Weight: _____ Age: _____ Hair: Current Color: _____ Length: _____

Beard: _____ Mustache: _____ Overall Appearance: _____

Overall coloration as seen from air: _____

LAST SEEN:

Time: _____ Where: _____ On foot/other: _____

Seen going which way: _____

OUTDOOR EXPERIENCE:

Familiar with area: Y ___ N ___ Stay on trail or cross country: _____

HEALTH / GENERAL CONDITON:

Overall health: _____

Handicaps/deformities/prosthetics: _____

Known psychological problems: _____

PERSONAL ITEMS / EQUIPMENT:

Firearms: Y ___ N ___ Brand: _____ Model: _____

ACTIONS TAKEN SO FAR:

By: Family/Friends: _____

Results: _____
