

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: _____

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: _____ E-mail Address _____

Birthplace: _____ Ethnicity: _____ National Origin: _____ Language Spoken: _____

C. PHYSICAL DESCRIPTION

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

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

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

Facial features shape: _____ Skin color: _____ Tone: _____ Complexion: _____

Color of fingernails: _____ Fake nails: _____ Color of finger nails: _____

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

Jewelry (and where worn, incl. Medical bracelets): _____

Eyewear/Contacts (sunglasses, spares): _____ Eyesight w/out glasses: _____

Overall Appearance: _____

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

	<i>STYLE</i>	<i>COLOR</i>	<i>SIZE</i>	<i>OTHER</i>
Shirt sweater:				
Pants (belt/suspenders):				
Outerware:				
Under wear/socks:				
Head wear:				
Rain wear:				
Glasses:				
Gloves:				
Neck ware (scarf/neckerchief/tie):				
Extra clothing:				
Footwear:				
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: _____ Why/how: _____

Seen by whom: _____ Location now: _____

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?: Y ___ N ___

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: _____

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 I 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: _____ Year: _____

Local/fictional hero: _____

Comments: _____

I. HEALTH / GENERAL CONDITION

Overall health: _____

Overall physical condition: _____

Known medical/dental problems: _____

Knowledgeable doctor: _____ Phone: _____

Handicaps/deformities/prosthetics: _____

Known psychological problems: _____

Knowledgeable person: _____ Phone: _____

Medication: _____

Dosages: _____

Knowledgeable person: _____ Phone: _____

What will happen without meds: _____

Dentures/Partials: _____ Dentist: _____ Phone: _____

Comments: _____

J. EQUIPMENT

	<i>STYLE</i>	<i>COLOR</i>	<i>BRAND</i>	<i>SIZE</i>
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: _____ Kind of Liquid: _____				
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: _____

Comments: _____

K. CONTACTS PERSON WOULD MAKE UPON REACHING CIVILIZATION

Full Name: _____ Relationship: _____

Address: _____ Zip: _____

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

L. 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: _____

M. 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: _____

Intragroup dynamics: _____

Comments: _____

N. ACTIONS TAKEN SO FAR

By: Family/Friends: _____

Results: _____

Others: _____

Results: _____

Comments: _____

0. PRESS/FAMILY RELATIONS

Next of kin: _____ Relationship: _____

Address: _____ Zip: _____

Phone #: _____ Occupation: _____

Significant family problems: _____

Family's desire to employ special assistance: _____

Comments: _____

P. OTHER INFORMATION
