

ELFEN Project
(Elemental Life Form Encounters in Nature)
Survey/Questionnaire (Type S)

File # _____ Rec. [] Date _____

Completing this questionnaire:

This is a sincere and serious survey and field study (founded in 1998) that is intended for individuals that have personally encountered one or more entities that might be described as elementals, nature spirits, little people, gnomes, fauns, good people, wood nymphs, sprites, elves, fairies, apiscinisak, or any other related forms. Encounters with ghosts, apparitions, angels or UFOs are not the subject of this survey. The study explores the relationship between folklore, traditional stories and numerous ongoing reports of related encounters still occurring in modern times.

This questionnaire/survey is mostly concerned with direct encounters with these phenomenon and the descriptions, observations and experiences resulting from these events. At this phase of the investigation, we are exploring the patterns that emerge from the tabulation of the data. Names of contributors will be held in confidence and will not be reported in presentations and write-ups resulting from the data assembly. Some field studies follow-up are already underway as part of Phase II. Follow-up clarification or extrapolations are usually done by phone if the received questionnaire was not completed as a survey interview by a member of the study team. Receipt of completed questionnaires in the form of audio cassettes is very acceptable and very desirable when elaborate discussions are provided. We will interview by phone if you contact us. Circumstances of current and favourable sustained relationships with little people are of particular interest to the researchers.

For inquiries or to forward completed questionnaires, contact:

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Name _____ Phone (____) _____

Address _____

1. Year of Birth _____ 2. Male [] Female []

A. Nature of encounter

1. Briefly describe the event you experienced.

2. Was this a [] Single encounter [] Multiple or ongoing encounters

3. When did the single or first encounter take place _____ Month _____ Year

4. Age :

Single encounter: age at time of encounter _____

Ongoing encounter: age at time of first encounter _____

For ongoing encounters: Over how long a period did they occur _____ Months _____ Years

5. Time of Day Morning Afternoon Evening Overnight Anytime

6. Where did it take place? Check as many as apply

Indoors Outside house In natural area in city

7. How long did it last? (for ongoing encounters give average time) _____ hours. _____ minutes

8. a. Was there more than one being? Yes No b. If yes, how many? _____

9. Please describe their appearance

10. At the time had you been taking any of the following?

a. alcohol Yes No b. recreational drugs Yes No

11. Were you alone? Yes No

12. a. If No, who was with you? _____

Did they share your experience -- (see the same thing or hear the same thing)

b. Saw what you saw Yes No c. Hear what you heard Yes No

13. How would you describe the environment of the encounter? Check as many as apply. Was it near

Water Forest Rocks Food Countryside Urban area

Outside your home Inside your home Wilderness

14. Was this the first encounter you've had of this nature? Yes No

15. Was there communication between you? Yes No If Yes, describe: _____

16. Were there voices? Yes No If Yes, what did they say _____

17. Were they inside your head? outside your head?

18. Was there laughter? Yes No

If you have had multiple encounters, please answer the following questions. If not, please skip ahead to Part B: Descriptions

19. Have they visited you again? Yes No

20. a. Did you see the same individual at one place or at different places?

b. If Different places, how far apart were they (miles or kilometres) _____

21. Have you seen different individuals at the same place ... at different places

22. How long since your last encounter? _____

23. How frequent have these encounters been? _____

B. Description

24. In your own words what type of being would you call it/them?

25. Describe their appearance:

face/color/skin/clothes/hair/wings _____

26. Please give any thing you learned about their names, work, purpose, concerns, habits, food and/or your impressions about them

27. How tall were they? (Hold your hand to their height and then measure with a tape the height (don't guess at the number) _____ feet _____ inches

C. Reactions and Response

28 Did you tell anyone else about it? Yes [] No []

29. How did they react? _____

Has this experience (or experiences) changed or affected you?

30. _____

Can you suggest anyone in particular that this project should contact because of their knowledge or familiarity with the subject.

Name _____ Phone (____) _____

Address

E. Sketch (Last item)

Make a sketch in the space below of the entity that you saw. Do the best you can. People typically do not enjoy this part, but please attempt it. It is important. Thank you.