

# NATIONAL CARE SOCIETY VICTIM'S QUESTIONNAIRE

Please fill out and send to:

**National Care Society  
3425 Telegraph Avenue  
Oakland, CA 94609  
Phone: 510-776-8838  
Fax: 510-350-8711  
Email: [eadams@nationalcaresociety.com](mailto:eadams@nationalcaresociety.com)**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

<b>Check all that apply</b>	<b>Myself</b>	<b>Spouse/ Partner</b>	<b>Child #1</b>	<b>Child #2</b>	<b>Relative #1 not living with me</b>	<b>Relative #2 not living with me</b>
Gang stalking & harassments	___	___	___	___	___	___
Police stalking & harassments	___	___	___	___	___	___
Street theater	___	___	___	___	___	___
Discrediting campaigns (character reputation)	___	___	___	___	___	___
Noise campaigns outside of house	___	___	___	___	___	___
Work / job / employment sabotage	___	___	___	___	___	___
Home break-ins / entries (with / without keys)	___	___	___	___	___	___
Tampering or stolen items at home	___	___	___	___	___	___
Tampering or stolen items at work	___	___	___	___	___	___
Car accidents (explain)	___	___	___	___	___	___
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Unusual accidents (explain)	___	___	___	___	___	___
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Burning sensations	___	___	___	___	___	___
Skin rash	___	___	___	___	___	___
Itching	___	___	___	___	___	___
Headaches	___	___	___	___	___	___
Dizziness	___	___	___	___	___	___
Seizures	___	___	___	___	___	___
Stroke	___	___	___	___	___	___
Vision defects / eye irritation	___	___	___	___	___	___
Hearing defects and/or ringing in the ears	___	___	___	___	___	___
Tooth and/or jaw pain	___	___	___	___	___	___
Respiratory problems	___	___	___	___	___	___
Back pain	___	___	___	___	___	___
Nausea	___	___	___	___	___	___

<b>Check all that apply</b>	<b>Myself</b>	<b>Spouse/ Partner</b>	<b>Child #1</b>	<b>Child #2</b>	<b>Relative #1 not living with me</b>	<b>Relative #2 not living with me</b>
Flu-like symptoms	___	___	___	___	___	___
Involuntary limb movements	___	___	___	___	___	___
Tingling / trembling sensations	___	___	___	___	___	___
Jolts / sharp pains	___	___	___	___	___	___
Muscle spasms	___	___	___	___	___	___
Sudden bladder or bowel movements	___	___	___	___	___	___
False heart attack	___	___	___	___	___	___
Forced sneezing and/or non-stop runny nose	___	___	___	___	___	___
Sleep deprivation / sleep disturbances	___	___	___	___	___	___
Interruption of thinking patterns	___	___	___	___	___	___
Loss of concentration	___	___	___	___	___	___
Autism	___	___	___	___	___	___
Speech impairment	___	___	___	___	___	___
Learning disabilities	___	___	___	___	___	___
Extreme clumsiness	___	___	___	___	___	___
Extreme retaliation	___	___	___	___	___	___
In & out state of mind	___	___	___	___	___	___
Mental disability	___	___	___	___	___	___
Few or no friends	___	___	___	___	___	___
Locker break-ins	___	___	___	___	___	___
Trouble with the law	___	___	___	___	___	___
Sexually humiliating sensations	___	___	___	___	___	___
Parkinson's disease	___	___	___	___	___	___
Physical disability (explain)	___	___	___	___	___	___
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Surgeries (type)	___	___	___	___	___	___
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<u>Check all that apply</u>	<u>Myself</u>	<u>Spouse/ Partner</u>	<u>Child #1</u>	<u>Child #2</u>	<u>Relative #1 not living with me</u>	<u>Relative #2 not living with me</u>
Visual hallucinations	___	___	___	___	___	___
V2K (voice-to-skull / microwave hearing)	___	___	___	___	___	___
Forced or artificial dreams	___	___	___	___	___	___
Menacing "ghost" sounds in house	___	___	___	___	___	___
Death (age and cause)		___	___	___	___	___
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Other (explain)	___	___	___	___	___	___
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Have you contacted the police or government officials about this? \_\_\_\_\_

I certify that the foregoing is true and accurate to the best of my knowledge:

\_\_\_\_\_  
Signature Date