



# ADVANCED VAMPIRISM & ENERGY WORK RESEARCH SURVEY

*Examining the Intricacies  
of the Vampiric Condition*

V E W R S

A V E W R S

Authorized Edition v2.0  
1 August 2006

# **Advanced Vampirism & Energy Work Research Survey**

## *Examining the Intricacies of the Vampiric Condition*

**Authorized Edition v2.0 - 1 August 2006**

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### **Purpose & Significance:**

The *Advanced Vampirism & Energy Work Research Survey (AVEWRS)* is conducted by the Atlanta Vampire Alliance [AVA] with contributions from both independent and affiliated groups within the vampire community. This survey has come about in response to the inquiry received while conducting the original *Vampire & Energy Work Research Survey (VEWRS)* and from the examination of responses gathered during past months. The purpose of the VEWRS was to gather data about the general aspects of vampiric life and practice as reported by real vampires with a particular emphasis placed on the social structure and interactions amongst vampires within the Community. The scope of the survey covered many surface topics, but necessarily left many advanced topics unaddressed. During the ongoing analysis and correlation of the responses from the VEWRS we both identified the need as well as received a significant number of requests to address more in-depth aspects of the vampire community; specifically vampiric traits, abilities, beliefs, and energy work techniques. Based on these requests, five independent research topics were chosen to be explored and subsequently compiled into a single concise survey format to facilitate the ease of participation. We believe that the information gathered regarding these topics will be of specific and immediate interest to members of the Community, and will increase the knowledge that the Community has about itself, its members as individuals, and its relationship with other groups and communities.

Complimenting the work outlined in the VEWRS, we provide the opportunity in this follow-up survey for the participant to provide comprehensive written responses regarding the primary areas of personal experiences, abilities, and the application as well as interpretation of their beliefs. Some questions may not have an apparent direct connection to the vampire or energy worker communities; however, in order to correlate data in the areas of personality, beliefs, and demographic background they are crucial to establishing a foundation for detailed case study analysis. In many cases these questions directly address the past analysis of researchers regarding the vampire subculture and the conclusions drawn by these outside researchers from the examination of limited reported experiences by members of the Community. We hope that the data gathered through this survey will help serve our primary goal, and allow the Community to examine itself by addressing topics which are important to its members. Our intention is to provide this data in a comprehensive printed and digitally available analysis to the Community as a resource for our deeper understanding of modern vampirism. We anticipate the results will provide a body of data which will speak to members of the Community, clarify aspects of vampirism and the culture that vampires share, and allow individuals to place their own experiences, practices and beliefs in context, with regard to the greater Community.

Like with the VEWRS, the qualitative aspects of this survey will allow for an intrinsic case study examination that covers the primary spectrum of beliefs and opinions held by both the independent and affiliated vampire community. The AVEWRS is designed as a stand-alone study built after a preliminary review of the VEWRS, however, there is a provision embedded into its design to allow linking to the initial VEWRS for purposes of correlating the demographic and other quantitative data presented in topic one. The use of this sequential transformative strategy will enable our researchers to further expand the examination into the personal lifestyle, family background, medical history, paranormal experiences, and societal involvement as reported by individual vampires and first highlighted in the VEWRS. The remaining topics of the AVEWRS, unlike that of the VEWRS, are independent from one another and address uniquely different questions and purposes, however, directly adhere to the overall scope and spirit prevalent within both surveys. Utilizing a concurrent

transformative strategy, sections two through five will examine a variety of subjects in varying levels of detail. We will attempt to highlight the integral nature of energy work within the vampire community by providing a comprehensive battery of questions concerning individual perception, manipulation, and utilization of energy. As evidenced throughout pockets within the community, terminology used to describe the vampiric condition is variable and thus presents a challenge to researchers to adequately interpret the intent of the participant. This issue is addressed in topic three through a qualitative examination of definitions used by the modern vampire community to describe vampirism. In addition the specific beliefs, postulated origins, characteristics, and practices of vampires are thoroughly examined. Building on the preliminary work concerning spirituality and its association with those in the Community, we will examine in greater detail the religious, spiritual, moral, ethical, and philosophical ideals that motivate and often serve as a uniting force for the Community. This phenomenological approach into the thought processes and viewpoints held by vampires is crucial to understanding the collective consciousness of shared beliefs within the Community and for potentially dispelling misconceptions of unethical and immoral treatment of others by our kind. An examination of how vampires interact with subcultures will compliment our preliminary finding in the VEWRS that many vampires identify themselves as belonging to one or more additional subcultures and/or otherkin classifications. This pseudo-ethnography will examine the core interactions, perceived and directed sentiment, and cultural similarities shared among communities.

We understand the value of quality responses over that of quantity and seek directly members of the community we recognize as being able to provide valuable insight. The potential knowledge this survey may provide to the vampire community merits an extensive networking effort to gather support and participation. While conducting this research we are committed to remaining neutral and abstaining from controversial rhetoric that could be viewed as biased. As researchers, we recognize that we have a responsibility to be both fair and thorough in serving our community. Using a pragmatic approach to our research we welcome exploration of the diversity of beliefs held by those of the Community without injection of assumptive claim or validity judgment. This is ultimately an effort by the Community, and for the Community, which we hope will also reach beyond our boundaries, to be a body of knowledge from which outside scholars can draw when trying to understand the reality of our lives and experience.

## **Ethical Considerations:**

All involved with this project are deeply concerned with the safety, well-being, and happiness of the members of our Community. We believe that this study will be of aid to the Community as a whole, to help us understand each other and our situation, and to allow us as a Community to answer the analyses of outside researchers in our own words. This study will also benefit the individual respondents by providing an opportunity for reflection and examination of their unique individual experiences.

Participation in this study is completely voluntary; members of the Community who choose to participate should do so in order to further the Community's knowledge, and should use their own judgment to decide whether participation is a positive, safe, and healthy activity based upon their own individual circumstances. Any participant may remove themselves from the study at any time, and may also ask questions of those administering the survey via anonymous e-mail for the duration of this study.

We are concerned with the safety and well-being of our Community members, and therefore acknowledge that for some individuals participation may put them at some form of risk. Having this survey in one's possession, accessing the URL of the online version, or being observed in the process of completing the survey may cause risk or harm to some individuals from those outside the Community. Participants are the sole judges of their circumstances, and we encourage participation by only those Community members who feel that their situation will not be adversely affected, either emotionally, physically, economically, socially, or in any other manner, by any aspect or stage of participation.

We are also concerned with the stability, prosperity, and freedom of the vampire community; we are uninterested in abusing any information so generously offered by the Community. We believe that our efforts should be for the entire Community, regardless of philosophy, lifestyle, group affiliation, or lack thereof. Therefore, we have undertaken this study, as we did the original VEWS, in order to apply our expertise, experience, and curiosity to a project which we believe we can offer the Community as something of use, of interest, and of great benefit. This study, as is true of the original VEWS, will not support an attempt to “define” vampirism, arbitrarily draw a line of demarcation between feeding practices, to claim exclusive intellectual authority over the phenomenon, or to uphold or denounce any aspect of vampirism as more or less valid. These are not goals of the study, nor are they ethical (or academically sound) uses of the data collected. This study will simply exploit the well-established vampiric tradition of enthusiasm about knowledge to report to vampires what other vampires have said about their lives, beliefs, and practices; thereby the Community can see these aspects of itself with better perspective, and use these answers to discover the next set of questions.

## **Privacy Considerations:**

The enforcement of privacy and ethical standards while conducting this research is paramount to all involved with this project. We wish to make the smallest footprint on the Community as possible in the distribution of and collection of data from this survey. Participants should be cognizant throughout the completion of this survey of the information they are providing and adhere to the guidelines established below.

No response that yields information which could be used to locate or personally identify respondents or other members of the community should be given at any time. We will vigorously safeguard the privacy of our participants by employing various security measures to ensure complete anonymity. All form submissions completed online will be processed over a secure server, results stored offline, and no internet protocol addresses (IP) will be intentionally logged or maintained by our staff. Participants may also choose to safely submit this survey from an anonymous e-mail or by postal mail. Only raw statistical data collected from this survey in coded form will be made available to the general public once an internal review and analysis has been completed. After the cessation of this data collection all responses will be stored under lock and key in a secure location, never to be shared with other researchers or persons outside of the administrative body involved in this study, however, the aggregated data from the study, as well as analysis of that data and conclusions drawn from that data will be made publicly available.

A seven digit code may be utilized to remove any survey from final data analysis if chosen by contacting us at [research@suscitatio.com](mailto:research@suscitatio.com); Subject: Exclusion Option: EXC5098; Field 1: Survey - “VEWS” or “AVEWS”; Field 2: “Date Of Birth / Place Of Current Residence”, as provided by the participant for verification. Additionally, if the participant completes this survey offline or via e-mail we ask that they write a random seven digit series of letters and numbers at the end of the final question under “exclusion option” so that higher regulatory consideration to privacy exclusion may be exercised as mandated by various international standard codes of ethics and institutional review board guidelines.

## **Survey Focus:**

- 01 - Personal Lifestyle, Experience, & Societal Involvement
- 02 - Advanced Energy Perception, Tools, & Techniques
- 03 - Unraveling The Complexity Of Definitions: Forms, Beliefs, & Practices Of Vampirism
- 04 - The Spirituality & Philosophical Ideals Of Vampires
- 05 - Subcultural Interconnectivity With The Vampire Community

## Definitions & Precedent:

As an extension to the theory defined in this mixed methodology study we will attempt to explain the viewpoints of real vampirism rather than propose a controversial “universal” definition that would ultimately serve to exclude certain participants in the community. We recognize that claims of what comprises “true” vampirism or “living” vampirism varies to an almost infinite degree within the Community. However, generally there are universal characteristics shared among the majority that we hope will temporarily unite those who hold differences of opinion while completing this survey. Only the individual understands his or her own vampirism, path, and code of ethics and therefore, should answer all questions out of respect and in accordance with their own personal beliefs.

A vampire is essentially a blood drinker or an energy feeder that may display various levels of psychic ability. The vampires that are the focus of this study are individuals who cannot adequately sustain their own physical, mental, or spiritual well-being without the taking of blood or vital life force energy from other sources; often human. Without feeding (whether by a regular or infrequent schedule) the vampire will become lethargic, sickly, and often go through physical suffering or discomfort. Vampires often display signs of empathy, sense emotions, perceive auras of other humans, and are generally psychically aware of the world around them.

The following section represents the various categories that relate to the modern classification of vampires as defined by feeding method. Terminology is haphazard and problematic within the Community, and the attempt is made below to acknowledge alternative spellings, and identify distinctions (some of which are controversial) which are made by some Community members.

### *Vampirism*

The most common and universal distinction made within the Vampire Community is the distinction, based on feeding method, between Sanguinarian and Psi Vampires.

**Sanguine Vampires** (Sanguinarian) feed by the drinking of blood - either human or animal. Sanguinarian vampires can vary in their experience of blood hunger and in how often or in what quantities they need to feed, but the unique craving for blood and the physical symptoms associated with neglecting to drink blood are unifying features of sanguinarian vampirism. This term is commonly shortened to sang. Not all members of the Community actually acknowledge the difference between psychic and sanguinarian vampirism, and there is a popular but not universally-held theory within the Community that the life force energy or “prana” contained within the blood is the source from which they feed, rather than any physical component of the blood itself. This theory is supported by the notably small amount of blood that vampires consume to alleviate their hunger, but challenged by the fact that vampires who consider themselves primarily blood drinkers often do not display as many or any of the psychic tendencies that psychic vampires do, and more often report more physical symptoms, such as sense acuity and physical strength, than do the psychic vampires.

**Psi Vampires** are understood to feed psychically on life force energy. Psi (or psy) feeding is usually performed on a willing individual or from the ambient energies of a large group or crowd. This term is often mistakenly confused with the pop psychology use of “psychic vampire” or “psychological vampire”, used as a metaphor to describe specific socially manipulative behaviors. The most common usage within the Community, however, does not include this metaphor. Psi vampire, refers to a vampire who feeds by some manner of energy transfer; this term may also be shortened to psivamp. Psy vampire, and “psychic vampire” are sometimes considered synonyms for psi vampire, but are also sometimes employed as separate terms with distinctive meanings. For example, “psi” is often employed as a synonym for ESP phenomena in parapsychology, and “psy” is short for either “psychic” or “psychological”. Those who make distinctions between these terms may use these meanings as the basis for their reasoning.

**Hybrid or Psi/Sang Vampires** claim to have no primary feeding method, being able to feed from either source at any time. Others report changing their primary feeding source from energy to blood, or vice versa, at various points in their lives. Some, but not all, vampires who can feed or have fed via both methods choose to describe themselves as Psi/Sang or Hybrid vampires.

Some Community members go further to define sub-classes of vampirism based on the detailed methods and sources of psychic feeding. These classes are most often distinguished from one another based on the type of energy gained. Those who feed from natural or elemental energy, and those who feed from humans either during sexual contact, during magickal rituals, or during times of high emotional output may be described as specific types of vampires. Further subcategories of psi feeding energy exist, including terminology to describe those who feed from direct contact with the human aura, those who feed from the ambient energy of crowds and public places, those who can only absorb certain kinds of emotions, etc.

### ***Energy Work & Manipulation***

Many questions in this study pertain to, and to a considerable extent rely on prior knowledge of or practice of, what is generally referred to throughout the survey as “energy work”. We realize that this is easily as problematic a category as “vampirism,” due to the various metaphors and philosophies that various groups have assigned to the practice throughout history. Various theories posit the nature and origin of the “energy” in question, and many philosophies, religions, and spiritual or occult paths teach rules for manipulating this phenomenon, as well as theoretical limits of the practice. Of course, these philosophies and theories all differ in various ways, and also all seem to be describing at some level the same types, or similar types of phenomena.

To further complicate matters, there are no objective methods, instruments, or theories with which to measure or examine the set of phenomena and perceptions that we collectively address here with the blanket term “energy work”. Therefore, all questions regarding energy manipulation or perception have arisen from the observed conversations and collective experiences of Community members who may be far more likely to practice a technique than to have a name for it, more likely to have experienced a perception than to have a theory with which to explain or contextualize. We have gathered a range of questions from what we perceive to be either widespread Community practices or traditional religious, philosophical, or occult practices which speak to the vampire experience. The purpose of these questions is not to define the term “energy”, to prove or disprove its existence, or to promote one philosophy or spiritual path over another. It is simply and exclusively to gather information about what the Community does, and possibly where we get our ideas.

In asking questions about so poorly-defined and contested a category, we attempt to make use of both existing traditional terminology and common Community terminology. This is necessary to establish enough communication to answer questions accurately. We realize that for many individuals, the term they have developed on their own, or the one handed down to them by their tradition will be more familiar or more accurate for them. However, for the sake of clarity and establishing a common arena in which to discuss this phenomenon, a few terms have been chosen, based mainly on our perception of how widely they appear to be used within the Community. The following section briefly explains the use of terms as they will appear in the survey.

### **Energy**

Common synonyms may be Psi, Prana, Chi, or life-force, although these synonyms may be loaded with cultural theories as to their nature. “Energy” is often defined simply as the ability to do work; in this case, there is no clear judgment as to the nature or measure of that “work”. Energy, as a synonym for the terms listed above, most often refers to an insubstantial but semi-objectively perceivable force, which many vampires (and other cultures with energy theories) regard as a naturally-occurring phenomenon connected to living things, the natural world, magickal ritual, and sometimes even electricity or kinetic energy.

The categorization of energy is problematic. Some of these aspects are under serious dispute by those who accept the existence of at least some kinds of energy. It is not always perceivable by every observer, and many cultures religious traditions have very defined beliefs surrounding this phenomenon. Our use of the word energy does not necessitate the acceptance of any one tradition that has something to say about its nature; we attempt to use it as a container category for the specific events that vampires tend to relate to these beliefs and traditions. For example, these events include psi feeding, which requires the acceptance of the theory that some kind of life-sustaining energy exists or is generated in human beings; and the perception of spiritual entities, which requires the acceptance of the theory that non-embodied creatures, entities, or beings can exist and be recognized by a sense that has not been objectively defined or measured in any study.

## **Energy Work**

Any practice of manipulating, cultivating, or perceiving energy, regardless of the personal theory of the energy's nature, origin, or spiritual significance. Persons who conduct such "work" are referred to by a myriad of different names including "energy workers", "energy manipulators", "energy practitioners", "psions", "pranists", etc.

## **Aura**

Aura refers to the energy field emanating from the surface of a person or object. This emanation is visualized as an outline of cascading color and may be held to represent soul vibrations, chakric emergence, or a reflection of surrounding energy fields.

## **Empathy**

The posited ability to sense information about the emotional state of another human or animal creature. According to some theories, this may also extend to include the ability to influence or project emotions to other creatures as well.

## **Energy Constructs**

The practice of shaping energy into a perceivable form is known as energy construct formation. Anecdotal reports suggest that the form that the energy takes is perceivable as an objective phenomenon by other parties. An extremely common form chosen by many energy workers seems to be a ball, or sphere, which can be given properties, such as motion, temperature, color, texture, or natural element, which can be perceived by others as well. Other constructs are possible, and even common (see, "shielding"), and many members of the Community have not fully explored the intricacies of other modern occult practices, nor has there been a serious study of the traditions of human philosophies with similar practices. Similar (but not identical) ideas from other traditions might include thought-forms, and tulpas.

## **Meditation**

Meditation is the practice of focusing the mind, often formalized into a specific routine. Meditation is usually recognized as a component of Eastern religions, originating in Vedic Hinduism. It encompasses any of a wide variety of spiritual practices which emphasize mental activity or quiescence.

## **Shielding**

The act of forming energy into the specific shape of a barrier is known as shielding. As with psi balls, anecdotal reports suggest that these are perceived as having similar characteristics as they were imagined to have by the energy worker. Therefore, shielding is also a somewhat objective phenomenon, which can be

sensed accurately by some individuals. Shielding is a very common term which has few synonyms, and few competing theories as to its purpose or nature. The commonly accepted use of a shield structure is to form a barrier of energy to prevent the movement of some or all kinds of energy, most often to keep energy out or keep it in. This is most often considered a defensive tactic whose purpose is to protect the user from harmful outside influences. Many traditions posit a natural shield system inherent to the energy system of most human beings, although some conflate this with the aura, and the theoretical distinction between a posited "natural shield" and an aura is unclear.

## **Spiritual Entities**

Spiritual entities refers to theorized non-corporeal or non-embodied creatures, which may, according to various belief systems and practices, be either constructed through the willpower of an energy worker or magician, or be a naturally-occurring being of natural, human or otherplanar origin.

## **Other Energy Related Terms**

See the definitions associated with individual questions within this survey for further use and explanation of more specific conceptual terms related to energy, perception, and energy work.

### ***Therians, Otherkin, & Other "Non-Human" Groups***

Several cultures and groups of energy-aware people tend to refer to themselves and are consistently referred to by outsiders as "nonhuman," or are identified as their magickal type in opposition to a perceived majority that is designated "human". The terms therian, were, otherkin, and vampire are some of the more common blanket terms for these types of people.

In adopting this dichotomy between human and other than human, the term human is stretched significantly, and it appears to be more of a metaphor or verbal shortcut to allow the speaker to illustrate the difference between vampiric humans and mundane humans than any sort of deeply-felt assertion that vampires, weres, therians, and otherkin are actually not human.

Therefore, we must acknowledge that while the use of these terms does not exclude the magickal subcultures from humanity, a distinction is definitely being made within popular discussion in these respective communities between three major groups. First, magickal types of humans who are identified with the terms below and often referred to using a nonhuman metaphor (such as "elf", werewolf", "vampire", etc.), second, mundane humans who are not energy-aware, and third, those humans who are energy-aware (magickal practitioners, energy workers, shamanic practitioners, etc.) but who are always referred to with a human metaphor.

## **Therianthropy, Therian, & Were**

Although definitions surrounding the practice or phenomenon of human-animal transformation, affinity and identity are atomistic and individual to many cultural and social groups, we attempted to borrow what appears to be a widely-used convention in the various magickal subcultures, which is to use Therianthropy as a greater category of animal magick, totemism, transformations, and identity. The members of this group are commonly referred to as Therians, and the Weres (Lycanthropy) can, under this definition, be considered a sub-category of Therian. We also acknowledge that Were is conventionally applied very loosely, with possibly conflicting meanings among Weres themselves. In this survey, we are adopting what we perceive as the more common application of the term Were, in which the term simply refers to any human with an animal-related identity that goes beyond standard shamanic or magickal transformative practice, totemism, spirit animal belief or other affinity. Weres themselves may have varying theories about the nature of their animal identity, including but not limited to species-mismatched incarnation, reincarnation from a previous animal life, or even inheritance of



genetic traits. However, our use of the term is meant to simply distinguish those with affinities to animals or nature through magickal practice and philosophy (Therians) from those who claim an actual identity or partial identity as their were-side. According to this distinction, one may acquire the practice of Therianthropy, but one can only discover his nature as a Were. While we do not have vast experience in the Therian community, we believe that this distinction is grounded in the perceptions and terminology of that community, having meaning to the members of that community and not an artificial distinction imposed by outsiders.

## **Otherkin**

Otherkin is a subculture made up of people who describe themselves as being non-human in some way, sometimes believing themselves to be mythological or legendary creatures. Many otherkin believe that they have non-human aspects that are either spiritual or philosophical in nature. Some otherkin claim that they are human in a physical sense, but non-human in a mental or spiritual one. Still others believe themselves to be biologically non-human with a direct relation to the species they associate themselves with or descended from that species.

## **Survey Instructions:**

This survey is not timed or monitored, however, we ask that you complete it without assistance from others and while in an alert state of mind. The complexity of this study warrants a serious commitment of both time and mature consideration of each question before answering. If you are unwilling or able to dedicate yourself in this manner please refrain from participation. All information is strictly confidential; therefore, **please do NOT fill in responses of a personally identifiable nature** in sections that require written answers. You may complete this survey in either digital form: MS Word *Forms Document* - click boxes and fill out, **save**, and submit via anonymous e-mail to [response@suscitatio.com](mailto:response@suscitatio.com), or through printed form by returning to the address provided below. If completing by hand please "x" out ( ☒ ) or fully darken the boxes that correspond with each question; avoid checking ( ☐ ) the boxes and print legibly. If you experience any technical difficulties opening, saving, or completing the digital version please contact us at [research@suscitatio.com](mailto:research@suscitatio.com) for additional troubleshooting options. Digital submissions may be completed via an anonymous e-mail account provided on the [www.suscitatio.com](http://www.suscitatio.com) website. All submissions will receive an automated e-mail receipt confirmation for successfully submitted survey responses. If mailing, please either use the same shipping address for the return address or simply leave blank if mailing within the U.S. Please affix the proper postage based on weight if mailing and complete the shipping label exactly as written:

### ***Domestic U.S. Mail***

**V. Survey  
6300 Powers Ferry Rd.  
Suite 600 - 283  
Atlanta, GA 30339**

### ***International Post***

**V. Survey  
6300 Powers Ferry Rd. NW  
Suite 600 - 283  
Atlanta, GA 30339-2919  
USA**

# Advanced Vampirism & Energy Work Research Survey

## *Examining the Intricacies of the Vampiric Condition*

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Completion of the “Vampire & Energy Work Research Survey” (VEWRS) is **strongly encouraged** but not required prior to participating in this survey. Please answer truthfully, completely, and to the best of your ability. All information is strictly confidential; therefore, please do not fill in responses of a personally identifiable nature in sections that require written answers. If completing by hand, please print legibly.

### **Important: Survey Linking Verification (VEWRS <> AVEWRS)**

Completion of this section will allow our researchers to join your responses from the first survey to that of the second survey. Please answer the following questions based on your responses given in the VEWRS.

#### **I. Sex:**

- ☐ Male  
☐ Female

#### **II. Date Of Birth:**

Month: \_\_\_\_\_  
Day: \_\_\_\_\_  
Year: \_\_\_\_\_

#### **III. Place Of Current Residence:**

City/Town: \_\_\_\_\_  
State/Province/Region: \_\_\_\_\_  
Country: \_\_\_\_\_

#### **IV. Place Of Birth:**

City/Town: \_\_\_\_\_  
State/Province/Region: \_\_\_\_\_  
Country: \_\_\_\_\_

#### **V. Additional Information:**

Ethnicity: \_\_\_\_\_  
Eye Color: \_\_\_\_\_  
Brother(s) \* Qty: \_\_\_\_\_  
Sisters(s) \* Qty: \_\_\_\_\_

**VI. Please enter your previously chosen 7 digit exclusion option code from the final page of the “Vampire & Energy Work Research Survey”. If you no longer remember or did not record this information prior to submission simply leave this section blank.**

7 Digit Code: \_\_\_\_\_

**Under ABSOLUTELY NO  
Circumstance Should You Include  
ANYWHERE On This Survey  
The Following Items:**

- Personal Name
- Personal Contact Information
- Nick / Handle / Nightside Name
- Affiliation w/House, et al.
- Affiliation w/Site, Forum, et al.

*The demographic questions asked allow our researchers to correlate responses based on sex, age, and geographic criteria. Thank you for your cooperation with **not** including any additional personal information that is not specifically requested.*

## Personal Lifestyle, Experience, & Societal Involvement

**380. Sex:**

- ☐ Male  
☐ Female

**381. Age: (Please Answer Both Parts)**

- |  |   |
|--|---|
| <input type="checkbox"/> Under 14 Years Of Age | <input type="checkbox"/> 30 - 34 Years Of Age |
| <input type="checkbox"/> 14 - 15 Years Of Age  | <input type="checkbox"/> 35 - 39 Years Of Age |
| <input type="checkbox"/> 16 - 17 Years Of Age  | <input type="checkbox"/> 40 - 44 Years Of Age |
| <input type="checkbox"/> 18 - 19 Years Of Age  | <input type="checkbox"/> 45 - 49 Years Of Age |
| <input type="checkbox"/> 20 - 24 Years Of Age  | <input type="checkbox"/> 50 - 54 Years Of Age |
| <input type="checkbox"/> 25 - 29 Years Of Age  | <input type="checkbox"/> Over 54 Years Of Age |

Year Of Birth: \_\_\_\_\_

**382. Place Of Current Residence:**

City/Town: \_\_\_\_\_  
State/Province/Region: \_\_\_\_\_  
Country: \_\_\_\_\_

**383. Do you identify yourself as a vampire as outlined in the definitions and precedent section of this survey?**

- ☐ Yes  
☐ No

If no, explain: \_\_\_\_\_

**384. Do you identify yourself as an energy worker as outlined in the definitions and precedent section of this survey?**

- ☐ Yes  
☐ No

If no, explain: \_\_\_\_\_

**385. Have you ever suffered from a vitamin deficiency?**

- ☐ Yes  
☐ No

**386. If yes, which vitamins? (Check All That Apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Vitamin A (Retinol)                           | <input type="checkbox"/> Vitamin C (Ascorbic Acid)                 |
| <input type="checkbox"/> Vitamin B-1 (Thiamine)                        | <input type="checkbox"/> Vitamin D (Aholecalciferol)               |
| <input type="checkbox"/> Vitamin B-2 (Riboflavin)                      | <input type="checkbox"/> Vitamin E (Alpha-Tocopherol)              |
| <input type="checkbox"/> Vitamin B-3 (Niacin)                          | <input type="checkbox"/> Vitamin H (Biotin)                        |
| <input type="checkbox"/> Vitamin B-5 (Pantothenic Acid)                | <input type="checkbox"/> Vitamin K (Phytonadione)                  |
| <input type="checkbox"/> Vitamin B-6 (Pyridoxine, Pyridoxal Phosphate) | <input type="checkbox"/> Vitamin P (Bioflavonoids, Phytochemicals) |
| <input type="checkbox"/> Vitamin B-9 (Folic Acid, Folate)              | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Vitamin B-12 (Cyanocobalamin)                 | <input type="checkbox"/> Not Applicable                            |

**387. Have you ever suffered from electrolyte abnormalities; specifically increases or decreases in either sodium, potassium, or chloride? (Check All That Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - Increase In Sodium    | <input type="checkbox"/> Yes - Increase In Chloride |
| <input type="checkbox"/> Yes - Decrease In Sodium    | <input type="checkbox"/> Yes - Decrease In Chloride |
| <input type="checkbox"/> Yes - Increase In Potassium | <input type="checkbox"/> No                         |
| <input type="checkbox"/> Yes - Decrease In Potassium |   |

If yes, describe the catalyst of such condition: \_\_\_\_\_

**388. Have you ever been diagnosed with a hematological malignancy?**

*Hematological malignancies are the types of cancer that affect blood, bone marrow and lymph nodes. As the three are intimately connected through the immune system, a disease affecting one of the three will often affect the others as well.*

- ☐ Yes  
☐ No

**389. If yes, with which of the following conditions have you been diagnosed as having?**

- |   |   |
|---|---|
| <input type="checkbox"/> Acute Lymphoblastic Leukemia (ALL) | <input type="checkbox"/> Myelodysplastic Syndrome (MDS)           |
| <input type="checkbox"/> Acute Myelogenous Leukemia (AML)   | <input type="checkbox"/> Myelofibrosis                            |
| <input type="checkbox"/> Chronic Myelogenous Leukemia (CML) | <input type="checkbox"/> Myeloproliferative Disease               |
| <input type="checkbox"/> Chronic Lymphocytic Leukemia (CLL) | <input type="checkbox"/> Polycythemia Vera (PV, PCV, or PRV)      |
| <input type="checkbox"/> Hairy Cell Leukemia                | <input type="checkbox"/> Essential Thrombocytosis (ET)            |
| <input type="checkbox"/> Hodgkin's Disease                  | <input type="checkbox"/> Amyloid (Light-Chain Deposition Disease) |
| <input type="checkbox"/> Non-Hodgkin Lymphoma               | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Multiple Myeloma                   | <input type="checkbox"/> Not Applicable                           |

**390. Do you suffer from any of the following addiction problems?**

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol                    | <input type="checkbox"/> Nicotine                 |
| <input type="checkbox"/> Caffeine                   | <input type="checkbox"/> Sex (Extreme Compulsion) |
| <input type="checkbox"/> Drugs (Illicit or Illegal) | <input type="checkbox"/> Sugar                    |
| <input type="checkbox"/> Drugs (Prescribed)         | <input type="checkbox"/> Pornography              |
| <input type="checkbox"/> Eating                     | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Gambling                   | <input type="checkbox"/> None                     |

**391. Do you feel that these addictions are a substitute for when vampiric feeding isn't possible?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, explain: \_\_\_\_\_

**392. Have you ever been diagnosed with Fibromyalgia, Multiple Sclerosis (MS), or Lupus (SLE)?  
(Check All That Apply)**

***Fibromyalgia** is a debilitating chronic syndrome characterized by diffuse and or specific muscle, joint, or bone pain, fatigue, and a wide range of other symptoms.*

***Multiple Sclerosis (MS)** is a chronic, inflammatory disease that affects the central nervous system (CNS). MS can cause a variety of symptoms including changes in sensation, visual problems, muscle weakness, depression, difficulties with coordination and speech, and pain.*

***Lupus (Systemic Lupus Erythematosus - SLE)** is a chronic, potentially debilitating or fatal autoimmune disease in which the immune system attacks the body's cells and tissue, resulting in inflammation and tissue damage. Lupus can affect any part of the body, but often harms the heart, joints (rheumatological), skin, lungs, blood vessels and brain/nervous system.*

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Fibromyalgia               | <input type="checkbox"/> Yes - MS (Progressive Relapsing) |
| <input type="checkbox"/> Yes - MS (Relapsing-Remitting)   | <input type="checkbox"/> Yes - Lupus (SLE)                |
| <input type="checkbox"/> Yes - MS (Secondary Progressive) | <input type="checkbox"/> No                               |
| <input type="checkbox"/> Yes - MS (Primary Progressive)   |   |

**393. Do you currently or have ever suffered from chronic pain related to joint conditions such as arthritis, scoliosis, or back pain? (Check All That Apply)**

- ☐ Yes - Chronic Pain Resulting From A Long-Term Joint Condition  
☐ Yes - Chronic Pain Resulting From An Obvious Injury  
☐ No

If yes, describe the nature of the condition or injury: \_\_\_\_\_

**394. Using the following Visual Analogue Rating Scale (VAS), how would you characterize your level of pain associated with this condition?**

No Pain	Mild Pain	Moderate Pain	Severe Pain	Very Severe Pain	Worst Possible Pain
0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Not Applicable

**395. Does vampiric feeding help to temporarily alleviate this chronic pain?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**396. Using the following Visual Analogue Rating Scale (VAS), how would you characterize your level of pain associated with this condition after engaging in vampiric feeding?**

No Pain	Mild Pain	Moderate Pain	Severe Pain	Very Severe Pain	Worst Possible Pain
0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Not Applicable

**397. Have you ever been diagnosed or suspected of having Chronic Fatigue Syndrome?**

***Chronic Fatigue Syndrome (CFS)** is a syndrome (or group of syndromes) of unknown and possibly multiple etiologies, affecting the central nervous system, immune, and many other systems and organs. Most aptly characterized by severe mental and physical depletion, that is aggravated by any degree of exertion and unrelieved by rest. Symptoms also include pain, muscle weakness, loss of brain function, hypersensitivity, orthostatic intolerance, digestive disturbances, depression, immune and in some cases life-threatening cardiac and respiratory problems.*

- ☐ Yes  
☐ No

**398. Do you experience frequent headaches such as migraines, tension, sinus, etc.?  
(Check All That Apply)**

- ☐ Yes - Migraine (Severe Neural Vascular - Long Lasting & Multiple Types)  
☐ Yes - Tension (Stress, Tension, Depression, Physical Or Psychological Triggers)  
☐ Yes - Sinus (Inflamed Or Blocked Sinuses - Pressure On Nose Bridge/Cheek/Forehead Bones)  
☐ Yes - Cluster (Multiple Occurring Intense Headache Throughout 24 Hour Period)  
☐ Yes - Hormone (Female - Menstrual Or Hormonal Related)  
☐ Yes - Organic (Abnormality In Brain Or Skull)  
☐ No

**399. If you suffer from frequent headaches do you feel that they are sometimes caused from a lack of vampiric feeding?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**400. Have you ever been diagnosed with or suspected as a child of having Autism?**

*Autism is classified as a neurodevelopmental disorder which manifests itself in markedly abnormal social interaction, communication ability, patterns of interests, and patterns of behavior.*

- ☐ Yes  
☐ No

**401. Have you ever been diagnosed with or suspected as a child of having Asperger's Syndrome?**

*Asperger's Syndrome is characterized as one of the five pervasive developmental disorders, and is commonly referred to as a form of high-functioning autism. In very broad terms, individuals with Asperger's have normal or above average intellectual capacity, with atypical or poorly developed social skills often with emotional/social development or integration happening later than usual as a result.*

- ☐ Yes  
☐ No

**402. With what frequency do you drink coffee or other caffeinated beverages?**

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Very Often   | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Occasionally |                                 |

**403. Do you often eat extremely spicy foods or peppers with a high measure of Scoville Units?**

*The Scoville scale is a measure of the hotness of a chilli pepper. These fruits of the Capsicum genus contain capsaicin, a chemical compound which stimulates thermoreceptor nerve endings in the tongue, and the number of Scoville heat units (SHU) indicates the amount of capsaicin present.*

- ☐ Yes  
☐ No

**404. Are you on a vegetarian or vegan diet?**

- ☐ Yes - Vegetarian  
☐ Yes - Vegan  
☐ No

**405. Do you find that certain foods give you abnormally excessive amounts of energy?**

- ☐ Yes  
☐ No

If yes, which foods: \_\_\_\_\_

**406. Do you find that an increase in the consumption of sugar affects your body in a noticeable way?**

- ☐ Yes  
☐ No

If yes, in which measure and way: \_\_\_\_\_

**407. Have you ever been diagnosed with Diabetes? (Check All That Apply)**

***Diabetes mellitus** is a medical disorder characterized by persistent variable hyperglycemia (high blood sugar levels), resulting either from inadequate secretion of the hormone insulin, an inadequate response by the body's cells to insulin, or a combination of these factors.*

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Yes - Type 1 | <input type="checkbox"/> Yes - Gestational |
| <input type="checkbox"/> Yes - Type 2 | <input type="checkbox"/> No                |

**408. Have you ever been diagnosed with Hypoglycemia?**

***Hypoglycemia** refers to a pathologic state produced by a lower than normal amount of sugar (glucose) in the blood.*

- ☐ Yes  
☐ No

**409. Do you ever suffer from seizures? (Check All That Apply)**

***Seizures** are temporary abnormal electrophysiologic phenomena of the brain, resulting in abnormal synchronization of electrical neuronal activity. They can manifest as an alteration in mental state, tonic or clonic movements and various other symptoms. They are due to temporary abnormal electrical activity of a group of brain cells.*

- |  |   |
|--|---|
| <input type="checkbox"/> Atonic                                    | <input type="checkbox"/> Absence (Petit Mal)      |
| <input type="checkbox"/> Complex Partial                           | <input type="checkbox"/> Secondary Generalized    |
| <input type="checkbox"/> Epileptic                                 | <input type="checkbox"/> Simple Partial           |
| <input type="checkbox"/> Myoclonic                                 | <input type="checkbox"/> Tonic-Clonic (Grand Mal) |
| <input type="checkbox"/> Other / Specific Diagnosed Seizure: _____ |   |
| <input type="checkbox"/> No  |   |

**410. Have you ever been diagnosed with Epilepsy?**

- ☐ Yes  
☐ No

If yes, describe the severity: \_\_\_\_\_



**411. Have you ever been evaluated by a psychiatrist or general practitioner as suffering from a serotonin imbalance?**

***Serotonin** (in relation to the central nervous system) is a monoamine neurotransmitter synthesised in serotonergic neurons in the CNS and is believed to play an important role in the regulation of mood, sleep, emesis (vomiting), sexuality, and appetite.*

☐ Yes

☐ No

**412. If yes, are you currently prescribed and/or taking medication to adjust or correct the serotonin imbalance?**

☐ Yes

☐ No

☐ Not Applicable

**413. Have you ever been diagnosed with any of the following depression disorders?**  
(Check All That Apply)

☐ Yes - Bipolar I Disorder

☐ Yes - Bipolar II Disorder

☐ Yes - Bipolar Disorder (Not Specified)

☐ Yes - Cyclothymia

☐ Yes - Dysthymic Disorder

☐ Yes - Major Depressive Disorder (MDD)

☐ Yes - Postpartum Depression

☐ Yes - Schizoaffective Disorder - Depressive Type

☐ Yes - Schizoaffective Disorder - Bipolar Type

☐ Yes - Seasonal Affective Disorder (SAD)

☐ Other: \_\_\_\_\_

☐ No

**414. Do you have any phobias that result in either an irrational and/or obsessive anxiety response or impairment of normal function?**

☐ Yes

☐ No

**415. Do you have any phobias or fears for which you have sought treatment or psychotherapy?**

☐ Yes

☐ No

**416. With which phobias do you personally associate or consider yourself to seriously suffer from?**  
(Note: If you are unsure as to the definitions of the following phobias please describe your fear(s) in the "Other" choice or consult the web site listed below.)

**Source: List Compiled By Fredd Culbertson (<http://phobialist.com>)**

☐ Ablutophobia

☐ Acarophobia

☐ Acerophobia

☐ Achluophobia

☐ Acousticophobia

☐ Aeroacrophobia

☐ Aeronausiphobia

☐ Aerophobia

☐ Agliophobia

☐ Agoraphobia

☐ Agraphobia

☐ Agrizophobia

☐ Agyrophobia

☐ Aichmophobia

☐ Ailurophobia

☐ Albuminurophobia

☐ Alektorophobia

☐ Algophobia

☐ Alliumphobia

☐ Allodoxaphobia

☐ Altophobia

☐ Amathophobia

☐ Amaxophobia

☐ Ambulophobia

☐ Amnesiphobia

☐ Amychophobia

☐ Anablephobia

☐ Ancraophobia

☐ Androphobia

☐ Anemophobia

☐ Anginophobia

☐ Anglophobia

☐ Angrophobia

☐ Ankylophobia

☐ Anthophobia

☐ Anthrophobia

☐ Anthropophobia

☐ Antlophobia

☐ Anuptaphobia

☐ Apeirophobia

<input type="checkbox"/> Aphenphosmophobia	<input type="checkbox"/> Cenophobia	<input type="checkbox"/> Diderodromophobia	<input type="checkbox"/> Gynephobia	<input type="checkbox"/> Kolpophobia
<input type="checkbox"/> Apiphobia	<input type="checkbox"/> Centophobia	<input type="checkbox"/> Dikephobia	<input type="checkbox"/> Hadeophobia	<input type="checkbox"/> Koniophobia
<input type="checkbox"/> Apotemnophobia	<input type="checkbox"/> Ceraunophobia	<input type="checkbox"/> Dinophobia	<input type="checkbox"/> Hagiophobia	<input type="checkbox"/> Kopophobia
<input type="checkbox"/> Arachibutyrophobia	<input type="checkbox"/> Chaetophobia	<input type="checkbox"/> Diplophobia	<input type="checkbox"/> Hamartophobia	<input type="checkbox"/> Kosmikophobi
<input type="checkbox"/> Arachnephobiba	<input type="checkbox"/> Cheimaphobia	<input type="checkbox"/> Dipsophobia	<input type="checkbox"/> Haphephobia	<input type="checkbox"/> Kymophobia
<input type="checkbox"/> Arachnophobia	<input type="checkbox"/> Cheimatophobia	<input type="checkbox"/> Dishabiliophobia	<input type="checkbox"/> Haptephobia	<input type="checkbox"/> Kynophobia
<input type="checkbox"/> Arithmophobia.	<input type="checkbox"/> Chemophobia	<input type="checkbox"/> Domatophobia	<input type="checkbox"/> Harpaxophobia	<input type="checkbox"/> Kyphophobia
<input type="checkbox"/> Arrhenophobia	<input type="checkbox"/> Cherophobia	<input type="checkbox"/> Doraphobia	<input type="checkbox"/> Hedonophobia	<input type="checkbox"/> Lachanophobia
<input type="checkbox"/> Arsonophobia	<input type="checkbox"/> Chionophobia	<input type="checkbox"/> Dromophobia	<input type="checkbox"/> Heliophobia	<input type="checkbox"/> Laliophobia
<input type="checkbox"/> Ashenophobia	<input type="checkbox"/> Chiraptophobia	<input type="checkbox"/> Dutchphobia	<input type="checkbox"/> Hellenologophobia	<input type="checkbox"/> Lalophobia
<input type="checkbox"/> Astraphobia	<input type="checkbox"/> Cholerophobia	<input type="checkbox"/> Dysmorphophobia	<input type="checkbox"/> Helminthophobia	<input type="checkbox"/> Lepraphobia
<input type="checkbox"/> Astrapophobia	<input type="checkbox"/> Chorophobia	<input type="checkbox"/> Dystychiphobia	<input type="checkbox"/> Hemaphobia	<input type="checkbox"/> Leprophobia
<input type="checkbox"/> Astrophobia	<input type="checkbox"/> Chrematophobia	<input type="checkbox"/> Ecclesiophobia	<input type="checkbox"/> Hematophobia	<input type="checkbox"/> Leukophobia
<input type="checkbox"/> Asymmetriphobia	<input type="checkbox"/> Chromatophobia	<input type="checkbox"/> Ecophobia	<input type="checkbox"/> Hemophobia	<input type="checkbox"/> Levophobia
<input type="checkbox"/> Ataxiophobia	<input type="checkbox"/> Chrometophobia	<input type="checkbox"/> Eicophobia	<input type="checkbox"/> Hereiophobia	<input type="checkbox"/> Ligyrophobia
<input type="checkbox"/> Ataxophobia	<input type="checkbox"/> Chromophobia	<input type="checkbox"/> Eisotrophobia	<input type="checkbox"/> Heresyphobia	<input type="checkbox"/> Lilapsophobia
<input type="checkbox"/> Atelophobia	<input type="checkbox"/> Chronomentrophobia	<input type="checkbox"/> Electrophobia	<input type="checkbox"/> Herpetophobia	<input type="checkbox"/> Limnophobia
<input type="checkbox"/> Atephobia	<input type="checkbox"/> Chronophobia	<input type="checkbox"/> Eleutherophobia	<input type="checkbox"/> Heterophobia	<input type="checkbox"/> Linonophobia
<input type="checkbox"/> Athazagoraphobia	<input type="checkbox"/> Cibophobia	<input type="checkbox"/> Elurophobia	<input type="checkbox"/> Hierophobia	<input type="checkbox"/> Liticaphobia
<input type="checkbox"/> Atomosophobia	<input type="checkbox"/> Claustrophobia	<input type="checkbox"/> Emetophobia	<input type="checkbox"/> Hippophobia	<input type="checkbox"/> Lockiophobia
<input type="checkbox"/> Atychiphobia	<input type="checkbox"/> Cleisiophobia	<input type="checkbox"/> Enetophobia	<input type="checkbox"/> Hobophobia	<input type="checkbox"/> Logizomechanophobia
<input type="checkbox"/> Aulophobia	<input type="checkbox"/> Cleithrophobia	<input type="checkbox"/> Enissophobia	<input type="checkbox"/> Hodophobia	<input type="checkbox"/> Logophobia
<input type="checkbox"/> Aurophobia	<input type="checkbox"/> Climacophobia	<input type="checkbox"/> Enochlophobia	<input type="checkbox"/> Homichlophobia	<input type="checkbox"/> Luiphobia
<input type="checkbox"/> Auroraphobia	<input type="checkbox"/> Clinophobia	<input type="checkbox"/> Enosiophobia	<input type="checkbox"/> Homilophobia	<input type="checkbox"/> Lutraphobia
<input type="checkbox"/> Autodysomophobia	<input type="checkbox"/> Clithrophobia	<input type="checkbox"/> Entomophobia	<input type="checkbox"/> Hominophobia	<input type="checkbox"/> Lygophobia
<input type="checkbox"/> Automatonophobia	<input type="checkbox"/> Cnidophobia	<input type="checkbox"/> Eosophobia	<input type="checkbox"/> Homophobia	<input type="checkbox"/> Lysssophobia.
<input type="checkbox"/> Automysophobia	<input type="checkbox"/> Coimetrophobia	<input type="checkbox"/> Epistaxiophobia	<input type="checkbox"/> Hoplophobia	<input type="checkbox"/> Macrophobia
<input type="checkbox"/> Autophobia	<input type="checkbox"/> Coitophobia	<input type="checkbox"/> Epistemphobia	<input type="checkbox"/> Hormephobia.	<input type="checkbox"/> Mageirocophobia
<input type="checkbox"/> Aviaphobia	<input type="checkbox"/> Cometophobia	<input type="checkbox"/> Equinophobia	<input type="checkbox"/> Hydrargyrophobia	<input type="checkbox"/> Maieusiophobia
<input type="checkbox"/> Aviophobia	<input type="checkbox"/> Contreltophobia	<input type="checkbox"/> Eremophobia	<input type="checkbox"/> Hydrophobia	<input type="checkbox"/> Malaxophobia
<input type="checkbox"/> Bacillophobia	<input type="checkbox"/> Coprastasophobia	<input type="checkbox"/> Ereuthophobia	<input type="checkbox"/> Hydrophobophobia	<input type="checkbox"/> Maniaphobia
<input type="checkbox"/> Bacteriophobia	<input type="checkbox"/> Coprophobia	<input type="checkbox"/> Ereuthophobia	<input type="checkbox"/> Hyelophobia	<input type="checkbox"/> Mastigophobia
<input type="checkbox"/> Balenophobia	<input type="checkbox"/> Coulrophobia	<input type="checkbox"/> Ergasiophobia	<input type="checkbox"/> Hygrophobia	<input type="checkbox"/> Mechanophobia
<input type="checkbox"/> Ballistophobia	<input type="checkbox"/> Counterphobia	<input type="checkbox"/> Ergophobia.	<input type="checkbox"/> Hylephobia	<input type="checkbox"/> Medomalacuphobia
<input type="checkbox"/> Barophobia	<input type="checkbox"/> Cremnophobia	<input type="checkbox"/> Erotophobia	<input type="checkbox"/> Hylophobia	<input type="checkbox"/> Medorthophobia
<input type="checkbox"/> Basiphobia	<input type="checkbox"/> Cryophobia	<input type="checkbox"/> Erythrophobia	<input type="checkbox"/> Hynophobia	<input type="checkbox"/> Megalophobia
<input type="checkbox"/> Basophobia	<input type="checkbox"/> Crystallophobia	<input type="checkbox"/> Erytophobia	<input type="checkbox"/> Hypegiaphobia	<input type="checkbox"/> Melanophobia
<input type="checkbox"/> Bathophobia	<input type="checkbox"/> Cyberphobia	<input type="checkbox"/> Euphobia	<input type="checkbox"/> Hypengyophobia	<input type="checkbox"/> Melissophobia.
<input type="checkbox"/> Batonophobia	<input type="checkbox"/> Cyclophobia	<input type="checkbox"/> Eurotophobia	<input type="checkbox"/> Hypertrichophobia	<input type="checkbox"/> Melophobia
<input type="checkbox"/> Batophobia	<input type="checkbox"/> Cymophobia	<input type="checkbox"/> Febriphobia	<input type="checkbox"/> Hypsiphobia	<input type="checkbox"/> Meningitiophobia
<input type="checkbox"/> Batrachophobia	<input type="checkbox"/> Cynophobia	<input type="checkbox"/> Felinophobia	<input type="checkbox"/> Iatrophobia	<input type="checkbox"/> Merinthophobia
<input type="checkbox"/> Bibliophobia	<input type="checkbox"/> Cyprianophobia	<input type="checkbox"/> Fibriophobia	<input type="checkbox"/> Ichthyophobia	<input type="checkbox"/> Mertophobia
<input type="checkbox"/> Blennophobia	<input type="checkbox"/> Cypridophobia	<input type="checkbox"/> Fibriphobia	<input type="checkbox"/> Ideophobia	<input type="checkbox"/> Metallophobia
<input type="checkbox"/> Bogyphobia	<input type="checkbox"/> Cyprinophobia	<input type="checkbox"/> Francophobia	<input type="checkbox"/> Illyngophobia	<input type="checkbox"/> Metathesiophobia
<input type="checkbox"/> Bolshephobia	<input type="checkbox"/> Cypriphobia	<input type="checkbox"/> Galeophobia	<input type="checkbox"/> Insectophobia	<input type="checkbox"/> Meterorophobia
<input type="checkbox"/> Bromidrophobia	<input type="checkbox"/> Daemonophobia	<input type="checkbox"/> Galiophobia	<input type="checkbox"/> Iophobia	<input type="checkbox"/> Methyphobia
<input type="checkbox"/> Bromidrosiphobia	<input type="checkbox"/> Decidophobia	<input type="checkbox"/> Gamophobia	<input type="checkbox"/> Isolophobia	<input type="checkbox"/> Microbiophobia
<input type="checkbox"/> Brontophobia	<input type="checkbox"/> Defecaloesiophobia	<input type="checkbox"/> Gatophobia	<input type="checkbox"/> Isopterophobia	<input type="checkbox"/> Microphobia.
<input type="checkbox"/> Bufonophobia	<input type="checkbox"/> Deipnophobia	<input type="checkbox"/> Geliophobia	<input type="checkbox"/> Ithyphallophobia	<input type="checkbox"/> Misophobia
<input type="checkbox"/> Cacophobia	<input type="checkbox"/> Dematophobia	<input type="checkbox"/> Geniophobia	<input type="checkbox"/> Japanophobia	<input type="checkbox"/> Mnemophobia
<input type="checkbox"/> Cainophobia	<input type="checkbox"/> Dementophobia	<input type="checkbox"/> Genophobia	<input type="checkbox"/> Judeophobia	<input type="checkbox"/> Molysmophobia
<input type="checkbox"/> Cainotophobia	<input type="checkbox"/> Demonophobia	<input type="checkbox"/> Genuphobia	<input type="checkbox"/> Kainolophobia	<input type="checkbox"/> Molysomophobia
<input type="checkbox"/> Caligynephobia	<input type="checkbox"/> Demophobia	<input type="checkbox"/> Gephydrophobia	<input type="checkbox"/> Kainophobia	<input type="checkbox"/> Monopathophobia
<input type="checkbox"/> Cancerophobia	<input type="checkbox"/> Dendrophobia	<input type="checkbox"/> Gephysrophobia	<input type="checkbox"/> Kakorrhaphiophobia	<input type="checkbox"/> Monophobia
<input type="checkbox"/> Carcinophobia	<input type="checkbox"/> Dentophobia	<input type="checkbox"/> Gerascophobia	<input type="checkbox"/> Katagelophobia	<input type="checkbox"/> Motorphobia
<input type="checkbox"/> Cardiophobia	<input type="checkbox"/> Dermatopathophobia	<input type="checkbox"/> Germanophobia	<input type="checkbox"/> Kathisophobia	<input type="checkbox"/> Mottophobia
<input type="checkbox"/> Carnophobia	<input type="checkbox"/> Dermatophobia	<input type="checkbox"/> Gerontophobia	<input type="checkbox"/> Kenophobia	<input type="checkbox"/> Murophobia
<input type="checkbox"/> Catagelophobia	<input type="checkbox"/> Dermatosiophobia	<input type="checkbox"/> Geumaphobia	<input type="checkbox"/> Keraunophobia	<input type="checkbox"/> Musophobia
<input type="checkbox"/> Catapedaphobia	<input type="checkbox"/> Dextrophobia	<input type="checkbox"/> Gnosophobia	<input type="checkbox"/> Kinesophobia	<input type="checkbox"/> Mycophobia
<input type="checkbox"/> Cathisophobia	<input type="checkbox"/> Diabetophobia	<input type="checkbox"/> Graphophobia	<input type="checkbox"/> Kleptophobia	<input type="checkbox"/> Mycrophobia
<input type="checkbox"/> Catotrophobia	<input type="checkbox"/> Didaskaleinophobia	<input type="checkbox"/> Gymnophobia	<input type="checkbox"/> Koinoniphobia	<input type="checkbox"/> Myctophobia

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Myrmecophobia    | <input type="checkbox"/> Ostraconophobia         | <input type="checkbox"/> Pneumatiphobia     | <input type="checkbox"/> Scotophobia        | <input type="checkbox"/> Textophobia       |
| <input type="checkbox"/> Mysophobia       | <input type="checkbox"/> Ouranophobia            | <input type="checkbox"/> Pnigerophobia      | <input type="checkbox"/> Scriptophobia      | <input type="checkbox"/> Thaasophobia      |
| <input type="checkbox"/> Mythophobia      | <input type="checkbox"/> Pagophobia              | <input type="checkbox"/> Pnigophobia        | <input type="checkbox"/> Selaphobia         | <input type="checkbox"/> Thalassophobia    |
| <input type="checkbox"/> Myxophobia       | <input type="checkbox"/> Panophobia              | <input type="checkbox"/> Pocrescophobia     | <input type="checkbox"/> Selenophobia       | <input type="checkbox"/> Thanatophobia     |
| <input type="checkbox"/> Namatophobia     | <input type="checkbox"/> Panthophobia            | <input type="checkbox"/> Pocresophobia      | <input type="checkbox"/> Seplophobia        | <input type="checkbox"/> Thantophobia      |
| <input type="checkbox"/> Nebulaphobia     | <input type="checkbox"/> Pantophobia             | <input type="checkbox"/> Pogonophobia       | <input type="checkbox"/> Sesquipedalophobia | <input type="checkbox"/> Theatrophobia     |
| <input type="checkbox"/> Necrophobia      | <input type="checkbox"/> Papaphobia              | <input type="checkbox"/> Poinophobia        | <input type="checkbox"/> Sexophobia         | <input type="checkbox"/> Theophobia        |
| <input type="checkbox"/> Nelophobia       | <input type="checkbox"/> Papyrophobia            | <input type="checkbox"/> Poliosophobia      | <input type="checkbox"/> Siderophobia       | <input type="checkbox"/> Theologicophobia  |
| <input type="checkbox"/> Neopharmaphobia. | <input type="checkbox"/> Paralipophobia          | <input type="checkbox"/> Politicophobia     | <input type="checkbox"/> Sinistrophobia     | <input type="checkbox"/> Thermophobia      |
| <input type="checkbox"/> Neophobia        | <input type="checkbox"/> Paraphobia              | <input type="checkbox"/> Polyphobia         | <input type="checkbox"/> Sinophobia         | <input type="checkbox"/> Tocophobia        |
| <input type="checkbox"/> Nephophobia      | <input type="checkbox"/> Parasitophobia          | <input type="checkbox"/> Ponophobia         | <input type="checkbox"/> Sitiophobia        | <input type="checkbox"/> Tomophobia        |
| <input type="checkbox"/> Noctiphobia      | <input type="checkbox"/> Paraskavedekatriaphobia | <input type="checkbox"/> Porphyrophobia     | <input type="checkbox"/> Sitophobia         | <input type="checkbox"/> Tonitrophobia     |
| <input type="checkbox"/> Nosemaphobia     | <input type="checkbox"/> Parthenophobia          | <input type="checkbox"/> Potamophobia       | <input type="checkbox"/> Snakephobia        | <input type="checkbox"/> Topophobia        |
| <input type="checkbox"/> Nosocomophobia   | <input type="checkbox"/> Parturiphobia           | <input type="checkbox"/> Potoptophobia      | <input type="checkbox"/> Soceraphobia       | <input type="checkbox"/> Toxiphobia        |
| <input type="checkbox"/> Nosophobia       | <input type="checkbox"/> Pathophobia.            | <input type="checkbox"/> Proctophobia.      | <input type="checkbox"/> Sociophobia        | <input type="checkbox"/> Toxophobia        |
| <input type="checkbox"/> Nostophobia      | <input type="checkbox"/> Patroiophobia           | <input type="checkbox"/> Prosophobia        | <input type="checkbox"/> Somniphobia        | <input type="checkbox"/> Toxicophobia      |
| <input type="checkbox"/> Novercaphobia    | <input type="checkbox"/> Peccatophobia           | <input type="checkbox"/> Psellismophobia    | <input type="checkbox"/> Sophophobia        | <input type="checkbox"/> Traumatophobia    |
| <input type="checkbox"/> Nucleomitophobia | <input type="checkbox"/> Pediculophobia          | <input type="checkbox"/> Psychophobia       | <input type="checkbox"/> Soteriophobia      | <input type="checkbox"/> Tremophobia       |
| <input type="checkbox"/> Nudophobia       | <input type="checkbox"/> Pediophobia             | <input type="checkbox"/> Psychrophobia      | <input type="checkbox"/> Spacephobia        | <input type="checkbox"/> Trichinophobia    |
| <input type="checkbox"/> Numerophobia     | <input type="checkbox"/> Pedophobia              | <input type="checkbox"/> Pteromerhanophobia | <input type="checkbox"/> Spectrophobia      | <input type="checkbox"/> Trichopathophobia |
| <input type="checkbox"/> Nyctohlophobia   | <input type="checkbox"/> Peladophobia            | <input type="checkbox"/> Pteronophobia      | <input type="checkbox"/> Spermatophobia     | <input type="checkbox"/> Trichophobia      |
| <input type="checkbox"/> Nyctophobia      | <input type="checkbox"/> Pellagrophobia          | <input type="checkbox"/> Pupaphobia         | <input type="checkbox"/> Spermophobia       | <input type="checkbox"/> Triskaidekaphobia |
| <input type="checkbox"/> Obesophobia      | <input type="checkbox"/> Peniaphobia             | <input type="checkbox"/> Pyrexiphobia       | <input type="checkbox"/> Spheksophobia      | <input type="checkbox"/> Tropophobia       |
| <input type="checkbox"/> Ochlophobia.     | <input type="checkbox"/> Pentheraphobia          | <input type="checkbox"/> Pyrophobia         | <input type="checkbox"/> Stasibasiphobia    | <input type="checkbox"/> Trypanophobia     |
| <input type="checkbox"/> Ochophobia       | <input type="checkbox"/> Phagophobia             | <input type="checkbox"/> Radiophobia        | <input type="checkbox"/> Stasiphobia        | <input type="checkbox"/> Tuberculophobia   |
| <input type="checkbox"/> Octophobia       | <input type="checkbox"/> Phalacrophobia          | <input type="checkbox"/> Ranidaphobia       | <input type="checkbox"/> Staurophobia       | <input type="checkbox"/> Tyrannophobia     |
| <input type="checkbox"/> Odontophobia     | <input type="checkbox"/> Phallophobia            | <input type="checkbox"/> Rectophobia        | <input type="checkbox"/> Stenophobia        | <input type="checkbox"/> Uranophobia       |
| <input type="checkbox"/> Odyneophobia     | <input type="checkbox"/> Pharmacophobia          | <input type="checkbox"/> Rhabdophobia       | <input type="checkbox"/> Stigiophobia       | <input type="checkbox"/> Urophobia         |
| <input type="checkbox"/> Odynophobia      | <input type="checkbox"/> Pharmacophobia          | <input type="checkbox"/> Rhypophobia        | <input type="checkbox"/> Suriphobia         | <input type="checkbox"/> Vaccinophobia     |
| <input type="checkbox"/> Oenophobia       | <input type="checkbox"/> Phasmophobia            | <input type="checkbox"/> Rhytiphobia        | <input type="checkbox"/> Symbolophobia      | <input type="checkbox"/> Venustraphobia    |
| <input type="checkbox"/> Oikophobia       | <input type="checkbox"/> Phengophobia            | <input type="checkbox"/> Rupophobia         | <input type="checkbox"/> Symmetrophobia     | <input type="checkbox"/> Verbophobia       |
| <input type="checkbox"/> Olfactophobia    | <input type="checkbox"/> Philemaphobia           | <input type="checkbox"/> Russophobia        | <input type="checkbox"/> Syngenesophobia    | <input type="checkbox"/> Verminophobia     |
| <input type="checkbox"/> Ombrophobia      | <input type="checkbox"/> Philematophobia         | <input type="checkbox"/> Samhainophobia     | <input type="checkbox"/> Syphilophobia      | <input type="checkbox"/> Vestiphobia       |
| <input type="checkbox"/> Ommatophobia     | <input type="checkbox"/> Philophobia             | <input type="checkbox"/> Sarmassophobia     | <input type="checkbox"/> Tachophobia        | <input type="checkbox"/> Virginitiphobia   |
| <input type="checkbox"/> Ommetaphobia     | <input type="checkbox"/> Philosophobia           | <input type="checkbox"/> Satanophobia       | <input type="checkbox"/> Taeniophobia       | <input type="checkbox"/> Vitricophobia     |
| <input type="checkbox"/> Oneirogmophobia  | <input type="checkbox"/> Phobophobia             | <input type="checkbox"/> Scabiophobia       | <input type="checkbox"/> Taphophobia        | <input type="checkbox"/> Walloonophobia    |
| <input type="checkbox"/> Oneirophobia     | <input type="checkbox"/> Phonophobia             | <input type="checkbox"/> Scatophobia        | <input type="checkbox"/> Tapinophobia       | <input type="checkbox"/> Wiccaphobia       |
| <input type="checkbox"/> Onomatophobia    | <input type="checkbox"/> Photoaugliaphobia       | <input type="checkbox"/> Scelerophobia      | <input type="checkbox"/> Taurophobia        | <input type="checkbox"/> Xanthophobia      |
| <input type="checkbox"/> Ophidiophobia    | <input type="checkbox"/> Photophobia             | <input type="checkbox"/> Sciaphobia         | <input type="checkbox"/> Technophobia       | <input type="checkbox"/> Xenophobia        |
| <input type="checkbox"/> Ophthalmophobia  | <input type="checkbox"/> Phronemophobia          | <input type="checkbox"/> Sciophobia         | <input type="checkbox"/> Teleophobia        | <input type="checkbox"/> Xerophobia        |
| <input type="checkbox"/> Optophobia       | <input type="checkbox"/> Phthiriophobia          | <input type="checkbox"/> Scoionophobia      | <input type="checkbox"/> Telephonophobia    | <input type="checkbox"/> Xylophobia        |
| <input type="checkbox"/> Ornithophobia    | <input type="checkbox"/> Phthisiophobia          | <input type="checkbox"/> Scoleciphobia      | <input type="checkbox"/> Teratophobia       | <input type="checkbox"/> Zelophobia        |
| <input type="checkbox"/> Orthophobia      | <input type="checkbox"/> Placophobia             | <input type="checkbox"/> Scopophobia        | <input type="checkbox"/> Testaphobia        | <input type="checkbox"/> Zeusophobia       |
| <input type="checkbox"/> Osmophobia       | <input type="checkbox"/> Plutophobia             | <input type="checkbox"/> Scoptophobia       | <input type="checkbox"/> Tetanophobia       | <input type="checkbox"/> Zemmiphobia       |
| <input type="checkbox"/> Osphesiophobia   | <input type="checkbox"/> Pluviophobia            | <input type="checkbox"/> Scotomaphobia      | <input type="checkbox"/> Teutophobia        | <input type="checkbox"/> Zoophobia         |

☐ Other: \_\_\_\_\_

☐ None / Not Applicable

**417. Do your sleep cycles change seasonally or vary dramatically throughout the year?**

- ☐ Yes  
☐ No

If yes, describe in which manner your sleep cycles change seasonally:

< Multiple Line Field >

**418. Do your sleep cycles change in relation to your need to vampirically feed?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, describe in which manner your sleep cycles change in relation to vampiric feeding:

< Multiple Line Field >

**419. Is your most comfortable or natural sleeping period at night or during the day?**

- ☐ Daytime  
☐ Nighttime

**420. Please provide the specific hours you currently sleep during a typical or normal 24 hour period.  
(Check All That Apply)**

- |                                   |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 12:00 AM | <input type="checkbox"/> 6:00 AM  | <input type="checkbox"/> 12:00 PM | <input type="checkbox"/> 6:00 PM  |
| <input type="checkbox"/> 1:00 AM  | <input type="checkbox"/> 7:00 AM  | <input type="checkbox"/> 1:00 PM  | <input type="checkbox"/> 7:00 PM  |
| <input type="checkbox"/> 2:00 AM  | <input type="checkbox"/> 8:00 AM  | <input type="checkbox"/> 2:00 PM  | <input type="checkbox"/> 8:00 PM  |
| <input type="checkbox"/> 3:00 AM  | <input type="checkbox"/> 9:00 AM  | <input type="checkbox"/> 3:00 PM  | <input type="checkbox"/> 9:00 PM  |
| <input type="checkbox"/> 4:00 AM  | <input type="checkbox"/> 10:00 AM | <input type="checkbox"/> 4:00 PM  | <input type="checkbox"/> 10:00 PM |
| <input type="checkbox"/> 5:00 AM  | <input type="checkbox"/> 11:00 AM | <input type="checkbox"/> 5:00 PM  | <input type="checkbox"/> 11:00 PM |

**421. Does your employment or lifestyle allow you to sleep on your natural schedule?**

- ☐ Yes  
☐ No

**422. If yes, do you feel that you most often wake up rested or still tired?**

- ☐ Rested  
☐ Tired  
☐ Not Applicable (Not On Natural Schedule)

**423. Do you most often sleep straight through your designated sleeping schedule or do you wake often?**

- ☐ Undisturbed (Straight Through)  
☐ Disturbed (Wake Often)

**424. Do you find yourself more comfortable in confined spaces while sleeping?**

- ☐ Yes  
☐ No

**425. Do you prefer cooler or warmer temperatures while sleeping?**

- ☐ Cooler  
☐ Warmer

**426. Do you feel that your body heat increases or decreases while you sleep?**

- ☐ Increases  
☐ Decreases  
☐ No Change  
☐ I'm Not Sure

**427. Do you consider yourself a "light" (shallow) or "heavy" (deep) sleeper?**

- ☐ Light  
☐ Heavy

**428. Have you ever been diagnosed with insomnia?**

***Insomnia** is characterized by an inability to sleep and/or to remain asleep for a reasonable period. Insomnia may be classified as transient, acute (short-term), and chronic. Insomnia lasting from one night to a few weeks is referred to as transient. Acute insomnia is the inability to consistently sleep well for a period of three weeks to six months. However, after this time, the person does not experience insomniatic episodes. Insomnia is considered to be chronic if it persists almost nightly for at least a month, and sometimes longer.*

- ☐ Yes - Transient  
☐ Yes - Acute  
☐ Yes - Chronic  
☐ No

**429. Which if any of the following martial arts do you practice?**

*(Check All That Apply)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Aikido              | <input type="checkbox"/> Kajukenbo        | <input type="checkbox"/> Shaolin Kung Fu           |
| <input type="checkbox"/> Aikijujutsu         | <input type="checkbox"/> Kalaripayattu    | <input type="checkbox"/> Shorinji Kempo            |
| <input type="checkbox"/> Amateur Wrestling   | <input type="checkbox"/> Karate (Western) | <input type="checkbox"/> Shotokai                  |
| <input type="checkbox"/> Baguazhang          | <input type="checkbox"/> Karate (Eastern) | <input type="checkbox"/> Shotokan                  |
| <input type="checkbox"/> Bando               | <input type="checkbox"/> Kempo            | <input type="checkbox"/> Shuai Chiao               |
| <input type="checkbox"/> Banshay             | <input type="checkbox"/> Kendo            | <input type="checkbox"/> Silat                     |
| <input type="checkbox"/> Bartitsu            | <input type="checkbox"/> Kenjutsu         | <input type="checkbox"/> Subak                     |
| <input type="checkbox"/> Brazilian Jiu-Jitsu | <input type="checkbox"/> Kickboxing       | <input type="checkbox"/> Systema                   |
| <input type="checkbox"/> Capoeira            | <input type="checkbox"/> Krav Maga        | <input type="checkbox"/> Taekwondo                 |
| <input type="checkbox"/> Catch Wrestling     | <input type="checkbox"/> Kuk Sool Won     | <input type="checkbox"/> Taekyon                   |
| <input type="checkbox"/> Drunken Boxing      | <input type="checkbox"/> Kung Fu          | <input type="checkbox"/> Tai Chi Chuan / Taijiquan |
| <input type="checkbox"/> Eskrima / Arnis     | <input type="checkbox"/> Lau Gar          | <input type="checkbox"/> Tang Soo Do               |
| <input type="checkbox"/> Fencing             | <input type="checkbox"/> Lethwei          | <input type="checkbox"/> Wado Ryu                  |
| <input type="checkbox"/> Goya-Ra-Ru          | <input type="checkbox"/> Mixed Or Hybrid  | <input type="checkbox"/> Wing Chun                 |
| <input type="checkbox"/> Hapkido             | <input type="checkbox"/> Muay Thai        | <input type="checkbox"/> Xingyiquan                |
| <input type="checkbox"/> Hung Gar            | <input type="checkbox"/> Naban            | <input type="checkbox"/> Yiquan                    |
| <input type="checkbox"/> Hwarangdo           | <input type="checkbox"/> Ninjutsu         | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Jeet Kune Do        | <input type="checkbox"/> Qigong           | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Judo                | <input type="checkbox"/> Sabot            |  |
| <input type="checkbox"/> Jujutsu             | <input type="checkbox"/> Sambo            |  |

**430. Do you meditate in the tradition(s) of your chosen martial art(s)?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**431. Do you relate your martial arts practice to your personal vampirism?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**432. If yes, discuss how you relate or incorporate your martial arts practices to your personal vampirism:**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**433. Which, if any, of the following meditation traditions do you practice?**

*(Check All That Apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Active / Dynamic Meditation        | <input type="checkbox"/> Reiki                               |
| <input type="checkbox"/> Autogenic Training                 | <input type="checkbox"/> Samatha (Buddhism)                  |
| <input type="checkbox"/> Bhakti Yoga (Hinduism)             | <input type="checkbox"/> Simran (Sikhism)                    |
| <input type="checkbox"/> Christian Prayer                   | <input type="checkbox"/> Sufi Qawwali (Islam)                |
| <input type="checkbox"/> Confucian Meditation               | <input type="checkbox"/> Sufi Sema (Islam)                   |
| <input type="checkbox"/> Daoyin (Taoism / Daoism)           | <input type="checkbox"/> Sufi Whirling (Islam)               |
| <input type="checkbox"/> Dhikr (Islam)                      | <input type="checkbox"/> Surat Shabd Yoga (Hinduism)         |
| <input type="checkbox"/> Esoteric Meditation                | <input type="checkbox"/> T'ai Chi T'u (Taoism / Daoism)      |
| <input type="checkbox"/> Hisbonenus or Hisbonenut (Judaism) | <input type="checkbox"/> Tantra                              |
| <input type="checkbox"/> Jnana Yoga (Hinduism)              | <input type="checkbox"/> Transcendental Meditation (New Age) |
| <input type="checkbox"/> Karma Yoga (Hinduism)              | <input type="checkbox"/> Ts'o Ch'an (Taoism / Daoism)        |
| <input type="checkbox"/> Koan (Buddhism)                    | <input type="checkbox"/> Vedanta (Hinduism)                  |
| <input type="checkbox"/> Monasticism (Any Religion)         | <input type="checkbox"/> Vipassana (Buddhism)                |
| <input type="checkbox"/> Muraqaba (Islam)                   | <input type="checkbox"/> Yoga (Other Types)                  |
| <input type="checkbox"/> Nam Japo (Sikhism)                 | <input type="checkbox"/> Zhan Zhuang (Taoism / Daoism)       |
| <input type="checkbox"/> Neigong (Taoism / Daoism)          | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Qigong (Taoism / Daoism)           | <input type="checkbox"/> None                                |
| <input type="checkbox"/> Raja Yoga (Hinduism)               |  |

**434. Do you relate your meditation practices to your personal vampirism?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**435. If yes, discuss how you relate or incorporate your meditation practices to your personal vampirism:**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**436. Do you consciously utilize or exchange energy during sex?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**437. Do you often experience long lasting euphoric highs during or after sexual activity or prolonged periods of natural stamina extending past several hours? (Check All That Apply)**

- ☐ Yes - Periods Of Conscious Euphoric Highs Lasting 3 Hours Or Longer During Sex (Foreplay / Afterplay)  
☐ Yes - Periods Of Conscious Euphoric Highs Lasting 24 Hours Or Longer After Sex (Into The Next Day)  
☐ Yes - Naturally Induced Periods Of Sexual Stamina Lasting Longer Than 3 Hours  
☐ No  
☐ Not Applicable

**438. Do you follow any tantric principles during sex?**

*Tantra is an Asian body of beliefs and practices which, working from the principle that the universe we experience is nothing other than the concrete manifestation of the divine energy of the godhead that creates and maintains that universe, seeks to ritually appropriate and channel energy within the human microcosm in creative and emancipatory ways. There are a variety of Taoist / Daoist sexual exercises designed to improve the health, longevity, and spiritual development in both men (yang) and women (yin).*

- ☐ Yes  
☐ No  
☐ Not Applicable

**439. To the best of your recollection, how many romantic relationships (not necessarily sexual) have you had during your lifetime?**

- |                                   |                                   |                                   |  |
|-----------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 1        | <input type="checkbox"/> 16 to 20 | <input type="checkbox"/> 51 to 55 | <input type="checkbox"/> 86 to 90          |
| <input type="checkbox"/> 2        | <input type="checkbox"/> 21 to 25 | <input type="checkbox"/> 56 to 60 | <input type="checkbox"/> 91 to 95          |
| <input type="checkbox"/> 3        | <input type="checkbox"/> 26 to 30 | <input type="checkbox"/> 61 to 65 | <input type="checkbox"/> 96 to 100         |
| <input type="checkbox"/> 4        | <input type="checkbox"/> 31 to 35 | <input type="checkbox"/> 66 to 70 | <input type="checkbox"/> More Than 100     |
| <input type="checkbox"/> 5        | <input type="checkbox"/> 36 to 40 | <input type="checkbox"/> 71 to 75 | <input type="checkbox"/> None              |
| <input type="checkbox"/> 6 to 10  | <input type="checkbox"/> 41 to 45 | <input type="checkbox"/> 76 to 80 | <input type="checkbox"/> Decline To Answer |
| <input type="checkbox"/> 11 to 15 | <input type="checkbox"/> 46 to 50 | <input type="checkbox"/> 81 to 85 |  |

**440. To the best of your recollection, how many sexual partners have you had during your lifetime?**

- |                                   |                                   |                                   |  |
|-----------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 1        | <input type="checkbox"/> 16 to 20 | <input type="checkbox"/> 51 to 55 | <input type="checkbox"/> 86 to 90          |
| <input type="checkbox"/> 2        | <input type="checkbox"/> 21 to 25 | <input type="checkbox"/> 56 to 60 | <input type="checkbox"/> 91 to 95          |
| <input type="checkbox"/> 3        | <input type="checkbox"/> 26 to 30 | <input type="checkbox"/> 61 to 65 | <input type="checkbox"/> 96 to 100         |
| <input type="checkbox"/> 4        | <input type="checkbox"/> 31 to 35 | <input type="checkbox"/> 66 to 70 | <input type="checkbox"/> More Than 100     |
| <input type="checkbox"/> 5        | <input type="checkbox"/> 36 to 40 | <input type="checkbox"/> 71 to 75 | <input type="checkbox"/> None              |
| <input type="checkbox"/> 6 to 10  | <input type="checkbox"/> 41 to 45 | <input type="checkbox"/> 76 to 80 | <input type="checkbox"/> Decline To Answer |
| <input type="checkbox"/> 11 to 15 | <input type="checkbox"/> 46 to 50 | <input type="checkbox"/> 81 to 85 |  |

**441. Have you ever engaged in a relationship(s) with another vampire?**

- ☐ Yes  
☐ No  
☐ Not Applicable



**442. Was this relationship(s) of a purely platonic, sexual, spiritual, or romantic nature?**

*(Check All That Apply)*

- ☐ Platonic  
☐ Sexual  
☐ Romantic

- ☐ Spiritual  
☐ Not Applicable

**443. In general, how long did this relationship(s) last in an average comparison with those you have dated who are mundane (non-awakened) in nature?**

- ☐ Longer  
☐ Shorter

- ☐ About The Same  
☐ Not Applicable

**444. Have you ever been involved in a romantic relationship where the energy between the two of you formed a symbiosis or seemingly perfect union of complimenting energies?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**445. What is the predominant astrological sign of the majority of your romantic partners?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/>  Aries    | <input type="checkbox"/>  Libra        | <input type="checkbox"/> Equal Representation |
| <input type="checkbox"/>  Taurus   | <input type="checkbox"/>  Scorpio      | <input type="checkbox"/> I Don't Know         |
| <input type="checkbox"/>  Gemini  | <input type="checkbox"/>  Sagittarius | <input type="checkbox"/> Not Applicable       |
| <input type="checkbox"/>  Cancer | <input type="checkbox"/>  Capricorn  |   |
| <input type="checkbox"/>  Leo    | <input type="checkbox"/>  Aquarius   |   |
| <input type="checkbox"/>  Virgo  | <input type="checkbox"/>  Pisces     |   |

**446. Were you adopted or ever placed in long term foster care?**

- ☐ Yes - Adopted  
☐ Yes - Foster Care

- ☐ Yes - Both  
☐ No

**447. Excluding the death of a parent(s), are both of your biological parents currently married to one another?**

- ☐ Yes  
☐ No

- ☐ I'm Not Sure  
☐ Not Applicable / Parent(s) Deceased

**448. Prior to your birth (within two years) did your biological parent(s) experience a direct loss of either a parent, the other spouse, or another child?**

- ☐ Yes - Loss Of Your Biological Mother's Parent (Either Their Mother Or Father)
- ☐ Yes - Loss Of Your Biological Father's Parent (Either Their Mother Or Father)
- ☐ Yes - Loss Of Your Biological Mother During Childbirth
- ☐ Yes - Loss Of Your Biological Father
- ☐ Yes - Loss Of A Child By Your Biological Mother
- ☐ Yes - Loss Of A Child By Your Biological Father (Prior Marriage)
- ☐ I'm Not Sure
- ☐ No

**449. Did either of your parents (biological or adoptive) or legal guardians suffer from depression or anxiety disorders while you were a young child?**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Yes - Mother / Female Guardian | <input type="checkbox"/> No           |
| <input type="checkbox"/> Yes - Father / Male Guardian   | <input type="checkbox"/> I'm Not Sure |
| <input type="checkbox"/> Yes - Both                     |                                       |

**450. As a child, did you ever directly experience or witness a traumatic event that occurred to you personally or those close to you?**

- ☐ Yes
- ☐ No

If yes, describe: \_\_\_\_\_ < Multiple Line Field >

**451. As a child, did you ever experience a particularly memorable religious, spiritual, supernatural, or paranormal event?**

- ☐ Yes
- ☐ No

If yes, describe: \_\_\_\_\_ < Multiple Line Field >

**452. Have you ever suffered a complete emotional breakdown that left you mentally and/or physically incapacitated or severely impaired for longer than 48 hours?**

- ☐ Yes  
☐ No

If yes, describe the circumstance(s) that led or contributed to the emotional breakdown:

\_\_\_\_\_ < Multiple Line Field >

**453. Did this emotional breakdown lead to any of the following in your life as a means to cope?**  
*(Check All That Apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Alcoholism                   | <input type="checkbox"/> A Turning Outward Of Emotions |
| <input type="checkbox"/> Drug Use                     | <input type="checkbox"/> Physical Abuse Of Self        |
| <input type="checkbox"/> Depression                   | <input type="checkbox"/> Physical Abuse Of Others      |
| <input type="checkbox"/> Suicidal Thoughts            | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> A Turning Inward Of Emotions | <input type="checkbox"/> Not Applicable                |

**454. Have you ever experienced or borne witness to something so profound (positive or negative) that it either stretched or surpassed the limits of what your mind or spirit could grasp?**

- ☐ Yes  
☐ No

If yes, describe this event and the resulting short and/or long term mental or psychological effect:

\_\_\_\_\_ < Multiple Line Field >

**455. Did this event lead to any of the following in your life as a means to understand or rationalize?**  
*(Check All That Apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Alcoholism                       | <input type="checkbox"/> Spiritual Or Religious Inquiry                |
| <input type="checkbox"/> Drug Use                         | <input type="checkbox"/> Spiritual Or Religious Conversion             |
| <input type="checkbox"/> Depression                       | <input type="checkbox"/> Physical Abuse Of Self                        |
| <input type="checkbox"/> Suicidal Thoughts                | <input type="checkbox"/> Physical Abuse Of Others                      |
| <input type="checkbox"/> A Turning Inward Of Emotions     | <input type="checkbox"/> Negative Downward Spiral Of Life Choices      |
| <input type="checkbox"/> A Turning Outward Of Emotions    | <input type="checkbox"/> Positive Uplifting Motivation Of Life Choices |
| <input type="checkbox"/> Questioning Of Purpose / Meaning | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Questioning Of Self / Others     | <input type="checkbox"/> Not Applicable                                |

**456. Would you consider yourself to harbor paranoid tendencies?**

- ☐ Yes  
☐ No

**457. I lose control of my emotions...**

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Very Often   | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Occasionally |                                 |

**458. I lose control of my sense of self...**

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Very Often   | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Occasionally |                                 |

**459. I lose control of my behavior or actions...**

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Very Often   | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Occasionally |                                 |

**460. Have you ever participated in a DNA based family ancestral study?**

- ☐ Yes  
☐ No

**461. Are you aware of the detailed history of your family's ancestry dating at least 200 years prior to your generation? (*Check All That Apply*)**

- ☐ Yes - Paternal  
☐ Yes - Maternal  
☐ No

If yes, briefly describe your familial (paternal and/or maternal) origin, status, and migration:

---

< Multiple Line Field >

**462. Do you have a natural predisposition to excel at standard computational mathematics such as basic addition, subtraction, multiplication, division, or other similar basic functions?**

- ☐ Yes  
☐ No

**463. Do you have a natural predisposition to excel at abstract or conceptual mathematics such as critical thinking applications, theoretical, discrete, finite, or algorithmic functions?**

- ☐ Yes  
☐ No

**464. Do you ever play chess or other similar strategy games or mathematical / logic based puzzles?**  
(Check All That Apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Chess                | <input type="checkbox"/> Yes - Mathematical / Logic Puzzles |
| <input type="checkbox"/> Yes - Other Strategy Games | <input type="checkbox"/> No                                 |

**465. Please indicate numerically the order or frequency of your personal use of the following thinking systems common to general mental processes.**

(Assign Numbers From 1 = Most Often Used To 6 = Least Often Used)

***Abstract thinking** uses a strategy of simplification, wherein formerly concrete details are left ambiguous, vague, or undefined; thus effective communication about things in the abstract requires an intuitive or common experience between the communicator and the communication recipient.*

***Creative thinking** is a mental process involving the generation of new ideas or concepts, or new associations between existing ideas or concepts. The products of creative or divergent thought usually have both originality and appropriateness.*

***Critical thinking** consists of a mental process of analyzing or evaluating information, particularly statements or propositions that people have offered as true. It forms a process of reflecting upon the meaning of statements, examining the offered evidence and reasoning, and forming judgments about the facts.*

***Lateral thinking** is concerned with changing concepts and perception or the movement value of statements and ideas, how to move from them to other statements and ideas.*

***Linguistic thinking** involves categorization of thought in defined, linear forms. It is serial, and it concentrates on detailed parts in the stimulus.*

***Visual thinking** involves visual processing, otherwise known as picture thinking. It is nonlinear and often has the nature of a computer simulation, in the sense that a lot of data is put through a process to yield insight into complex systems, which would be impossible through language alone.*

\_\_\_\_\_ Abstract  
\_\_\_\_\_ Creative  
\_\_\_\_\_ Critical

\_\_\_\_\_ Lateral  
\_\_\_\_\_ Linguistic  
\_\_\_\_\_ Visual

**466. Which do you find easier to recall with a greater proficiency of accuracy?**

- ☐ Long Series / Set Of Letters (ABCDEFGH)  
☐ Long Series / Set Of Numbers (9753124680)  
☐ Long Series / Set Of Mixed Letters & Numbers (G2F4E6D8)  
☐ Both Letters & Numbers (Separate & Mixed) Equally (HIJKL + 12345 + M7P9S1)  
☐ None

**467. Would you characterize yourself as having a longer visual or auditory memory?**

- ☐ Visual
- ☐ Auditory
- ☐ I'm Not Sure

**468. Which of the following forms of sensory based memory are you able to recall and/or utilize with a greater proficiency of accuracy? (Check All That Apply)**

- ☐ Iconic - Short Term Visual Memory
- ☐ Echoic - Short Term Auditory Memory
- ☐ Spatial - Environment & Orientation Cognitive Model Memory
- ☐ I'm Not Sure

**469. Do you, or have you ever suffered from a form of memory loss? (Check All That Apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Short Term Memory Loss | <input type="checkbox"/> Yes - Other: _____ |
| <input type="checkbox"/> Yes - Long Term Memory Loss  | <input type="checkbox"/> I Don't Remember   |
| <input type="checkbox"/> Yes - Amnesia                | <input type="checkbox"/> No                 |

**470. Would you characterize yourself as having a naturally intuitive nature?**

- ☐ Yes
- ☐ No

**471. Do you have a naturally born talent or predisposition towards a previously untrained pursuit such as playing a musical instrument or the ability to perform at a superior level in a particular discipline or field of study, game, or sport?**

- ☐ Yes
- ☐ No

If yes, which talent(s): \_\_\_\_\_

**472. Do you find that you often notice certain specific times on the clock (12 or 24 hour) more so than others?**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Yes - 1:11 | <input type="checkbox"/> Yes - 11:11        |
| <input type="checkbox"/> Yes - 3:00 | <input type="checkbox"/> Yes - 13:13        |
| <input type="checkbox"/> Yes - 3:14 | <input type="checkbox"/> Yes - 15:00        |
| <input type="checkbox"/> Yes - 4:20 | <input type="checkbox"/> Yes - 23:23        |
| <input type="checkbox"/> Yes - 5:55 | <input type="checkbox"/> Yes - Other: _____ |
| <input type="checkbox"/> Yes - 9:11 | <input type="checkbox"/> No                 |

**473. Do you experience visual sensitivity to light? (Check All That Apply)**

- ☐ Yes - Fluorescent Lights
- ☐ Yes - Incandescent Or Halogen Lights
- ☐ Yes - Direct Sunlight On Non-Cloudy Or Clear Days
- ☐ Yes - Indirect Sunlight On Cloudy Or Overcast Days
- ☐ No

**474. Do you consider yourself to have a tendency to sunburn?**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes - Easily    | <input type="checkbox"/> No - Not Easily |
| <input type="checkbox"/> Yes - Averagely | <input type="checkbox"/> Not Applicable  |

**475. Do you typically experience physical discomfort during normal exposure to direct sunlight?**

- ☐ Yes  
☐ No

**476. Is your skin particularly sensitive to ultraviolet (UV) light?**

- ☐ Yes  
☐ No

**477. How frequently do you use sunscreen?**

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Very Often   | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Occasionally |                                 |

**478. What sun protection factor (SPF) of sunscreen do you typically use?**

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> SPF 15 | <input type="checkbox"/> SPF 50           |
| <input type="checkbox"/> SPF 20 | <input type="checkbox"/> SPF 55           |
| <input type="checkbox"/> SPF 25 | <input type="checkbox"/> Other SPF: _____ |
| <input type="checkbox"/> SPF 30 | <input type="checkbox"/> Not Applicable   |
| <input type="checkbox"/> SPF 40 |   |

**479. Do you experience any of the following symptoms after a single period of prolonged or intense exposure to sunlight? (Check All That Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Aching In Joints Or Muscles | <input type="checkbox"/> Physical Fatigue             |
| <input type="checkbox"/> Chills                      | <input type="checkbox"/> Rash                         |
| <input type="checkbox"/> Dizziness                   | <input type="checkbox"/> Severe Or Migraine Headaches |
| <input type="checkbox"/> Drowsiness                  | <input type="checkbox"/> Shortness Of Breath          |
| <input type="checkbox"/> Irritability Or Anxiety     | <input type="checkbox"/> Sunburn                      |
| <input type="checkbox"/> Mild To Moderate Headaches  | <input type="checkbox"/> Vomiting                     |
| <input type="checkbox"/> Muscle Tremors              | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Nausea                      | <input type="checkbox"/> None                         |

**480. If you experience any of the above, what is the typical period of continuous sunlight exposure necessary to start exhibiting the first noticeable symptoms?**

- |   |  |
|---|--|
| <input type="checkbox"/> Less Than 15 Minutes | <input type="checkbox"/> 3 To 4 Hours      |
| <input type="checkbox"/> 15 To 30 Minutes     | <input type="checkbox"/> 5 To 6 Hours      |
| <input type="checkbox"/> 30 To 60 Minutes     | <input type="checkbox"/> More Than 6 Hours |
| <input type="checkbox"/> 1 To 2 Hours         | <input type="checkbox"/> Not Applicable    |

**481. Does continuing sun exposure after feeling the above symptoms result in more severe symptoms?**  
*(Check All That Apply)*

- ☐ Yes - Symptoms Increase In Severity
- ☐ Yes - Additional Types Of Symptoms Manifest
- ☐ Other: \_\_\_\_\_
- ☐ No - Initial Discomfort Continues But Does Not Increase Or Change In Nature
- ☐ Not Applicable

**482. Do the symptoms persist after you have removed yourself from direct sunlight?**

- ☐ Yes - Symptoms Only Last For A Specific Amount Of Time
- ☐ Yes - Symptoms Vary In Relation To Severity Or Length Of Sun Exposure
- ☐ Other: \_\_\_\_\_
- ☐ No - Discomfort Only Experienced During Sun Exposure
- ☐ Not Applicable

**483. If yes, does repeating sun exposure after recovery tend to result in increased or decreased severity of symptoms?**

- ☐ Symptoms Increase - Sensitivity To Sunlight Grows Worse After Multiple Exposures
- ☐ Symptoms Decrease - Tolerance To Sunlight Is Established After Multiple Exposures
- ☐ Other: \_\_\_\_\_
- ☐ Not Applicable

**484. Do you ever encounter any physiological problems resulting from a lack of sun exposure?**

- ☐ Yes
- ☐ No

If yes, describe: \_\_\_\_\_

**485. Have you ever been treated for any of the following skin conditions sometimes related to sun exposure? (Check All That Apply)**

- ☐ Yes - Carcinomas
- ☐ Yes - Melanomas
- ☐ Yes - Other: \_\_\_\_\_
- ☐ No

**486. Have you ever been treated for any of the following physical abnormalities or conditions sometimes related to lack of exposure to sunlight? (Check All That Apply)**

- ☐ Yes - Psoriasis
- ☐ Yes - Rickets
- ☐ Yes - Other: \_\_\_\_\_
- ☐ No



**487. Have you ever experienced or been diagnosed with Polymorphous Light Eruptions (PMLE)?**

***Polymorphous Light Eruption (PMLE)** is a skin complaint caused by sunlight. Symptoms include skin irritations, which may be itchy or painful, and are sometimes confused with hives. These irritations appear upon exposure to sunlight; sometimes as little as 15 minutes of exposure to the sun can bring onset of the condition and it may last from 1 to 7 days.*

- ☐ Yes  
☐ No

**488. Do you believe in paranormal experiences?**

- ☐ Yes  
☐ No  
☐ I'm Not Sure

**489. Do you believe in psychic (psi) experiences?**

- ☐ Yes  
☐ No  
☐ I'm Not Sure

**490. Would you characterize yourself as hypersensitive to psi related experiences (PRE)?**

- ☐ Yes  
☐ No  
☐ I'm Not Sure

**491. If you have psi related experiences (PRE) do they most often tend to be veridical (precognitive or future reality) or nonveridical (current or present reality)?**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Veridical    | <input type="checkbox"/> Both Equally   |
| <input type="checkbox"/> Nonveridical | <input type="checkbox"/> Not Applicable |

**492. Please rank in order of frequency which occurs most often in relation to personal experience.**

***(Rank 1 - Most Often To 3 - Least Often; Or Enter 0 To Signify A Non-Experience)***

***Telepathy*** involves the ability of humans and other creatures to communicate information from one mind to another, without the use of extra tools such as speech or body language. Telepathy is considered a form of extra-sensory perception or anomalous cognition.

***Clairvoyance*** is defined as a form of extra-sensory perception whereby a person perceives distant objects, persons, or events, including "seeing" through opaque objects and the detection of types of energy not normally perceptible to humans (ie. radio waves). Typically, such perception is reported in visual terms, but may also include auditory impressions (sometimes called clairaudience) or kinesthetic impressions.

***Psychokinesis*** ("mind-movement") or PK is the more commonly used term today for what in the past was known as telekinesis ("distant-movement"). It refers to the psi ability to influence the behavior of matter by mental intention (or possibly some other aspect of mental activity) alone.

\_\_\_\_\_ Telepathy  
\_\_\_\_\_ Clairvoyance  
\_\_\_\_\_ Psychokinesis

☐ Not Applicable

**493. If you experience extra-sensory perceptions (ESP) that involve telepathy between another individual and yourself on a regular or semi-regular basis would you classify the exchange that transpires as being most often contemporaneous (occurring concurrently) or precognitive (occurring in the future) for both the same or a different location?**

***Precognition*** involves the ability to perceive information about future places or events before they happen as opposed to merely predicting them based on deductive reasoning and current knowledge.

- ☐ Most Often Occurs Contemporaneously In Same Proximal Location
- ☐ Most Often Occurs Contemporaneously In Different Location
- ☐ Most Often Involves Precognition In Same Proximal Location
- ☐ Most Often Involves Precognition In Different Location
- ☐ Not Applicable

**494. If you have experienced precognitive ESP, how often are you later able to verify that events you perceived actually occurred?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely         |
| <input type="checkbox"/> Usually   | <input type="checkbox"/> Never          |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

**495. How would you characterize your more dominant form of personal expression?**

- ☐ Verbal
- ☐ Visual
- ☐ Not Applicable

**496. Which of the following attributes describe the majority of your ESP experiences?**

*(Check All That Apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Intuitive                | <input type="checkbox"/> Unrealistic Visual Imagery |
| <input type="checkbox"/> Hallucinatory            | <input type="checkbox"/> Not Applicable             |
| <input type="checkbox"/> Realistic Visual Imagery |   |

**497. Compare and contrast the different forms of personal visual and intuitive interpretation as they apply to your various ESP experiences. Describe in detail in which manner (ie: dreams, visions, etc.) these ESP experiences typically manifest.**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**498. How would you characterize the majority of your ESP experiences? *(Check All That Apply)***

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Compelling     | <input type="checkbox"/> Mundane     |
| <input type="checkbox"/> Meaningful     | <input type="checkbox"/> Pointless   |
| <input type="checkbox"/> Truthful       | <input type="checkbox"/> Dishonest   |
| <input type="checkbox"/> Important      | <input type="checkbox"/> Unimportant |
| <input type="checkbox"/> Not Applicable |                                      |

**499. When you have an ESP experience is your mental state generally active or at rest?**

- ☐ Generally Active (Challenging Period)  
☐ Generally At Rest (Dormant Period)  
☐ Not Applicable

**500. Do you ever confide in others the details of your ESP experiences?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If no, explain why not: \_\_\_\_\_

**501. Did any individual psi related experience (PRE) as a child dramatically influence your decisions into adulthood or otherwise alter the course you suspect your life would have taken absent of such experience?**

- ☐ Yes - Positive Influence  
☐ Yes - Negative Influence

- ☐ No  
☐ Not Applicable

If yes, describe this particular experience:

\_\_\_\_\_ < Multiple Line Field >

**502. Do you ever experience either a transference or countertransference with another individual as a result of either an existing relationship or a precognitive vision or auditory experience of a future relationship that is to knowingly occur in the near future? (Check All That Apply)**

*Transference involves the redirection of feelings and desires, especially those unconsciously retained from childhood, toward a new object or person.*

- ☐ Yes - Transference With Individual Already Met  
☐ Yes - Countertransference Experienced By Individual You Already Met  
☐ Yes - Precognitive Vision Or Auditory Experience With Individual You Are To Meet In Future  
☐ Yes - Precognitive Vision Or Auditory Experience By Individual To Meet You In Future  
☐ No  
☐ Not Applicable

**503. Describe a particular personal psi related experience that you would characterize as significant or pronounced in comparison with typical PRE / ESP experiences. Provide as additional background information your state of mind, physical condition, external conditions or stimuli, and the medium of expressive form for the experience.**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**504. Describe a short series of personal psi related experiences that you would characterize as generally ordinary or commonplace. Provide as additional background information your state of mind, physical condition, external conditions or stimuli, and the medium of expressive form for the various experiences.**

**< Multiple Line Field >**

☐ Not Applicable

**505. Does a large part of your profession involve helping others?**

☐ Yes

☐ No

☐ Not Applicable

**506. Does a large part of your profession involve influencing or manipulating others?**

☐ Yes

☐ No

☐ Not Applicable

**507. Does a large part of your profession involve empathizing with customers, clients, or patients?**

☐ Yes

☐ No

☐ Not Applicable

**508. Do you intentionally use the perceptions or influence of energy interactions or empathy to do a better job at your chosen profession?**

☐ Yes

☐ No

☐ Not Applicable

**509. In which of the following is your personal vampirism to be an important influence?**  
(Check All That Apply)

- ☐ Choosing A Profession
- ☐ Doing Your Job On A Day-To-Day Basis
- ☐ Professional Interaction With Mundane Co-Workers, Clients, Or Customers
- ☐ Dealing With Stressful Or Difficult Situations At Work
- ☐ Social Interaction With Mundane Co-Workers
- ☐ Other: \_\_\_\_\_
- ☐ No - It Doesn't Influence The Way I Approach My Professional Life
- ☐ Not Applicable

**510. Formal education is necessary to the process of learning.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**511. In general, vampires tend to be well-educated.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**512. In general, formal education is relevant to vampiric individuals to help them understand their personal vampirism.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**513. Did you or do you have the opportunity to study topics that you feel are relevant to vampirism while in school? (Check All That Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - High School | <input type="checkbox"/> Yes - Other: _____ |
| <input type="checkbox"/> Yes - College     | <input type="checkbox"/> No                 |

**514. Did you ever undertake a course of study while in school which was chosen for its relevance to either vampirism in general or your personal vampirism?**

- ☐ Yes
- ☐ No

**515. If yes, what was the general area of study? (Check All That Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Anthropology / Cultural Studies | <input type="checkbox"/> Literature     |
| <input type="checkbox"/> Biology                         | <input type="checkbox"/> Medicine       |
| <input type="checkbox"/> Folklore                        | <input type="checkbox"/> Religion       |
| <input type="checkbox"/> Foreign Language                | <input type="checkbox"/> Sociology      |
| <input type="checkbox"/> History                         | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Linguistics                     | <input type="checkbox"/> Not Applicable |

**516. Did you ever undertake a course of study outside of formal education which was chosen for its relevance to either vampirism in general or your personal vampirism?**

- ☐ Yes  
☐ No

**517. If yes, what was the general area of study? (*Check All That Apply*)**

- |  |   |
|--|---|
| <input type="checkbox"/> Anthropology / Cultural Studies | <input type="checkbox"/> Literature     |
| <input type="checkbox"/> Biology                         | <input type="checkbox"/> Medicine       |
| <input type="checkbox"/> Folklore                        | <input type="checkbox"/> Religion       |
| <input type="checkbox"/> Foreign Language                | <input type="checkbox"/> Sociology      |
| <input type="checkbox"/> History                         | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Linguistics                     | <input type="checkbox"/> Not Applicable |

**518. In which of the following mundane community activities do you participate? (*Check All That Apply*)**

- ☐ Adult Illiteracy Programs  
☐ Elderly Or Disabled Care Programs  
☐ Formal Neighborhood Association  
☐ Garden Club  
☐ Parent Teacher Association (PTA)  
☐ Religious Institution (Church, Synagogue, Temple, Mosque, etc.)  
☐ Social Activities In Neighborhood  
☐ Volunteering (Library, Parks, Homeless Shelters, etc.)  
☐ Other: \_\_\_\_\_  
☐ None

**519. Is your personal vampirism a major influence in how you participate in mundane community activities?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, explain: \_\_\_\_\_

**520. Vampires have a useful role to play in their local mundane communities.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**521. To which of the following charities have you voluntarily donated monies, goods, or more than five hours of time to over the last 12 months? (Check All That Apply)**

- ☐ Animal Welfare Organizations Or Charities (WWF, Humane Society, Animal Shelters, etc.)
- ☐ CARE
- ☐ Child Welfare Organizations Or Charities
- ☐ Environmental or Conservation Charities
- ☐ Goodwill
- ☐ Missionary Or Religious Based Organizations Or Charities
- ☐ Red Cross (National Or International)
- ☐ Salvation Army
- ☐ Social Charities (Homeless Shelters, Women's Shelters, Food Bank, etc.)
- ☐ United Nations (UNICEF, etc.)
- ☐ Other: \_\_\_\_\_
- ☐ Not Applicable

**522. To which of the following disasters or events did you donate money, goods, or volunteer work to benefit victims? (Check All That Apply)**

- ☐ Asian Tsunami - 2004
- ☐ Hurricane Katrina - 2005
- ☐ July 7, 2005 London Terror Attacks
- ☐ September 11, 2001 (911) NYC / DC Terror Attacks
- ☐ Other: \_\_\_\_\_
- ☐ None

**523. Is your personal vampirism a major influence in whether you choose contribute to volunteer efforts, charities, or organizations?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**524. Is your personal vampirism a major influence in which volunteer efforts, charities, or organizations you choose to contribute?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

If yes, explain: \_\_\_\_\_

**525. Do you consider yourself to be superstitious?**

***Superstition** involves the belief that future events are influenced by specific behaviors, without having a direct correlative relationship. Also considered to be any folk belief expressed in if/then format in which there is no evident correlation between the if and then conditions.*

- ☐ Yes
- ☐ No



**526. Which of the following superstitions do you believe or practice?**

***(Check All That Apply)***

- ☐ A Cat Will Try To Take The Breath From A Baby
- ☐ A Cricket In The House Brings Good Luck
- ☐ Breaking A Mirror Will Bring Seven Years Of Bad Luck
- ☐ Evil Spirits Cannot Harm You When You Are Standing In A Circle
- ☐ Finding A Four-Leaf Clover Will Bring Good Luck
- ☐ If The Flame Of A Candle Flickers & Turns Blue There's A Spirit In The Room
- ☐ If You Shiver Someone Is Casting A Shadow On Your Grave
- ☐ If You Spill Salt You Must Toss A Pinch Of It Over Your Left Shoulder To Avoid Bad Luck
- ☐ It Is Bad Luck For A Black Cat To Cross Your Path
- ☐ It Is Bad Luck To Cross Silverware Or Items Made Of Silver
- ☐ It Is Bad Luck To Open An Umbrella Indoors
- ☐ It Is Bad Luck To Rock An Empty Rocking Chair
- ☐ It Is Bad Luck To Walk Under A Ladder
- ☐ Knocking On Wood Will Bring Good Luck
- ☐ One Should Wear Charms To Ward Off The Evil Eye
- ☐ The Number 13 Is An Unlucky Number (Triskaidekaphobia)
- ☐ You Can Break A Bad Luck Spell By Turning Seven Times In A Clockwise Circle
- ☐ You Must Get Out Of Bed On Same Side You Got In Bed Or You Will Have Bad Luck
- ☐ Specific Animal Superstitions: \_\_\_\_\_
- ☐ Specific Weather Anomaly Superstitions: \_\_\_\_\_
- ☐ Specific Geographic Superstitions: \_\_\_\_\_
- ☐ Omens: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ None

**527. Do you have an aversion to being photographed?**

- ☐ Yes
- ☐ No

If yes, explain why: \_\_\_\_\_

**528. At what age were you first exposed to stories or imagery related to vampires of either myth, legend, fiction, or popular horror genre?**

- |   |   |
|---|---|
| <input type="checkbox"/> Under 5 Years Of Age | <input type="checkbox"/> 16 - 17 Years Of Age |
| <input type="checkbox"/> 5 - 7 Years Of Age   | <input type="checkbox"/> 18 - 19 Years Of Age |
| <input type="checkbox"/> 8 - 10 Years Of Age  | <input type="checkbox"/> 20 - 24 Years Of Age |
| <input type="checkbox"/> 11 - 13 Years Of Age | <input type="checkbox"/> Over 24 Years Of Age |
| <input type="checkbox"/> 14 - 15 Years Of Age | <input type="checkbox"/> I Don't Remember     |

**529. On a scale of 0 to 10 how would you characterize your interest in vampires of myth, legend, or folk belief?**

<b>Weak</b>	<b>Interest</b>				<b>Average</b>					<b>Strong</b>	<b>Interest</b>
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Not Applicable

**530. On a scale of 0 to 10 how would you characterize your interest in vampires of classical or contemporary fictional literature, film, theatre, or popular horror genre?**

<b>Weak</b>	<b>Interest</b>				<b>Average</b>					<b>Strong</b>	<b>Interest</b>
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Not Applicable

**531. Which of the following lore, terminology, or references which have been related to mythological vampirism are you familiar with? *(Check All That Apply)***

- |   |   |
|---|---|
| <input type="checkbox"/> Adze (African)                 | <input type="checkbox"/> Cihuacoatl (Aztec)               |
| <input type="checkbox"/> Algul/Algula (Arabian)         | <input type="checkbox"/> Cihuateteo (Aztec)               |
| <input type="checkbox"/> Alp (German)                   | <input type="checkbox"/> Civatateo (Aztec)                |
| <input type="checkbox"/> Alukah (Babylonian)            | <input type="checkbox"/> Coatlicue (Aztec)                |
| <input type="checkbox"/> Ancient Druidic Lore (Druidic) | <input type="checkbox"/> Dakhanavar (Armenian)            |
| <input type="checkbox"/> Asanbosam (African)            | <input type="checkbox"/> Dakini/Khandro (Tibetan)         |
| <input type="checkbox"/> Asema (South American)         | <input type="checkbox"/> Danag (Filipino)                 |
| <input type="checkbox"/> Aswang (Filipino)              | <input type="checkbox"/> Dearg-due (Irish)                |
| <input type="checkbox"/> Aulak (Arabian)                | <input type="checkbox"/> Doppelsauger (German)            |
| <input type="checkbox"/> Avarcolac (Romanian)           | <input type="checkbox"/> Ekimmu (Assyrian / Babylonian)   |
| <input type="checkbox"/> Axeman (Surinam)               | <input type="checkbox"/> Empusas (Greek)                  |
| <input type="checkbox"/> Azeto (Haitian)                | <input type="checkbox"/> Eretica/Erestun/Eretik (Russian) |
| <input type="checkbox"/> Baital/Baitala (East Indian)   | <input type="checkbox"/> Estrie (Jewish)                  |
| <input type="checkbox"/> Bajang (Malysian)              | <input type="checkbox"/> Farkaskoldus (Hungarian)         |
| <input type="checkbox"/> Baobhan Sith (Scottish)        | <input type="checkbox"/> Fifollet (American)              |
| <input type="checkbox"/> Bebarlangs (Filipino)          | <input type="checkbox"/> Gaki (Japanese)                  |
| <input type="checkbox"/> Bhuta (East Indian)            | <input type="checkbox"/> Gayal (East Indian)              |
| <input type="checkbox"/> Blutsauger (German)            | <input type="checkbox"/> Gede (Haitian)                   |
| <input type="checkbox"/> Brahmaparush (East Indian)     | <input type="checkbox"/> Ghul (Arabian)                   |
| <input type="checkbox"/> Bruculaco (Greek)              | <input type="checkbox"/> Givach/Gierach (Prussian)        |
| <input type="checkbox"/> Brujos/Brujas (Spanish)        | <input type="checkbox"/> Gnod Sbyi (Tibetan)              |
| <input type="checkbox"/> Bruxsa (Portuguese)            | <input type="checkbox"/> Hahn Saburo East (Indian)        |
| <input type="checkbox"/> Cain & Lilith (Biblical)       | <input type="checkbox"/> Hannya (Japanese)                |
| <input type="checkbox"/> Callicantzaros (Greek)         | <input type="checkbox"/> Hecate (Greek)                   |
| <input type="checkbox"/> Camazotz (Mayan)               | <input type="checkbox"/> Impundulu (African)              |
| <input type="checkbox"/> Catacano (Greek)               | <input type="checkbox"/> Incubus (European)               |
| <input type="checkbox"/> Chedipe (East Indian)          | <input type="checkbox"/> Itzapaplaotl (Aztec / Mayan)     |
| <input type="checkbox"/> Ch'ing Shih (Chinese)          | <input type="checkbox"/> Jaracacas (Brazilian)            |
| <input type="checkbox"/> Chordewa (East Indian)         | <input type="checkbox"/> Jigarkhwar (East Indian)         |
| <input type="checkbox"/> Churel (East Indian)           | <input type="checkbox"/> Judas Iscariot (Biblical)        |

- |   |  |
|---|--|
| <input type="checkbox"/> Jumlin (Native American)             | <input type="checkbox"/> Pijavica (Slovenian)                |
| <input type="checkbox"/> Kali/Kalika (East Indian)            | <input type="checkbox"/> Pisacha (East Indian)               |
| <input type="checkbox"/> Kappa (Japanese)                     | <input type="checkbox"/> Pishtaco (Peruvian)                 |
| <input type="checkbox"/> Kasha (Japanese)                     | <input type="checkbox"/> Polong (Malysian)                   |
| <input type="checkbox"/> Kathakano (Greek)                    | <input type="checkbox"/> Pontianak (Malysian)                |
| <input type="checkbox"/> Kephn (East Indian)                  | <input type="checkbox"/> Pumapmicuc (Peruvian)               |
| <input type="checkbox"/> Keres (Greek)                        | <input type="checkbox"/> Rakshasa (East Indian)              |
| <input type="checkbox"/> Kosac (Croatian)                     | <input type="checkbox"/> Ramanga (Madagascar)                |
| <input type="checkbox"/> Kozlak (Croatian)                    | <input type="checkbox"/> Ro-lang (Tibetan)                   |
| <input type="checkbox"/> Krvopijac (Bulgarian)                | <input type="checkbox"/> Sampiro/Liugat (Albanian)           |
| <input type="checkbox"/> Kuang-shi/K'uei (Chinese)            | <input type="checkbox"/> Sanguisuga (Roman)                  |
| <input type="checkbox"/> Kukuthi/Kukudhi/Lugat (Albanian)     | <input type="checkbox"/> Sekeht (Egypt)                      |
| <input type="checkbox"/> Kwakiutl/Kwakiytl (Native American)  | <input type="checkbox"/> Sep Tepy (Egyptian)                 |
| <input type="checkbox"/> Lamia (Greek / African)              | <input type="checkbox"/> Sharabisu (Babylon)                 |
| <input type="checkbox"/> Lampir (Bosnian)                     | <input type="checkbox"/> Siberian Vampire (Russian)          |
| <input type="checkbox"/> Langsuir (Malysian)                  | <input type="checkbox"/> Srin-Po (Tibetan)                   |
| <input type="checkbox"/> Larvae/Lamiae/Lemures (Roman)        | <input type="checkbox"/> Sriz (Eastern European)             |
| <input type="checkbox"/> Leanhaum-shee/Leanhaum-sidhe (Irish) | <input type="checkbox"/> Stregoni benefici (Italian)         |
| <input type="checkbox"/> Liderc Nadaly (Hungarian)            | <input type="checkbox"/> Striges (Macedonian)                |
| <input type="checkbox"/> Lilitu (Babylonian / Mesopotamian)   | <input type="checkbox"/> Strigoi (Romanian)                  |
| <input type="checkbox"/> Lobishomen (Brazilian)               | <input type="checkbox"/> Strix (Roman)                       |
| <input type="checkbox"/> Loogaroo (West Indian)               | <input type="checkbox"/> Succubus (European)                 |
| <input type="checkbox"/> Lupi Manari (Croatian)               | <input type="checkbox"/> Talamaur (Australian)               |
| <input type="checkbox"/> Maneden (Malysian)                   | <input type="checkbox"/> Tenatz (Montenegrin)                |
| <input type="checkbox"/> Mara (Western European / Canadian)   | <input type="checkbox"/> Tenjac (Croatian)                   |
| <input type="checkbox"/> Masan (East Indian)                  | <input type="checkbox"/> Thaye/Tasei (East Indian)           |
| <input type="checkbox"/> Masani (East Indian)                 | <input type="checkbox"/> Tlaciues (Mexican)                  |
| <input type="checkbox"/> Melusine (French / German)           | <input type="checkbox"/> Tlacteulty (Mexican)                |
| <input type="checkbox"/> Mictecacuatl (Aztec / Mayan)         | <input type="checkbox"/> Tlahuelpuchi (Spanish)              |
| <input type="checkbox"/> Mjertovjec (Belarus)                 | <input type="checkbox"/> Trazgos (Spanish)                   |
| <input type="checkbox"/> Mormo (Greek)                        | <input type="checkbox"/> U'tlun'ta Vampire (Native American) |
| <input type="checkbox"/> Moroi (Romanian)                     | <input type="checkbox"/> Ubour (Bulgarian)                   |
| <input type="checkbox"/> Motetz Dam (Jewish)                  | <input type="checkbox"/> Ubour/Upior/Upyr/Upi (Russian)      |
| <input type="checkbox"/> Mulo/Mullo (Serbian)                 | <input type="checkbox"/> Upier (Polish)                      |
| <input type="checkbox"/> Muroi (Romanian)                     | <input type="checkbox"/> Upir (Ukrainian)                    |
| <input type="checkbox"/> Nachzeher (Northern European)        | <input type="checkbox"/> Ustrel (Bulgarian)                  |
| <input type="checkbox"/> Nelapsi (Slovenian)                  | <input type="checkbox"/> Utukku (Babylonian)                 |
| <input type="checkbox"/> Nephilim (Enoch)                     | <input type="checkbox"/> Vampir/Wamphyr (Serbian)            |
| <input type="checkbox"/> Neuntoter (Germa)                    | <input type="checkbox"/> Vampire Cats (Japanese)             |
| <input type="checkbox"/> Nosferatu (Romanian)                 | <input type="checkbox"/> Varcolac (Romanian)                 |
| <input type="checkbox"/> Obayifo (African)                    | <input type="checkbox"/> Vere-Impaja (Estonian)              |
| <input type="checkbox"/> Ogolen (Bohemian)                    | <input type="checkbox"/> Veripard (Estonian)                 |
| <input type="checkbox"/> Ohyn (Polish)                        | <input type="checkbox"/> Veshtitza (Montenegrin / Serbian)   |
| <input type="checkbox"/> Olgolgen (Czechoslovakian)           | <input type="checkbox"/> Vetat/Vetala (East Indian)          |
| <input type="checkbox"/> Order Of Xanastasia (Alien)          | <input type="checkbox"/> Viesczy/Vjiesce (Eastern European)  |
| <input type="checkbox"/> Osiris & Isis (Egyptian)             | <input type="checkbox"/> Volkodlak/Vukodlak (Slovenian)      |
| <input type="checkbox"/> Otgiruru (African)                   | <input type="checkbox"/> Vourdalak (Russian)                 |
| <input type="checkbox"/> Owenga (Guinea)                      | <input type="checkbox"/> Vrykolatios (Greek)                 |
| <input type="checkbox"/> Pacu Pati (East Indian)              | <input type="checkbox"/> Vyrolakos/Vrykolakas (Greek)        |
| <input type="checkbox"/> Pelesit (Malysian)                   | <input type="checkbox"/> Wendigo (Native American)           |
| <input type="checkbox"/> Penanggalan (Malysian)               | <input type="checkbox"/> Yara-ma-yha-who (Australian)        |

☐ Zmeu (Moldavian)  
☐ Other: \_\_\_\_\_

☐ None

**532. Vampires as defined in myth and legend once existed.**

☐ Completely Agree  
☐ Generally Agree

☐ Generally Disagree  
☐ Completely Disagree

**533. Vampires as defined in myth and legend exist to this day.**

☐ Completely Agree  
☐ Generally Agree

☐ Generally Disagree  
☐ Completely Disagree

**534. If you believe that the vampires described in myth and legend exist today describe or hypothesize where you think they dwell, their traits, characteristics, and how they have survived amongst mankind?**

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**535. With which superstitions, lore, or myths associated with vampires are you familiar?  
(Check All That Apply)**

☐ Allergic To Garlic  
☐ Allergic To Holy Water  
☐ Allergic To Silver  
☐ Allergic To Sunlight  
☐ Asexual Or Homosexual  
☐ Being Cursed By Parents May Cause Vampirism  
☐ Capable Of Controlling Animals  
☐ Capable Of Controlling Weather  
☐ Capable Of Flight  
☐ Capable Of Mesmerism To Lure Victims  
☐ Capable Of Turning Into Mist Or Other Forms  
☐ Cast No Reflection In Mirror  
☐ Cat Jumping Over Corpse May Cause Vampirism  
☐ Demonic Creatures  
☐ Do Not Consume Food Or Drink  
☐ Drinking A Vampire's Blood Turns People  
☐ Foul Breath  
☐ Guarded By Protectors During Daylight  
☐ Immortal  
☐ Killed By Being Detected By A Dhampir  
☐ Killed By Cutting Off The Head  
☐ Killed By General Burning  
☐ Killed By Jabbing Stake Through The Heart  
☐ Killed By Pouring Boiling Water Next To Grave  
☐ Killed By Removing & Burning Organs

☐ Long Sharp Fangs  
☐ Must Be Invited To Enter A Residence  
☐ Must Count Grains Of Rice / Sand In Path  
☐ Must Sleep In The Earth Or Dirt  
☐ Offspring Of An Incubus May Be A Vampire  
☐ Pale Skin  
☐ Prefer The Blood Of Babies  
☐ Repelled By Religious Symbols Or Crosses  
☐ Returned From The Dead (Living Dead)  
☐ Should Be Buried Upside Down w/Head At Feet  
☐ Should Be Pinned In Grave By Stake Or Spike  
☐ Should Be Trapped In Grave By Tying Of Limbs  
☐ Sleep In Coffins  
☐ Suicides May Come Back As Vampires  
☐ The Seventh Son May Be A Vampire  
☐ Those Bitten By Vampire Will Turn Into Vampire  
☐ Unable To Cross A Line Of Salt  
☐ Unable To Cross A Thicket Of Wild Rose  
☐ Unable To Cross Running Water  
☐ Unbaptized Persons May Come Back As Vampires  
☐ Victim Of Unavenged Murder May Be A Vampire  
☐ Werewolves May Come Back As Vampires  
☐ Witches / Wizards May Come Back As Vampires  
☐ Other: \_\_\_\_\_  
☐ None

**536. Do you agree that the historical European folk beliefs in vampires as the walking dead who feed on the living was influenced by the existence of real vampires as the modern vampire community would describe them?**

- ☐ Yes - Directly Influenced Or Inspired
- ☐ Yes - Partially Or Indirectly Influenced Or Inspired
- ☐ No - They Are Separate Beliefs Or Phenomena
- ☐ I'm Not Sure

**537. Do you agree that the modern vampire community's understanding of vampirism was influenced or inspired by the traditional vampire folk beliefs of historical Europe?**

- ☐ Yes - Directly Influenced Of Inspired
- ☐ Yes - Partially Or Indirectly Influenced Or Inspired
- ☐ No - They Are Separate Beliefs Or Phenomena
- ☐ I'm Not Sure

**538. Have you ever engaged in vampire-specific live action roleplaying games (LARP) or similar online or offline activities?**

- ☐ Yes
- ☐ No

**539. Vampire role-players sometimes confuse escapism with reality, delving into beliefs and physical actions that inappropriately cross the line from the fantasy gaming world to that of real world.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**540. Are you familiar with accounts of vampire "hunters" or "slayers" who physically or by cyber-stalking methods incite hate, slander, destruction of personal property, or assault on suspected vampires (either those they perceive as vampires of myth or legend or psi/sang/pranic modern vampires)?**

- ☐ Yes
- ☐ No

**541. Are you afraid that such individuals may seek you or someone you know out as a result of your involvement with the vampire community or personal association with vampirism?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

If yes, describe in what capacity you fear these individuals:

\_\_\_\_\_ < Multiple Line Field >

*The following questions represent one of the qualitative portions of this study. Please answer these questions in the space provided, keeping answers as short and concise as possible. Do NOT include responses of a personally identifiable nature or cite either historical or specific community entities or persons as a basis for your answer. (All Questions Assume Respondent To Be A Vampire - If Not, Leave Blank)*

**542. From the viewpoint of your own personal vampirism, how would you describe the scope and strength of the relationship with your family, friends, and co-workers?**

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**543. If you have ever encountered hostility from either a mainstream religious body, a publicly recognized social organization, or law enforcement regarding either the practice or knowledge of your personal vampirism describe this encounter and subsequent outcome.**

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**544. In what ways does vampirism interfere with your daily personal routine?**

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**545. What mundane, business, or personal decisions arise based on standards, priorities, or values directly pertaining to your personal vampirism?**

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**546. What are your feelings on restriction of information relating to advanced vampirism or sanguine feeding practices in public online arenas such as web sites, newsgroups, or non-member based forums?**

\_\_\_\_\_ < Multiple Line Field >

☐ No Opinion

☐ Not Applicable

**547. What information, if any, do you believe should not be made publicly available on forums which do not require verification that members are over a certain age?**

\_\_\_\_\_ < Multiple Line Field >

☐ No Opinion

☐ Not Applicable

**548. Do you support the advent of national or international conferences being established by the vampire community to promote education and self-awareness?**

- ☐ Yes  
☐ No

If yes, what components should be integral to the formation of such conferences or gatherings?

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable



## Advanced Energy Perception, Tools, & Techniques

**549. Do you ever notice a drain, uncommon to the life cycle of a normal charge, in batteries of electronic or other equipment that are in close proximity to your body?**

- ☐ Yes
- ☐ No

**550. How often does this phenomenon occur?**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Very Often   | <input type="checkbox"/> Rarely         |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Never          |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not Applicable |

**551. If this occurs with regularity, how long after being in contact with this equipment does it begin to drain?**

- |   |   |
|---|---|
| <input type="checkbox"/> Almost Instantly     | <input type="checkbox"/> 7 - 8 Hours        |
| <input type="checkbox"/> Less Than 30 Minutes | <input type="checkbox"/> 9 - 10 Hours       |
| <input type="checkbox"/> Less Than 1 Hour     | <input type="checkbox"/> 11 - 12 Hours      |
| <input type="checkbox"/> 1 - 2 Hours          | <input type="checkbox"/> More Than 12 Hours |
| <input type="checkbox"/> 3 - 4 Hours          | <input type="checkbox"/> Not Applicable     |
| <input type="checkbox"/> 5 - 6 Hours          |   |

**552. Do you ever notice a charge or replenishment, uncommon to normal function, in batteries of electronic or other equipment that is in close proximity to your body?**

- ☐ Yes
- ☐ No

**553. How often does this phenomenon occur?**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Very Often   | <input type="checkbox"/> Rarely         |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Never          |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not Applicable |

**554. If this occurs with regularity, how long after being in contact with this equipment does it begin to recharge?**

- |   |   |
|---|---|
| <input type="checkbox"/> Almost Instantly     | <input type="checkbox"/> 7 - 8 Hours        |
| <input type="checkbox"/> Less Than 30 Minutes | <input type="checkbox"/> 9 - 10 Hours       |
| <input type="checkbox"/> Less Than 1 Hour     | <input type="checkbox"/> 11 - 12 Hours      |
| <input type="checkbox"/> 1 - 2 Hours          | <input type="checkbox"/> More Than 12 Hours |
| <input type="checkbox"/> 3 - 4 Hours          | <input type="checkbox"/> Not Applicable     |
| <input type="checkbox"/> 5 - 6 Hours          |   |

**555. Does electrical equipment behave noticeably differently around you?**

- ☐ Yes
- ☐ No

**556. If yes, how would you characterize this aberration in behavior of electrical equipment?**

- ☐ Positive Reaction
- ☐ Negative Reaction

- ☐ Neutral Reaction
- ☐ Not Applicable

**557. Do you find that light bulbs dim or burn out at a faster rate around you than with others?**

- ☐ Yes
- ☐ No

**558. If yes, is this phenomenon limited to only specific areas or does it occur everywhere?**

- ☐ Everywhere
- ☐ Specific Areas: \_\_\_\_\_
- ☐ Not Applicable

**559. Have mirrors, glass, light bulbs, or similar silica-based composites ever unexpectedly shattered, cracked, or broke around you without direct physical interaction?**

- ☐ Yes
- ☐ No

**560. Do you ever feel strong electromagnetic fields?**

- ☐ Yes
- ☐ No

**561. Is this perception positive, negative, or neutral?**

- ☐ Positive
- ☐ Negative
- ☐ Neutral
- ☐ Not Applicable

**562. Do you ever sense others looking at you?**

- ☐ Yes
- ☐ No

**563. If yes, does this disrupt your flow of energy or concentration?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**564. If you experience incidents in which events seem to pass noticeably more slowly or rapidly than for others around you (known in scientific communities as time dilation) do these events most often seem to slow down or speed up?**

***Time dilation** is the phenomenon whereby an observer finds that the rate at which time passes for ("in") an object (anything: such as a subatomic particle, spacecraft, living being, electromagnetic field, etc.) moving relative to that observer, has decreased - "time has slowed down." Thus a moving clock which is physically identical to the observer's own is ticking at a slower rate than that of the stationary observer.*

*Special Relativity Time Dilation (Lorentz) or Gravitational Time Dilation (Schwarzschild)*

$$\gamma \equiv \frac{1}{\sqrt{1 - \frac{v^2}{c^2}}}$$

$$t_0 = t_f \sqrt{1 - \frac{2GM}{rc^2}}$$

- ☐ Speed Up
- ☐ Slow Down
- ☐ Not Applicable

**565. With what frequency does this commonly occur?**

- |   |   |
|---|---|
| <input type="checkbox"/> More Than Once A Day       | <input type="checkbox"/> About Once A Month     |
| <input type="checkbox"/> Almost Every Day           | <input type="checkbox"/> Less Than Once A Month |
| <input type="checkbox"/> A Few Times A Week         | <input type="checkbox"/> A Few Times A Year     |
| <input type="checkbox"/> About Once A Week          | <input type="checkbox"/> Once A Year Or Less    |
| <input type="checkbox"/> Two Or Three Times A Month | <input type="checkbox"/> Not Applicable         |

**566. Can you control this phenomenon?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**567. To the best of your knowledge does it most often happen by accident or on purpose?**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Accident | <input type="checkbox"/> I'm Not Sure   |
| <input type="checkbox"/> Purpose  | <input type="checkbox"/> Not Applicable |

**568. It is possible for some individuals to utilize a technique known as blinking, allowing them to accomplish greater tasks than would be otherwise possible in a given period of time. Their perception of time is altered; "speeding up" time while others perceive time as passing normally.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**569. It is possible for some individuals to utilize a technique to slow or freeze time, allowing them to accomplish greater tasks than would be otherwise possible in a given period of time. Their perception of time is altered; "slowing down" time while others perceive time as passing normally.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**570. Can you exchange or “clean” the energy of another person?**

*Exchanging energy (also known as recycling) involves the removal and subsequent infusion of new energy from your own person or other sources into that of another person in order to alleviate the symptomatic ailments from harmful energies (or healthy). Energy that causes an individual harm or otherwise counterproductive is sometimes classified as negative; whereas the converse of these types of energies are known as positive.*

- ☐ Yes  
☐ No

**571. If yes, how is the negative (harmful) energy sensed?**

- ☐ Sight  
☐ Texture  
☐ Frequency  
☐ Other: \_\_\_\_\_  
☐ Not Applicable

**572. Is the negative (harmful) energy taken into yourself to be modified and then put back into the other person or do you make modifications to it without moving it from its location?**

- ☐ Modify & Put Back  
☐ Modify At Source  
☐ Not Applicable

**573. Have you ever used energy techniques for healing either yourself or others?**

- ☐ Yes - Myself  
☐ Yes - Others  
☐ Yes - Both  
☐ No

**574. If yes, were these self-taught or learned from classes or teachers (ie: Reiki)?**

- ☐ Self-Taught  
☐ Learned  
☐ Combination Of Both  
☐ Not Applicable

**575. Does the technique you use entail the removal of negative (harmful) energy, or the infusion of positive (healthy) energy?**

- ☐ Removal Of Negative Energy  
☐ Infusion Of Positive Energy  
☐ Both Removal & Infusion (If Both Provide Order): 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
☐ Neither  
☐ Not Applicable

**576. If you engage in cleansing techniques to rid your body from negative (harmful) energies in your body or others describe the technique you use.**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**577. If you are involved in energy healing techniques with others do you sometimes utilize the energies of these persons as either a part or by-product of your technique?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**578. If yes, do you consider the use of their energy in this situation ethical?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**579. Does the technique you employ in the act of healing or an alleviation of pain positively manifest as a result of the subject's belief in the power of your method or plausibility of energy healing or is belief by the subject not a prerequisite for effective energy healing techniques?**

- ☐ Yes - Successful Because Of Belief In Method Or General Energy Healing Concept
- ☐ No - Belief In Method / Concept Is Unrelated To The Success Of Energy Healing
- ☐ I'm Not Sure
- ☐ Not Applicable

**580. Do you purposefully incite aggravated energy states in others in order to facilitate vampiric feeding?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - By Energetic Means   | <input type="checkbox"/> No             |
| <input type="checkbox"/> Yes - By Situational Means | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Yes - Both                 |   |

**581. Do you have an affinity towards specific natural elements?**

- ☐ Yes
- ☐ No

**582. If yes, to which of the following natural elements (Western, Eastern, & Other Traditions) do you share this affinity? (Check All That Apply)**

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> Air   | <input type="checkbox"/> Spirit (Wind)  |
| <input type="checkbox"/> Earth | <input type="checkbox"/> Water          |
| <input type="checkbox"/> Ether | <input type="checkbox"/> Wood           |
| <input type="checkbox"/> Fire  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Ice   | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Metal |   |

**583. Do you feel you can influence or control the natural elements?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**584. Is contact with the natural elements a necessary part of your spiritual expression as a vampire?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**585. Can you sense the presence of a large body of water without prior knowledge as to its location?**

- ☐ Yes
- ☐ No

**586. Do you have psychological or other non-physical related difficulties crossing large bodies of water?**

- ☐ Yes
- ☐ No

If yes, explain: \_\_\_\_\_

**587. What form of process do you most often undergo to break down or modify the energy gained through natural sources so that it is more compatible with your energy system?**

- ☐ Conscious Process
- ☐ Unconscious Process
- ☐ None - Breaking Down Or Modifying Energy Not Needed
- ☐ Not Applicable

**588. Can you sustainably feed from natural elements or sources?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

If yes, which natural elements: \_\_\_\_\_

**589. Is this feeding method for natural elements or sources active or passive?**

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Active  | <input type="checkbox"/> Variable       |
| <input type="checkbox"/> Passive | <input type="checkbox"/> Not Applicable |

**590. Do you feed more deeply or fully from natural elements / sources or from human sources?**

- |  |   |
|--|---|
| <input type="checkbox"/> Natural Elements Or Sources | <input type="checkbox"/> Both Equally   |
| <input type="checkbox"/> Human Sources               | <input type="checkbox"/> Not Applicable |

**591. How long does the energy gained from natural sources last between feedings in comparison to human sources?**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Longer       | <input type="checkbox"/> Not As Long    |
| <input type="checkbox"/> Just As Long | <input type="checkbox"/> Not Applicable |

**592. Are you capable of creating concentrated spheres of energy known as "psi balls" or other shaped or non-rigid form constructs?**

- ☐ Yes - Psi Ball Only  
☐ Yes - Other Constructs

- ☐ Yes - Both  
☐ No

**593. How long have you been practicing this technique?**

- ☐ Weeks  
☐ Months  
☐ 1 Year  
☐ 2 Years

- ☐ 3 Years  
☐ 4 Years  
☐ 5 Or More Years  
☐ Not Applicable

**594. How often do you practice this technique?**

- ☐ Once Daily  
☐ More Than Once Daily  
☐ Once Weekly  
☐ More Than Once Weekly

- ☐ Monthly  
☐ More Than 6 Times A Year  
☐ Rarely  
☐ Not Applicable

**595. Typically for how long does it take to create an average (hand size) psi ball or similar construct?**

- ☐ Instantly  
☐ Less Than 5 Minutes  
☐ 5 Minutes  
☐ 10 Minutes  
☐ 15 Minutes  
☐ 20 Minutes

- ☐ 25 Minutes  
☐ 30 Minutes  
☐ Less Than 1 Hour  
☐ 1 Hour  
☐ Longer Than 1 Hour  
☐ Not Applicable

**596. Typically for how long does the psi ball or similar construct stay formed or bound together?**

- ☐ Less Than 5 Minutes  
☐ 5 Minutes  
☐ 10 Minutes  
☐ 15 Minutes  
☐ 30 Minutes  
☐ 1 Hour

- ☐ 2 - 3 Hours  
☐ 4 - 6 Hours  
☐ More Than 6 Hours  
☐ More Than 12 Hours  
☐ 24 Hours Or More  
☐ Not Applicable

**597. Are you ever able to move or send the psi balls or similar constructs to interact with or affect another object or person?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**598. Do you ever assign them extreme hot or cold temperatures?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**599. Do you ever assign them a specific color?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**600. Do you ever assign them individual protective shields?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**601. On a scale of 0 to 10 how would you characterize the average density of your psi balls or similar constructs in comparison to the perceived density of your own energy field?**

Low Density		Medium						High Density		
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Not Applicable

**602. Typically for what distance can they travel?**  
*(Please Indicate Unit Of Measurement)*

- ☐ Measure Of Inches / Centimeters: \_\_\_\_\_  
☐ Measure Of Feet / Meters: \_\_\_\_\_  
☐ Measure Of Miles / Kilometers: \_\_\_\_\_  
☐ Not Applicable

**603. With which kinds of surfaces, objects, or entities can they typically interact?**  
*(Check All That Apply)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Animals              | <input type="checkbox"/> Mechanical Equipment    | <input type="checkbox"/> Synthetic Materials |
| <input type="checkbox"/> Astral Entities      | <input type="checkbox"/> Metal                   | <input type="checkbox"/> Trees               |
| <input type="checkbox"/> Ceiling              | <input type="checkbox"/> Mist Or Fog             | <input type="checkbox"/> Walls               |
| <input type="checkbox"/> Electrical Equipment | <input type="checkbox"/> Other Energy Constructs | <input type="checkbox"/> Water               |
| <input type="checkbox"/> Floors               | <input type="checkbox"/> Passenger Vehicles      | <input type="checkbox"/> Wood                |
| <input type="checkbox"/> Glass                | <input type="checkbox"/> Plants                  | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Humans               | <input type="checkbox"/> Stone                   | <input type="checkbox"/> Not Applicable      |

**604. Which kinds of surfaces, objects, or entities can they typically pass through?**  
*(Check All That Apply)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Animals              | <input type="checkbox"/> Mechanical Equipment    | <input type="checkbox"/> Synthetic Materials |
| <input type="checkbox"/> Astral Entities      | <input type="checkbox"/> Metal                   | <input type="checkbox"/> Trees               |
| <input type="checkbox"/> Ceiling              | <input type="checkbox"/> Mist Or Fog             | <input type="checkbox"/> Walls               |
| <input type="checkbox"/> Electrical Equipment | <input type="checkbox"/> Other Energy Constructs | <input type="checkbox"/> Water               |
| <input type="checkbox"/> Floors               | <input type="checkbox"/> Passenger Vehicles      | <input type="checkbox"/> Wood                |
| <input type="checkbox"/> Glass                | <input type="checkbox"/> Plants                  | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Humans               | <input type="checkbox"/> Stone                   | <input type="checkbox"/> Not Applicable      |



**605. Which kinds of surfaces, objects, or entities are they typically unable to pass through?**

*(Check All That Apply)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Animals              | <input type="checkbox"/> Mechanical Equipment    | <input type="checkbox"/> Synthetic Materials |
| <input type="checkbox"/> Astral Entities      | <input type="checkbox"/> Metal                   | <input type="checkbox"/> Trees               |
| <input type="checkbox"/> Ceiling              | <input type="checkbox"/> Mist Or Fog             | <input type="checkbox"/> Walls               |
| <input type="checkbox"/> Electrical Equipment | <input type="checkbox"/> Other Energy Constructs | <input type="checkbox"/> Water               |
| <input type="checkbox"/> Floors               | <input type="checkbox"/> Passenger Vehicles      | <input type="checkbox"/> Wood                |
| <input type="checkbox"/> Glass                | <input type="checkbox"/> Plants                  | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Humans               | <input type="checkbox"/> Stone                   | <input type="checkbox"/> Not Applicable      |

**606. Are you capable of creating psi balls or similar constructs that possess the ability or “intelligence” to move and make decisions on their own?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, describe past experiences with such constructs:

\_\_\_\_\_ < Multiple Line Field >

**607. On a scale of 0 to 10 how would you characterize your level of skill at being able to successfully program advanced energy constructs?**

- | Not                      | Skilled                  |                          |                          |                          | Average                  |                          |                          |                          |                          | Very                     | Skilled                  |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- ☐ Not Applicable

**608. Are you capable of creating an animal or human shaped energy construct?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**609. Are you capable of creating wards?**

***Wards** are energy constructs which emit energy used for disrupting or repelling other energies, both human, psychic, or astral.*

- ☐ Yes  
☐ No

**610. Can you sense the emotions of others at a distance?**

- ☐ Yes  
☐ No

**611. If yes, for how great a distance? (Check All That Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> In The Same Room Or Close Proximity | <input type="checkbox"/> In The Same Country    |
| <input type="checkbox"/> In The Same Building                | <input type="checkbox"/> In The Same Continent  |
| <input type="checkbox"/> In The Same City                    | <input type="checkbox"/> In The Same Hemisphere |
| <input type="checkbox"/> In The Same Region                  | <input type="checkbox"/> Not Applicable         |

**612. Can you do this with anyone or only specific persons?**

- |   |   |
|---|---|
| <input type="checkbox"/> Anyone           | <input type="checkbox"/> Random Persons |
| <input type="checkbox"/> Specific Persons | <input type="checkbox"/> Not Applicable |

**613. Do you perceive with regularity when you are being discussed amongst others at a distance?**

- ☐ Yes  
☐ No

**614. Do you ever get an empathic impression of others who you are talking to on the phone or the computer?**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Yes - Phone    | <input type="checkbox"/> Yes - Both |
| <input type="checkbox"/> Yes - Computer | <input type="checkbox"/> No         |

**615. If yes, do these empathic impressions generally occur before or after the first physical meeting with the person?**

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Before | <input type="checkbox"/> Mixed          |
| <input type="checkbox"/> After  | <input type="checkbox"/> Not Applicable |

**616. Do you get these impressions consistently?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**617. Are you ever able to manipulate the energy of persons through mediums such as the telephone or internet either prior or post physically meeting such said individuals? (Check All That Apply)**

- ☐ Yes - Telephone (Before First Meeting)  
☐ Yes - Telephone (After First Meeting)  
☐ Yes - Internet (Before First Meeting)  
☐ Yes - Internet (After First Meeting)  
☐ No  
☐ Not Applicable

**618. Do you ever sense heightened states of energy upon entering a church, sanctuary, cathedral, synagogue, temple, mosque, or other place of worship or ritual?**

- ☐ Yes  
☐ No

**619. If yes, if this energy more concentrated than what you typically feel in a building not used for spiritual purposes?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**620. Do you find that you are hypersensitive to the empathetic energies of others who are in an agitated state?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**621. Have you ever experienced rosettes (or red patches on skin also known as nerve burns) caused by prolonged energy work involving the channeling of energy?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**622. Do you often notice an increased ability to feed or manipulate energy at certain times in the day?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**623. If yes, which times during the day? *(Check All That Apply)***

- |   |  |
|---|--|
| <input type="checkbox"/> Early Morning (2 AM - 5 AM)    | <input type="checkbox"/> Early Evening (6 PM - 9 PM) |
| <input type="checkbox"/> Mid Morning (5 AM - 8 AM)      | <input type="checkbox"/> Mid Evening (9 PM - 11 PM)  |
| <input type="checkbox"/> Late Morning (8 AM - 12 PM)    | <input type="checkbox"/> Late Evening (11 PM - 2 AM) |
| <input type="checkbox"/> Early Afternoon (12 PM - 3 PM) | <input type="checkbox"/> Not Applicable              |
| <input type="checkbox"/> Mid Afternoon (3 PM - 6 PM)    |  |

**624. Do you often notice an increased ability to feed or manipulate energy in certain geographic locations?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**625. If yes, where or what kind of places? (Check All That Apply)**

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Deserts   | <input type="checkbox"/> High Population Areas | <input type="checkbox"/> Closer To The Equator |
| <input type="checkbox"/> Fields    | <input type="checkbox"/> Low Population Areas  | <input type="checkbox"/> Closer To The Poles   |
| <input type="checkbox"/> Forests   | <input type="checkbox"/> High Altitudes        | <input type="checkbox"/> Warmer Climate Areas  |
| <input type="checkbox"/> Lakes     | <input type="checkbox"/> Low Altitudes         | <input type="checkbox"/> Colder Climate Areas  |
| <input type="checkbox"/> Mountains | <input type="checkbox"/> Facing North          | <input type="checkbox"/> High Humidity Areas   |
| <input type="checkbox"/> Oceans    | <input type="checkbox"/> Facing East           | <input type="checkbox"/> Low Humidity Areas    |
| <input type="checkbox"/> Rivers    | <input type="checkbox"/> Facing South          | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Valleys   | <input type="checkbox"/> Facing West           | <input type="checkbox"/> Not Applicable        |

**626. Do you ever notice lull periods in ambient or environmental energy at certain times in the day?**

- ☐ Yes  
☐ No

**627. If yes, which times during the day? (Check All That Apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Early Morning (2 AM - 5 AM)    | <input type="checkbox"/> Early Evening (6 PM - 9 PM) |
| <input type="checkbox"/> Mid Morning (5 AM - 8 AM)      | <input type="checkbox"/> Mid Evening (9 PM - 11 PM)  |
| <input type="checkbox"/> Late Morning (8 AM - 12 PM)    | <input type="checkbox"/> Late Evening (11 PM - 2 AM) |
| <input type="checkbox"/> Early Afternoon (12 PM - 3 PM) | <input type="checkbox"/> Not Applicable              |
| <input type="checkbox"/> Mid Afternoon (3 PM - 6 PM)    |  |

**628. Do you ever notice location-specific lulls in ambient or environmental energy?**

- ☐ Yes  
☐ No

**629. If yes, where or what kind of places? (Check All That Apply)**

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Deserts   | <input type="checkbox"/> High Population Areas | <input type="checkbox"/> Closer To The Equator |
| <input type="checkbox"/> Fields    | <input type="checkbox"/> Low Population Areas  | <input type="checkbox"/> Closer To The Poles   |
| <input type="checkbox"/> Forests   | <input type="checkbox"/> High Altitudes        | <input type="checkbox"/> Warmer Climate Areas  |
| <input type="checkbox"/> Lakes     | <input type="checkbox"/> Low Altitudes         | <input type="checkbox"/> Colder Climate Areas  |
| <input type="checkbox"/> Mountains | <input type="checkbox"/> Facing North          | <input type="checkbox"/> High Humidity Areas   |
| <input type="checkbox"/> Oceans    | <input type="checkbox"/> Facing East           | <input type="checkbox"/> Low Humidity Areas    |
| <input type="checkbox"/> Rivers    | <input type="checkbox"/> Facing South          | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Valleys   | <input type="checkbox"/> Facing West           | <input type="checkbox"/> Not Applicable        |

**630. Do you ever notice peak periods in ambient or environmental energy at certain times in the day?**

- ☐ Yes  
☐ No

**631. If yes, which times during the day? (Check All That Apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Early Morning (2 AM - 5 AM)    | <input type="checkbox"/> Early Evening (6 PM - 9 PM) |
| <input type="checkbox"/> Mid Morning (5 AM - 8 AM)      | <input type="checkbox"/> Mid Evening (9 PM - 11 PM)  |
| <input type="checkbox"/> Late Morning (8 AM - 12 PM)    | <input type="checkbox"/> Late Evening (11 PM - 2 AM) |
| <input type="checkbox"/> Early Afternoon (12 PM - 3 PM) | <input type="checkbox"/> Not Applicable              |
| <input type="checkbox"/> Mid Afternoon (3 PM - 6 PM)    |  |

**632. Do you ever notice location-specific peaks in ambient or environmental energy?**

- ☐ Yes  
☐ No

**633. If yes, where or what kind of places? (Check All That Apply)**

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Deserts   | <input type="checkbox"/> High Population Areas | <input type="checkbox"/> Closer To The Equator |
| <input type="checkbox"/> Fields    | <input type="checkbox"/> Low Population Areas  | <input type="checkbox"/> Closer To The Poles   |
| <input type="checkbox"/> Forests   | <input type="checkbox"/> High Altitudes        | <input type="checkbox"/> Warmer Climate Areas  |
| <input type="checkbox"/> Lakes     | <input type="checkbox"/> Low Altitudes         | <input type="checkbox"/> Colder Climate Areas  |
| <input type="checkbox"/> Mountains | <input type="checkbox"/> Facing North          | <input type="checkbox"/> High Humidity Areas   |
| <input type="checkbox"/> Oceans    | <input type="checkbox"/> Facing East           | <input type="checkbox"/> Low Humidity Areas    |
| <input type="checkbox"/> Rivers    | <input type="checkbox"/> Facing South          | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Valleys   | <input type="checkbox"/> Facing West           | <input type="checkbox"/> Not Applicable        |

**634. If you ever experience an erosion of your energy shielding to which of the following causes do you attribute this event? (Check All That Apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Direct Psychic Attack                     | <input type="checkbox"/> Poor Structure In Forming Shield  |
| <input type="checkbox"/> Environmental Or Natural External Changes | <input type="checkbox"/> Uncontrollable Energy Bombardment |
| <input type="checkbox"/> Failure To Create A Flexible Shield       | <input type="checkbox"/> Weakened Energy State             |
| <input type="checkbox"/> Multiple Psychic Attacks                  | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Passage Of Time                           | <input type="checkbox"/> Not Applicable                    |

**635. Do you ever perceive friendly energy from the environment in natural places?**

- ☐ Yes  
☐ No

If yes, what geographic region or specific location(s): \_\_\_\_\_

**636. Do you ever perceive hostile energy from the environment in natural places?**

- ☐ Yes  
☐ No

If yes, what geographic region or specific location(s): \_\_\_\_\_

**637. Have you ever encountered an individual that you were completely unsuccessful in forming a shield against or if the shield was formed was easily penetrated by such said person?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**638. Have you ever encountered an individual whose personal energy was difficult to sense, manipulate, or avoid? (*Check All That Apply*)**

- ☐ Yes - Difficult To Sense
- ☐ Yes - Difficult To Manipulate
- ☐ Yes - Difficult To Avoid
- ☐ No
- ☐ Not Applicable

**639. Aside from normal shielding, have you ever had to purposely shield yourself from friends, family, or loved ones?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

If yes, explain why: \_\_\_\_\_

**640. Have you ever experienced an “energy storm” where you felt that you were being bombarded by a rain of static or chaotic energy from an unknown source over a period of time before the area subsided to a normal ambient state of energy flux?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**641. Have you ever experienced a level of ambient energy that would be most aptly described as intoxicating?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**642. If yes, where have you experienced this increased concentration or intoxicating level of energy?**  
(Check All That Apply)

- ☐ Alone By Yourself
- ☐ Large Public Crowd
- ☐ Dance Club Or Concert With Exclusively Mundane Audience
- ☐ Dance Club Or Concert With Suspected Vampiric Or Energy Workers In Audience
- ☐ While Meditating Alone
- ☐ While Meditating Or Practicing Energy Work In A Group Setting
- ☐ While Conducting Or Participating In A Spiritual, Religious, Or Ritualistic Act
- ☐ Traumatic Or Emotional Place Or Event
- ☐ Cemetery Or Mortuary
- ☐ Nature Or Environmental Area
- ☐ Other: \_\_\_\_\_
- ☐ Not Applicable

**643. Do you consider yourself sensitive to particular types of energy work such as non-directed Reiki?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**644. If you feed (sanguine or psi) from donors who are at least 10 years older or younger than yourself, do you ever notice a discernable difference in your personal physiology after consuming their blood, energy, or prana that differs from feeding from individuals closer to your age group?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

If yes, describe the difference: \_\_\_\_\_

**645. Do you prefer to feed from those who are younger or older than yourself?**  
(Check All That Apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Younger - Sanguine | <input type="checkbox"/> Older - Psi    |
| <input type="checkbox"/> Younger - Psi      | <input type="checkbox"/> No Preference  |
| <input type="checkbox"/> Older - Sanguine   | <input type="checkbox"/> Not Applicable |

**646. What would your preferred age of donor be for sanguine feeding?**

- |  |   |
|--|---|
| <input type="checkbox"/> Under 18 Years Of Age | <input type="checkbox"/> 41 - 45 Years Of Age |
| <input type="checkbox"/> 18 - 20 Years Of Age  | <input type="checkbox"/> 46 - 50 Years Of Age |
| <input type="checkbox"/> 21 - 25 Years Of Age  | <input type="checkbox"/> 51 - 55 Years Of Age |
| <input type="checkbox"/> 26 - 30 Years Of Age  | <input type="checkbox"/> Over 55 Years Of Age |
| <input type="checkbox"/> 31 - 35 Years Of Age  | <input type="checkbox"/> No Age Preference    |
| <input type="checkbox"/> 36 - 40 Years Of Age  | <input type="checkbox"/> Not Applicable       |

**647. What would your preferred age of donor be for psi feeding?**

- |  |   |
|--|---|
| <input type="checkbox"/> Under 18 Years Of Age | <input type="checkbox"/> 41 - 45 Years Of Age |
| <input type="checkbox"/> 18 - 20 Years Of Age  | <input type="checkbox"/> 46 - 50 Years Of Age |
| <input type="checkbox"/> 21 - 25 Years Of Age  | <input type="checkbox"/> 51 - 55 Years Of Age |
| <input type="checkbox"/> 26 - 30 Years Of Age  | <input type="checkbox"/> Over 55 Years Of Age |
| <input type="checkbox"/> 31 - 35 Years Of Age  | <input type="checkbox"/> No Age Preference    |
| <input type="checkbox"/> 36 - 40 Years Of Age  | <input type="checkbox"/> Not Applicable       |

**648. If you sanguine feed do you notice a difference in taste or potency of the energy consumed?**  
*(Check All That Apply)*

- ☐ Yes - Taste Is Different (Either Younger Or Older)
- ☐ Yes - Energy Is Less Potent (Concentrated) In Younger Individuals
- ☐ Yes - Energy Is More Potent (Concentrated) In Younger Individuals
- ☐ Yes - Energy Is Less Potent (Concentrated) In Older Individuals
- ☐ Yes - Energy Is More Potent (Concentrated) In Older Individuals
- ☐ No
- ☐ Not Applicable

**649. Do you have any moral reservations about feeding from those outside of your general age group?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**650. If you feed outside of your general age group do you ever fear there could be negative effects on the donor or that doing such could interfere with the natural energy cycle within your own body?**  
*(Check All That Apply)*

- ☐ Yes - Possible Negative Physical Effects On The Donor
- ☐ Yes - Possible Negative Psychological Effects On The Donor
- ☐ Yes - Possible Interference With Personal Energy Cycle
- ☐ No
- ☐ Not Applicable

**651. Do you ever suffer from an energy surplus as a result of overfeeding?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**652. If yes, what physical effects do you experience as a result from overfeeding?**  
*(Check All That Apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Blackout               | <input type="checkbox"/> Insomnia                   |
| <input type="checkbox"/> Dizziness or Nausea    | <input type="checkbox"/> Seizure                    |
| <input type="checkbox"/> Headache               | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Hyperactivity          | <input type="checkbox"/> No Adverse Physical Effect |
| <input type="checkbox"/> Impaired Concentration | <input type="checkbox"/> Not Applicable             |
| <input type="checkbox"/> Impaired Coordination  |   |



**653. If yes, do you utilize different objects to composite this energy as a means to rid the energy from your body or to store (charge) for future use? (Check All That Apply)**

- ☐ Yes - Utilize Objects To Purge Energy From Body
- ☐ Yes - Store The Energy In An Object (Charging) For Future Use
- ☐ Yes - Grounding Of Energy Into The Earth
- ☐ No - Internalize The Excess Energy Over Time
- ☐ Other Method: \_\_\_\_\_
- ☐ Not Applicable

**654. If you charge an object with energy for later consumption is this part of a larger magick, occult, or spiritual ritual outside of normal vampirism?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**655. Do you have a particular item you routinely charge for use in ritual or personal energy work?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**656. If yes, what type or kind of object?**

- |                                 |                                 |   |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Amulet | <input type="checkbox"/> Relic  | <input type="checkbox"/> Symbol         |
| <input type="checkbox"/> Candle | <input type="checkbox"/> Scythe | <input type="checkbox"/> Wand           |
| <input type="checkbox"/> Cloth  | <input type="checkbox"/> Sigil  | <input type="checkbox"/> Water          |
| <input type="checkbox"/> Dagger | <input type="checkbox"/> Staff  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Oil    | <input type="checkbox"/> Stone  | <input type="checkbox"/> Not Applicable |

**657. Do you believe that vampires share a unique and recognizable energy signature that is noticeable to other vampires without the need for a direct manipulation of the energy body?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - All Vampires  | <input type="checkbox"/> I'm Not Sure   |
| <input type="checkbox"/> Yes - Some Vampires | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> No                  |   |

**658. Do mutations or shifts in auras, the astral or dream body, or other non-corporeal bodies highlight or obscure the recognition of this unique energy body among other vampires?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I'm Not Sure   |
| <input type="checkbox"/> No  | <input type="checkbox"/> Not Applicable |

**659. Do you believe that this energy signature or energy body (normal or modified state) can be viewed by the mundane population, therian, were, otherkin, or other energy workers? (Check All That Apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Mundane  | <input type="checkbox"/> Yes - Energy Workers |
| <input type="checkbox"/> Yes - Therian  | <input type="checkbox"/> No                   |
| <input type="checkbox"/> Yes - Were     | <input type="checkbox"/> I'm Not Sure         |
| <input type="checkbox"/> Yes - Otherkin | <input type="checkbox"/> Not Applicable       |

**660. Do you ever sense other vampires in your presence when surrounded by a crowd of people?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**661. If yes, would you describe this sense of vampiric energy as attracting or repelling?**

- ☐ Attracting  
☐ Repelling  
☐ Neutral
- ☐ Variable  
☐ Not Applicable

**662. Are you psychically linked to certain individuals on a permanent or semi-permanent basis?**

- ☐ Yes - Permanent  
☐ Yes - Semi-Permanent
- ☐ No  
☐ Not Applicable

If yes, describe this experience: \_\_\_\_\_

**663. If yes, how would you characterize this linking? (*Check All That Apply*)**

- ☐ Easy To Establish  
☐ Difficult To Establish  
☐ Easy To Break
- ☐ Difficult To Break  
☐ Not Applicable

**664. Do you find that different forms of vampiric feeding create different strengths of linking bonds?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, explain: \_\_\_\_\_

**665. Would you consider yourself to have the ability to influence others through energy manipulation techniques?**

- ☐ Yes  
☐ No

If yes, explain: \_\_\_\_\_

**666. If you do not believe you can be affected by psi or psychic energy then you will not be affected.**

- ☐ Completely Agree  
☐ Generally Agree
- ☐ Generally Disagree  
☐ Completely Disagree

**667. Does your food metabolize at a faster or slower rate after either sanguine or psi feeding?**

- ☐ Faster  
☐ Slower
- ☐ No Discernable Difference  
☐ Not Applicable

**668. Do you ever experience extreme mood changes that could potentially affect your emotional stability or judgment due to prolonged or irregular absence of feeding?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**669. If you are sensitive to empathic energies what physical effects do you feel with a heightened energy state in close proximity to an emotionally saturated individual or group or persons?**  
(Check All That Apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Anxiety                         | <input type="checkbox"/> Looping Of Energy Through Others          |
| <input type="checkbox"/> Confusion                       | <input type="checkbox"/> Out Of Body Experience (OBE)              |
| <input type="checkbox"/> Distractedness                  | <input type="checkbox"/> Pressure On Chest / Shortness Of Breath   |
| <input type="checkbox"/> Flashing Lights / Tunnel Vision | <input type="checkbox"/> Ringing In Ears                           |
| <input type="checkbox"/> Headache                        | <input type="checkbox"/> Spontaneous Visions                       |
| <input type="checkbox"/> Increased Telepathy             | <input type="checkbox"/> Trigger Of Pre-Existing Medical Condition |
| <input type="checkbox"/> Irritability                    | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Light-Headedness / Dizziness    | <input type="checkbox"/> Not Applicable                            |

**670. If you are sensitive to empathic energies what physical effects do you feel with a heightened energy state in close proximity to an emotionally saturated location or geographic area?**  
(Check All That Apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Anxiety                         | <input type="checkbox"/> Looping Of Energy Through Others          |
| <input type="checkbox"/> Confusion                       | <input type="checkbox"/> Out Of Body Experience (OBE)              |
| <input type="checkbox"/> Distractedness                  | <input type="checkbox"/> Pressure On Chest / Shortness Of Breath   |
| <input type="checkbox"/> Flashing Lights / Tunnel Vision | <input type="checkbox"/> Ringing In Ears                           |
| <input type="checkbox"/> Headache                        | <input type="checkbox"/> Spontaneous Visions                       |
| <input type="checkbox"/> Increased Telepathy             | <input type="checkbox"/> Trigger Of Pre-Existing Medical Condition |
| <input type="checkbox"/> Irritability                    | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Light-Headedness / Dizziness    | <input type="checkbox"/> Not Applicable                            |

**671. If you feed hybrid (both sanguine and psi) how would you characterize the difference in energy consumed from blood as opposed to that of psi energy taken from a human donor?**  
(Check All That Apply)

- ☐ Energy From The Blood Is More Concentrated
- ☐ Energy From The Blood Is Less Concentrated
- ☐ Psi Energy Is More Concentrated
- ☐ Psi Energy Is Less Concentrated
- ☐ No Discernable Difference Of Energies From Either Source
- ☐ Other: \_\_\_\_\_
- ☐ Not Applicable

**672. Do you ever experience a stagnation in the need to feed, a period of lesser need?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**673. If yes, how long does this period of decreased need typically last?**

- |   |   |
|---|---|
| <input type="checkbox"/> A Matter Of Days | <input type="checkbox"/> 4 - 5 Months       |
| <input type="checkbox"/> 1 Week           | <input type="checkbox"/> 5 - 6 Months       |
| <input type="checkbox"/> 2 Weeks          | <input type="checkbox"/> More Than 6 Months |
| <input type="checkbox"/> 1 Month          | <input type="checkbox"/> Longer Than 1 Year |
| <input type="checkbox"/> 2 - 3 Months     | <input type="checkbox"/> Not Applicable     |

**674. If you experience periods of lesser need does this happen with regularity or at random?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Regularly | <input type="checkbox"/> Variable       |
| <input type="checkbox"/> Random    | <input type="checkbox"/> Not Applicable |

**675. Can you correlate this phenomenon with any environmental, physical stimuli, or other circumstance in your life?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, describe: \_\_\_\_\_

**676. Do you ever experience an increase in the need to feed, a period of greater need?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**677. If yes, how long does this period of increased need typically last?**

- |   |   |
|---|---|
| <input type="checkbox"/> A Matter Of Days | <input type="checkbox"/> 4 - 5 Months       |
| <input type="checkbox"/> 1 Week           | <input type="checkbox"/> 5 - 6 Months       |
| <input type="checkbox"/> 2 Weeks          | <input type="checkbox"/> More Than 6 Months |
| <input type="checkbox"/> 1 Month          | <input type="checkbox"/> Longer Than 1 Year |
| <input type="checkbox"/> 2 - 3 Months     | <input type="checkbox"/> Not Applicable     |

**678. If you experience periods of greater need does this happen with regularity or at random?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Regularly | <input type="checkbox"/> Variable       |
| <input type="checkbox"/> Random    | <input type="checkbox"/> Not Applicable |

**679. Can you correlate this phenomenon with any environmental, physical stimuli, or other circumstance in your life?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, describe: \_\_\_\_\_

**680. Which of the following affect your ability to retain energy after feeding?**

- |   |  |
|---|--|
| <input type="checkbox"/> Ambient Temperature        | <input type="checkbox"/> State Of Etheric Body |
| <input type="checkbox"/> Emotional State Or Mood    | <input type="checkbox"/> Strength Of Shielding |
| <input type="checkbox"/> Metal Health / Activity    | <input type="checkbox"/> Time Of Day           |
| <input type="checkbox"/> Physical Health / Activity | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Quality Of Energy Obtained | <input type="checkbox"/> Not Applicable        |

**681. Which of the following changes in environmental, planetary, or geological energy affect your normal function or psychic sensitivity? (Check All That Apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Below Sea Level Influence                       | <input type="checkbox"/> Tectonic Shift (Earthquake) |
| <input type="checkbox"/> Celestial Event (Eclipse / Comet / Solar Flare) | <input type="checkbox"/> Tidal Change                |
| <input type="checkbox"/> Geo-Magnetic Influence (Poles / Hemispheres)    | <input type="checkbox"/> Weather Phenomena           |
| <input type="checkbox"/> Geo-Thermal Event (Magma / Geyser Eruption)     | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Ionospheric Anomalies                           | <input type="checkbox"/> I'm Not Sure                |
| <input type="checkbox"/> Ley Line Influence                              | <input type="checkbox"/> None                        |
| <input type="checkbox"/> Lunar Change                                    | <input type="checkbox"/> Not Applicable              |
| <input type="checkbox"/> Planet In Retrograde (Mercury +)                |  |

**682. Which of the following man-made structures or devices affect your normal function or psychic sensitivity? (Check All That Apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Cell Phone Towers                 | <input type="checkbox"/> Television (UHF) Towers           |
| <input type="checkbox"/> Computers & Personal Electronics  | <input type="checkbox"/> X-Ray / Ultrasound / MRI Machines |
| <input type="checkbox"/> Copper Shielded Buildings / Rooms | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Electric Rail Lines               | <input type="checkbox"/> I'm Not Sure                      |
| <input type="checkbox"/> Hydroelectric Dams / Stations     | <input type="checkbox"/> None                              |
| <input type="checkbox"/> Power Substations Or High Lines   | <input type="checkbox"/> Not Applicable                    |
| <input type="checkbox"/> Radio Antenna (RF) Towers         |  |

**683. Do you ever find that it is harder to perceive the energy of some persons who you do not suspect of being either vampires or energy workers?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**684. Do you believe that some individuals are able to shield naturally or maintain a *permanent* barrier between themselves and others they encounter?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**685. If one were to characterize specific events (historical or contemporary) perpetrated by the human populace where energy work or manipulation was consciously utilized, which events would be pertinent or worth noting in your opinion?**

\_\_\_\_\_ < Multiple Line Field >

☐ None

**686. Do you ever engage in pranic (energy-based) healing for either your donors or unrelated individuals?**

☐ Yes - Donors

☐ Yes - Others

☐ Yes - Both

☐ No

☐ Not Applicable

**687. Vampires who possess unique energy healing abilities should help others by utilizing these abilities.**

☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree

**688. How often do you integrate sigil work into your vampiric or spiritual rituals?**

*A **sigil** in this sense can either be a drawn graphic, sound, or physical material by which magickal properties and specific meanings have been assigned.*

☐ Very Often

☐ Fairly often

☐ Occasionally

☐ Rarely

☐ Never

☐ Not Applicable

**689. Do you engage in any protection or banishing rituals in relation to your vampirism?**

☐ Yes - Protection

☐ Yes - Banishing

☐ Yes - Both

☐ No

☐ Not Applicable

If yes, describe:

\_\_\_\_\_ < Multiple Line Field >

**690. What tools do you utilize during your own personal energy work?**

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**691. As a part of your meditation practices do you ever engage in exercises to aid in chakra balancing?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**692. Indicate the general health of your seven primary (Hindu Tradition) chakra points.**

*The **Crown** chakra (Sahasrara) is said to be the chakra of consciousness, the master chakra that controls all the others. Its role would be very similar to that of the pituitary gland, which secretes hormones to control the rest of the endocrine system, and also connects to the central nervous system via the hypothalamus. The thalamus is thought to have a key role in the physical basis of consciousness.*

*The **Third Eye** chakra (Ajna) is linked to the pineal gland. Ajna is the chakra of time and awareness and of light. The pineal gland is a light sensitive gland that produces the hormone melatonin, which regulates the instincts of going to sleep and awakening*

*The **Throat** chakra (Vishuddha) is said to be related to communication and growth, growth being a form of expression. This chakra is paralleled to the thyroid, a gland that is also in the throat, and which produces thyroid hormone, responsible for growth and maturation.*

*The **Heart / Lung** chakra (Anahata) is related to love, equilibrium, and well-being. It is related to the thymus, located in the chest. This organ is part of the immune system, as well as being part of the endocrine system. It produces T cells responsible for fighting off disease, and is adversely affected by stress.*

*The **Solar Plexus** chakra (Manipura) is related to energy, assimilation and digestion, and is said to correspond to the roles played by the pancreas and the outer adrenal glands, the adrenal cortex. These play a valuable role in digestion, the conversion of food matter into energy for the body.*

*The **Sacrum** chakra (Swadhisthana) is located in the groin, and is related to emotion, sexuality, and creativity. This chakra is said to correspond to the testes or the ovaries, that produce the various sex hormones involved in the reproductive cycle, which can cause dramatic mood swings.*

*The **Root** chakra (Muladhara) is related to security, survival and also to basic human potentiality. This centre is located in the region between the genitals and the anus. Although no endocrine organ is placed here, it is said to relate to the inner adrenal glands, the adrenal medulla, responsible for the fight and flight response when survival is under threat.*

Chakra Point	Balanced	Unbalanced	Blocked	Damaged
Crown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart / Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar Plexus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Root	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ I'm Not Sure  
☐ Not Applicable

**693. Apart from standard social engineering methods, do you consider yourself to possess the ability to influence others, specifically, the utilization of mesmerism techniques as an influence enabling mechanism.**

*Mesmerism is a hypnotic induction believed to involve animal magnetism where an individual's thoughts and actions are influenced by the hypnotist.*

☐ Yes

☐ No

If yes, describe: \_\_\_\_\_

**694. Which of the following forms of energy are you capable of feeding from effectively to sate the needs of your own body? (Check All That Apply)**

☐ Positive (Healthy)

☐ Negative (Harmful)

☐ High Intensity Patterned Energy

☐ Low Intensity Patterned Energy

☐ High Intensity Unpatterned Energy

☐ Low Intensity Unpatterned Energy

☐ Not Applicable

**695. Describe the specific methods you employ when engaging in surface feeding?**

*Surface feeding involves feeding off the energy of a specific person's astral or etheric energy.*

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**696. Describe the specific methods you employ when engaging in deep feeding?**

*Deep feeding involves feeding off the energy of a specific person's core soul energy.*

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable



**697. Describe the specific methods you employ when using visualization exercises or techniques (either imagery or tactile such as temperature, sound, taste, smell, or speed) as applicable to grounding, centering, shielding, perceiving (sensing), filtering, charging, or exchanging of energy?**

< Multiple Line Field >

☐ Not Applicable

**698. How would you describe the energy found in the majority of the cemeteries you've visited? (Check All That Apply)**

- |                                     |                                   |   |
|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Anger      | <input type="checkbox"/> Peaceful | <input type="checkbox"/> Unrest         |
| <input type="checkbox"/> Confusion  | <input type="checkbox"/> Restful  | <input type="checkbox"/> Unsettling     |
| <input type="checkbox"/> Despair    | <input type="checkbox"/> Sadness  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Evil       | <input type="checkbox"/> Serene   | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Foreboding | <input type="checkbox"/> Static   |   |

**699. According to your own perception, do certain sections of a cemetery give off different energies? (Examples: Battle or war burials, child's grave, younger or older parts of the cemetery, etc.)**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, describe the specific areas and their corresponding types of energy:

< Multiple Line Field >

**700. If you have ever visited a cemetery where a loved one was not interred, on a scale 0 to 10 how would you characterize your ability to accurately discern the different energies present?**

<b>Not</b>	<b>Well</b>				<b>Average</b>					<b>Very</b>	<b>Well</b>
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Not Applicable

**701. How important are the utilization of chakras or other energy centers as described in different systems to your shielding or grounding techniques?**

- |  |   |
|--|---|
| <input type="checkbox"/> Always Important    | <input type="checkbox"/> Rarely Important |
| <input type="checkbox"/> Usually Important   | <input type="checkbox"/> Never Important  |
| <input type="checkbox"/> Sometimes Important | <input type="checkbox"/> Not Applicable   |

**702. If you engage in the practice of shielding do you consciously visualize your shields?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**703. If yes, how would you describe the appearance of your primary shield(s)?**  
*(Check All That Apply)*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Animate Object   | <input type="checkbox"/> Excited Energy   | <input type="checkbox"/> Reflective      |
| <input type="checkbox"/> Brick Wall       | <input type="checkbox"/> Fire             | <input type="checkbox"/> Silly Putty     |
| <input type="checkbox"/> Bubble Of Light  | <input type="checkbox"/> Glassy           | <input type="checkbox"/> Swirling Energy |
| <input type="checkbox"/> Bubble Of Energy | <input type="checkbox"/> Inanimate Object | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Cloak            | <input type="checkbox"/> Liquid           | <input type="checkbox"/> Not Applicable  |
| <input type="checkbox"/> Elemental        | <input type="checkbox"/> Marshmallow      |  |
| <input type="checkbox"/> Encasement       | <input type="checkbox"/> Mirror           |  |

**704. If you engage in shielding do you often feel the shield physically surrounding your body?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**705. While shielded do you find it difficult to receive, exchange, or filter energy?**  
*(Check All That Apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Receive  | <input type="checkbox"/> No             |
| <input type="checkbox"/> Yes - Exchange | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Yes - Filter   |   |

**706. Do you ever shield subconsciously or maintain a permanent or long-term shielding?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Subconsciously               | <input type="checkbox"/> No             |
| <input type="checkbox"/> Yes - Permanent / Long-Term Shield | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Yes - Both                         |   |

**707. On a scale of 0 to 10 how would you characterize the strength of your shield when around mundane individuals or non-energy workers?**

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |               |               |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|---------------|---------------|
| <b>Weak</b>              | <b>Shield</b>            |                          |                          |                          |                          | <b>Average</b>           |                          |                          |                          |                          |  | <b>Strong</b> | <b>Shield</b> |
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  |               |               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |               |               |
- ☐ Not Applicable

**708. On a scale of 0 to 10 how would you characterize the strength of your shield when around vampires or other energy-workers?**

Weak	Shield				Average					Strong	Shield
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Not Applicable

**709. Are you able to form shields around other objects or living entities other than yourself?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Objects Only         | <input type="checkbox"/> No             |
| <input type="checkbox"/> Yes - Living Entities Only | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Yes - Both                 |   |

If yes, describe which objects and/or entities: \_\_\_\_\_

**710. Do you ever engage in intentional aura scanning; that is, the active viewing of others' auras or energy signatures?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**711. Do you consider yourself to be able to efficiently ground energy?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**712. If you engage in grounding does your technique involve visualization?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**713. Are you able to efficiently ground by utilization of the natural elements?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**714. During grounding, do you imagine the excess energy flowing down through your legs and out the bottom of your feet?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**715. Describe the specific techniques and methods you utilize to ground energy?**

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**716. During grounding, if you utilize specific areas of the body by which to expel energy do you ever feel a sensation in this particular body part or area?**

☐ Yes

☐ No

☐ Not Applicable

If yes, describe: \_\_\_\_\_

**717. Do you consider yourself to be able to efficiently perceive (sense) energy?**

☐ Yes

☐ No

☐ Not Applicable

**718. Do you use visualization techniques in order to gain perceptions (sensing) of energy?**

☐ Yes

☐ No

☐ Not Applicable

If yes, describe your technique: \_\_\_\_\_

**719. Are you able to perceive (sense) the energy of animals and other non-human living entities?**

☐ Yes

☐ No

☐ Not Applicable

**720. When perceiving energy from other individuals do they ever communicate with you that they are aware of what you are doing?**

☐ Yes

☐ No

☐ Not Applicable

**721. If you are able to sense or visualize auras, by which terms are you able to perceive them in other living entities? (Check All That Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> By Coloring     | <input type="checkbox"/> By Temperature             |
| <input type="checkbox"/> By Energy State | <input type="checkbox"/> By Texture / Tactile Sense |
| <input type="checkbox"/> By Shading      | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> By Shape        | <input type="checkbox"/> Not Applicable             |

**722. Approximately how far from you skin does your personal aura or energy field extend?**

- |   |   |
|---|---|
| <input type="checkbox"/> Less Than 1 Inch   | <input type="checkbox"/> Less Than 6 Feet     |
| <input type="checkbox"/> Less Than 2 Inches | <input type="checkbox"/> Less Than 10 Feet    |
| <input type="checkbox"/> Less Than 6 Inches | <input type="checkbox"/> Greater Than 10 Feet |
| <input type="checkbox"/> Less Than 1 Foot   | <input type="checkbox"/> I Don't Know         |
| <input type="checkbox"/> Less Than 2 Feet   | <input type="checkbox"/> Not Applicable       |

**723. Does ambient energy gravitate towards you without you having to consciously draw such energy?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**724. Do different ambient energies have unique tastes, textures, colors, or smells? (Check All That Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - Color   | <input type="checkbox"/> Yes - Other: _____ |
| <input type="checkbox"/> Yes - Smell   | <input type="checkbox"/> No                 |
| <input type="checkbox"/> Yes - Taste   | <input type="checkbox"/> Not Applicable     |
| <input type="checkbox"/> Yes - Texture |   |

**725. Do you actively or passively feed from ambient energy?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Actively  | <input type="checkbox"/> Both           |
| <input type="checkbox"/> Passively | <input type="checkbox"/> Not Applicable |

**726. How long does ambient energy keep you sated in relation to other preferred forms of energy feeding?**

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Longer  | <input type="checkbox"/> Equal Time     |
| <input type="checkbox"/> Shorter | <input type="checkbox"/> Not Applicable |

**727. If you travel or project astrally do you ever encounter other beings, entities, or spirits while in the astral realm (plane)?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**728. Does audible communication ever transpire between these entities and yourself?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - Entities Speak To You       | <input type="checkbox"/> No             |
| <input type="checkbox"/> Yes - You Speak To Entities       | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Yes - Both Engage In Conversation |   |

**729. Do you ever feel uncomfortable or threatened from these entities?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - Uncomfortable | <input type="checkbox"/> No             |
| <input type="checkbox"/> Yes - Threatened    | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Yes - Both          |   |

**730. Do you ever feed from either entities or other available energies in the astral realm (plane)?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**731. Do you feel that it is ethical to feed within the astral realm (plane)?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**732. Do you utilize visualization techniques as a means to enter the astral realm (plane)?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, describe your technique: \_\_\_\_\_

**733. What is the longest period that you have remained at one time in the astral realm (plane)?**

- |   |   |
|---|---|
| <input type="checkbox"/> 10 Minutes       | <input type="checkbox"/> 3 - 4 Hours          |
| <input type="checkbox"/> 20 Minutes       | <input type="checkbox"/> 5 - 6 Hours          |
| <input type="checkbox"/> 30 Minutes       | <input type="checkbox"/> Longer Than 6 Hours  |
| <input type="checkbox"/> Less Than 1 Hour | <input type="checkbox"/> Longer Than 12 Hours |
| <input type="checkbox"/> 1 Hour           | <input type="checkbox"/> Longer Than 24 Hours |
| <input type="checkbox"/> 2 Hours          | <input type="checkbox"/> Not Applicable       |

**734. How frequently do you travel within or visit the astral realm (plane)?**

- |   |  |
|---|--|
| <input type="checkbox"/> Daily              | <input type="checkbox"/> Every 4 - 6 Months    |
| <input type="checkbox"/> Weekly             | <input type="checkbox"/> Longer Than 6 Months  |
| <input type="checkbox"/> Monthly            | <input type="checkbox"/> Once A Year Or Longer |
| <input type="checkbox"/> Every 2 - 3 Months | <input type="checkbox"/> Not Applicable        |

**735. Do you ever intentionally induce out-of-body experiences (OBE) as an extension of either astral energy work or deep meditation?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**736. If you have ever had an OBE, have you seen a “silver cord” (or other color) that acts as an umbilical, tethering your ethereal body to your physical body during projection?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**737. If you have ever had an OBE, has a non-corporeal or astral entity entered or passed through your physical body perpetuating a hostile or negative reaction or feeling?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**738. How often do you recall a dream state?**

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Very Often   | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Occasionally |                                 |

**739. Do you have dreams where you feel you are powerless (force moving you) to control the outcome and ensuing danger or death awaits?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable - Do Not Remember Dreams

**740. If yes, are these type of dreams ever reccuring?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**741. Do you dream in full color?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**742. Do you suffer from colorblindness? (Check All That Apply)**

☐ Yes - Anomalous Trichromacy:

☐ Protanomaly (Weak Red), ☐ Deuteranomaly (Weak Green), ☐ Tritanomaly (Weak Blue)

☐ Yes - Dichromacy:

☐ Protanopia (Little/No Red), ☐ Deuteranopia (Little/No Green), ☐ Tritanopia (Little/No Blue)

☐ No

**743. Do you have dreams where the subject matter is particularly violent or aggressive?**

☐ Yes

☐ No

☐ Not Applicable

**744. Have you ever woken from a dream with physical injuries, pain, or bruising characteristic with the subject matter of the dream?**

☐ Yes

☐ No

☐ Not Applicable

If yes, describe the dream and the extent of your physical injuries, pain, or bruising:

< Multiple Line Field >

**745. When you wake from an active dream cycle how do you typically feel? (Check All That Apply)**

☐ Calm

☐ Disoriented

☐ Drained

☐ Edgy

☐ Energized

☐ Frightened

☐ Normal

☐ Reluctant

☐ Other: \_\_\_\_\_

☐ Not Applicable

**746. Upon waking are you typically able to remember details of your dreams while you were sleeping?**

☐ Yes - For A Short Period Of Time

☐ Yes - For A Long Period Of Time

☐ No

☐ Not Applicable



**747. Do you keep a dream journal?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, describe one of your more interesting, symbolic, or profound dreams:

\_\_\_\_\_ < Multiple Line Field >

**748. Do you typically invest time in attempting to interpret the symbolism or analyze the meaning of your dreams?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, which sources or references do you use: \_\_\_\_\_

**749. Do you ever dream about vampires and/or vampire involvement? (Check All That Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - Real Vampires         | <input type="checkbox"/> Yes - Classical Fictional Vampires |
| <input type="checkbox"/> Yes - Mythological Vampires | <input type="checkbox"/> No                                 |

**750. If yes, how would you generally characterize these dream encounters?**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Positive | <input type="checkbox"/> Neutral        |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Not Applicable |

**751. Do you ever notice an increase in dream intensity or frequency following prolonged energy work and/or vampiric feeding?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - Increased Intensity | <input type="checkbox"/> No             |
| <input type="checkbox"/> Yes - Increased Frequency | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Yes - Both                |   |

**752. Do you ever dream of past lives that you have previously been aware of through a past life regression?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**753. Do you ever enter an astral realm state while unconsciously sleeping?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**754. With what frequency do you dreamwalk in other's dreams?**

***Dreamwalking** involves the physical action (often conscious lucid control) of interacting with others while they are dreaming. The dream walker may either be asleep or in some instances awake while this occurs.*

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Very Often   | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Occasionally |                                 |

**755. With what frequency do you experience others dreamwalking in your dreams?**

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Very Often   | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Occasionally |                                 |

**756. While dreamwalking do you ever either consciously or subconsciously feed from the person to whom's dream you enter?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**757. Are you most often awake or asleep while dreamwalking?**

- ☐ Awake  
☐ Asleep  
☐ Not Applicable

**758. Have you ever been able to shift the awareness or perception of yourself (first person) to either the surrounding physical area or to another individual (third person)?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, describe under which circumstances you are able to accomplish this:

---

< Multiple Line Field >

**759. If you engage in psi or pranic feeding, are you able to feed more efficiently from certain individuals who display specific emotional, psychological, or energy related traits than with others?**

- ☐ Yes - Prefer Feeding From A Specific Type Of Individual
- ☐ No - Can Efficiently Feed From All Types Of Individuals
- ☐ Not Applicable

If yes, describe the preferred variety of components of such individual:

\_\_\_\_\_ < Multiple Line Field >

**760. If you prefer feeding from certain types of individuals, which components or traits apparent to that individual attract you to their particular energy pattern, source, or signature?**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**761. Please indicate which of the following tests or devices you have ever had used on your person or received from either a medical examination or by volunteer participation. (Check All That Apply)**

- ☐ Electroencephalogram (EEG)
- ☐ Functional Magnetic Resonance Imaging (fMRI)
- ☐ Galvanic Skin Response (GSR) / Skin Conductance Response (SCR)
- ☐ Magnetoencephalogram (MEG)
- ☐ Plethysmograph
- ☐ Positron Emission Tomography (PET)
- ☐ Single Photon Emission Computed Tomography (SPECT)
- ☐ None

**762. Were any of these tests conducted or devices utilized in response to an examination of psi abilities?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

If yes, describe both the scope of the examination and any quantifiable results obtained:

\_\_\_\_\_ < Multiple Line Field >

**763. Have you ever participated in online psi, psychic, or paranormal testing exercises, games, or experiments?**

- ☐ Yes
- ☐ No

**764. If yes, to which of the following exercises, games, or experiments did you participate?**  
*(Check All That Apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Card Or Numerical Telepathy     | <input type="checkbox"/> Photograph Series Remote Viewing           |
| <input type="checkbox"/> Card Or Numerical Precognition  | <input type="checkbox"/> Paranormal Photo Viewing Or Interpretation |
| <input type="checkbox"/> Card Or Numerical Psychokinesis | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Object Distance Telepathy       | <input type="checkbox"/> Not Applicable                             |

**765. If these activities involved probability assessments based on statistical odds, chances, or measured results from at least 50 trials (preferably 100) please indicate your mean percentage score ratio of “hits” and “misses” in the exercise, game, or experiment you performed with the highest rate of success.**

*(Scale 1% to 100% - Probability Factoring Scale - 1:1: Round To Nearest Increment Of 5)*

0%	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe this exercise, game, or experiment: \_\_\_\_\_  
 Please indicate the number of trials conducted: \_\_\_\_\_

**766. Have you ever participated in offline psi, psychic, or paranormal testing exercises, games, or experiments?**

- ☐ Yes  
☐ No

**767. If yes, to which of the following exercises, games, or experiments did you participate?**  
*(Check All That Apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Card Or Numerical Telepathy     | <input type="checkbox"/> Paranormal Energy Sensing        |
| <input type="checkbox"/> Card Or Numerical Precognition  | <input type="checkbox"/> Photograph Series Remote Viewing |
| <input type="checkbox"/> Card Or Numerical Psychokinesis | <input type="checkbox"/> Electronic Manipulation          |
| <input type="checkbox"/> Energy Sensing Exercise         | <input type="checkbox"/> Elemental Manipulation           |
| <input type="checkbox"/> Hidden Object Sensing           | <input type="checkbox"/> Time Manipulation                |
| <input type="checkbox"/> Hidden Human Or Animal Sensing  | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Direct Human Telepathy Exercise | <input type="checkbox"/> Not Applicable                   |
| <input type="checkbox"/> Remote Human Telepathy Exercise |   |

**768. If these activities involved probability assessments based on statistical odds, chances, or measured results from at least 50 trials (preferably 100) please indicate your mean percentage score ratio of “hits” and “misses” in the exercise, game, or experiment you performed with the highest rate of success.**

*(Scale 1% to 100% - Probability Factoring Scale - 1:1: Round To Nearest Increment Of 5)*

0%	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe this exercise, game, or experiment: \_\_\_\_\_  
 Please indicate the number of trials conducted: \_\_\_\_\_

**769. When two people with almost identical wave functions are placed in close proximity with one another then the resulting constructive interference causes an enhancement in both biological fields or an increased prevalence in telepathic or empathic connections.**

☐ Completely Agree  
☐ Generally Agree

☐ Generally Disagree  
☐ Completely Disagree

**770. Astral projection along with other similar astral-related altered states of consciousness may have more to do with constructs created from yet unknown areas the mind than with actual time-space distortions or alternate dimensions.**

☐ Completely Agree  
☐ Generally Agree

☐ Generally Disagree  
☐ Completely Disagree

**771. A true scientific explanation of Psi, as applied to paranormal or energy sensitivities as well as Extra Sensory Perception (ESP) and Psychokinesis (PK), may one day lie in our continued exploration of the human mind in the areas of advanced cognitive neuroscience and by further study of the synapse activity in areas of the brain where certain functions have yet to be fully understood or possibly even discovered.**

☐ Completely Agree  
☐ Generally Agree

☐ Generally Disagree  
☐ Completely Disagree

## Unraveling The Complexity Of Definitions: Forms, Beliefs, & Practices

**772. Psi vampires feed psychically on some form of energy.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

If disagree, explain: \_\_\_\_\_

**773. Psi vampires can feed on various types or sources of energy, including the energy associated with nature or natural events, human energy, or other sources.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

If disagree, explain: \_\_\_\_\_

**774. It is useful to the vampire community's understanding of vampirism to make a distinction between types of psi vampires according to their method or source of energy acquisition.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

*Please review the following definitions associated with vampirism and indicate whether you agree or disagree with these statements. If you disagree please provide your own interpretation for the following sub-classes of vampirism or feeding methods. Please note that the following terms have been collected from numerous sources within the vampire community and not all belief or path systems utilize the same terminology.*

**775. Psi Vampires feed on pranic, chi, ley, psychic, or spiritual energies. Psi feeding is typically carried out with other individuals (donors), natural (elemental), or man-made energy sources.**

- ☐ Agree  
☐ Disagree  
☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**776. Sanguine Vampires feed by the drinking of blood - either human or animal. The life force energy or "prana" contained within the blood is the source from which they feed.**

- ☐ Agree  
☐ Disagree  
☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**777. *Hybrid Vampires* are those who are able to feed using both psychic and sanguine methods. Typically hybrid vampires exhibit a tendency or preference to feed more from one method more so than another.**

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**778. *Eclectic Vampires* are those who are able to feed using all psychic and sanguine methods, but who also incorporate astral, elemental, and other feeding methods into their vampirism.**

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**779. *Ambient Vampires* are those who are able to feed off the ambient psi energies of a group or crowd of individuals.**

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**780. *Ascension Vampyres* are those who have the ability to feed off psi or pranic energies but do so by choice rather than the necessity from a condition induced requirement. They typically adhere to higher spiritual growth-based and innate or inborn ability philosophical viewpoints.**

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**781. *Astral Vampires* are those who feed from the life force energies of entities within the astral realm or subtle reality.**

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**782. *Chaotic Vampires* typically incite negative or hostile energies in either an individual or group situation causing an increase in emotional energies from which they are able to feed. Such vampires are able to readily feed from frenzied or unpatterned energy.**

- ☐ Agree  
☐ Disagree  
☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**783. *Dreamwalking Vampires* are able to enter into a person's dream, and feed from the psi energies within the dream. They can be invisible observers in the dream, or they can manifest themselves within the dream.**

- ☐ Agree  
☐ Disagree  
☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**784. *Elemental Vampires* are those who are able to feed on the natural energies of the elements or from naturally occurring events such as weather phenomena (ie: storms, etc.)**

- ☐ Agree  
☐ Disagree  
☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**785. *Emotional Vampires* are those who feed on the psi energies from the emotions of others through an often purposefully artificially constructed set of circumstances. Such vampires are attracted to highly emotional or charged situations, draining the ones with whom they come in contact.**

- ☐ Agree  
☐ Disagree  
☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**786. *Empathic Vampires* are those who feed on the existing emotional psi energies of surrounding individuals either in passing or as a result from direct contact.**

- ☐ Agree  
☐ Disagree  
☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_



**787. *Living Vampyres*** are those who believe that vampyrism resides in the bloodline of humans and through pranic feeding or communion some may undergo a spiritual god-like transformation. Such vampyres do not classify themselves as sanguine or psi vampires, but believe in the natural talents, glamour, and reincarnate attributes of their kind.

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**788. *Magickal Vampires*** are those who are able to feed on and manipulate energies raised in magickal rituals including but not limited to blood, black, occult, pagan, wiccan, sexual, etc.

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**789. *Pranic Vampires*** are another extension of both sanguine & psi vampires that involves feeding from the psi or prana of a person.

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**790. *Soul Vampires*** are able to feed directly off the energy of a person's soul. Soul vampires will sometimes gain some or all of the abilities of the person they are feeding from.

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**791. *Tactile Vampires*** are those who feed from direct touching or coming in contact with another person.

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**792. *Tantric Or Sexual Vampires*** are those who feed on the psi energy generated from engaging in sex or lust with special attention paid to the energy released at the moment of orgasm or using tantric principles.

- ☐ Agree
- ☐ Disagree
- ☐ I Do Not Recognize This As A Sub-Category Of Vampirism

If disagree, explain: \_\_\_\_\_

**793. If you know of or practice a different form of vampirism than that listed above please list your chosen terminology and description in the space provided below:**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**794. Which of the following types of energy sources or feeding methods do you use to distinguish types of psi vampirism? (Check All That Apply)**

- ☐ Energy Of Astral Life Forms
- ☐ Energy Of Natural Elements, Places, Or Events
- ☐ Empathic Or Emotional Energy
- ☐ Energy Raised In Magickal Ritual Or Practice
- ☐ Pranic Or Human Life Energy
- ☐ Feeding Through Direct Physical Contact
- ☐ Feeding Through Sexual Contact
- ☐ Other: \_\_\_\_\_
- ☐ I Do Not Make A Distinction Or Acknowledge Sub-Categories Of Psi Vampirism
- ☐ Not Applicable

**795. Which of the following terms do you use to distinguish types or combinations of psi vampirism? (Check All That Apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Ambient Vampirism  | <input type="checkbox"/> Empathic Vampirism         |
| <input type="checkbox"/> Ascension Vampyrism  | <input type="checkbox"/> Hybrid Vampirism           |
| <input type="checkbox"/> Astral Vampirism   | <input type="checkbox"/> Living Vampyrism           |
| <input type="checkbox"/> Chaotic Vampirism  | <input type="checkbox"/> Magickal Vampirism         |
| <input type="checkbox"/> Dreamwalking Vampirism   | <input type="checkbox"/> Pranic Vampirism           |
| <input type="checkbox"/> Eclectic Vampirism   | <input type="checkbox"/> Soul Vampirism             |
| <input type="checkbox"/> Elemental Vampirism  | <input type="checkbox"/> Tactile Vampirism          |
| <input type="checkbox"/> Emotional Vampirism  | <input type="checkbox"/> Tantric / Sexual Vampirism |
| <input type="checkbox"/> Other: _____   |   |
| <input type="checkbox"/> I Do Not Make A Distinction Or Acknowledge Sub-Categories Of Psi Vampirism |   |
| <input type="checkbox"/> Not Applicable   |   |

**796. Please indicate which of the following feeding methods or vampiric categories with which you personally either previously, currently, or never have engaged or relate: (Check All That Apply)**

	Previously Engaged	Currently Engaging	Never Engaged
Psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanguine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ascension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dreamwalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elemental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magickal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pranic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tantric / Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ :Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Not Applicable

**797. Do you find one particular feeding method to be more effective than another in satisfying your need to vampirically feed?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, which method: \_\_\_\_\_

**798. When you utilize alternative or substitute methods of feeding apart from your primary or preferred method do you find that you require greater or higher levels of energy to sate your need?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**799. If you have changed or reversed your primary feeding method (ie: Sang to Psi / Psi to Sang) please explain your reason and the physical or psychological repercussions you attribute to this switch.**

< Multiple Line Field >

☐ Not Applicable

**800. Please indicate for how long the energies from the following feeding methods typically keep you sated: (Check All That Apply)**

Method / Hours Sated	1	2	4	6	12	24	48	72	96	120	144+
Psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanguine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ascension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dreamwalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elemental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magickal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pranic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tantric / Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ :Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Not Applicable

**801. Do you acknowledge the concept or existence of sympathetic vampirism?**

***Sympathetic vampirism** often involves feeding from a donor too frequently causing the donor's resources to become so depleted that they have to resort to vampirism themselves in order to replenish them. They may also manifest symptoms commonly associated with real vampirism, such as heightened sensitivities. This condition often corrects itself in a matter of days or weeks but can last months or years.*

- ☐ Yes  
☐ No  
☐ I'm Not Sure

**802. Do you acknowledge the concept or existence of resonance vampirism?**

*Resonance vampirism involves the use of sound as a medium by which to temporarily delay the need for energy feeding.*

- ☐ Yes  
☐ No  
☐ I'm Not Sure

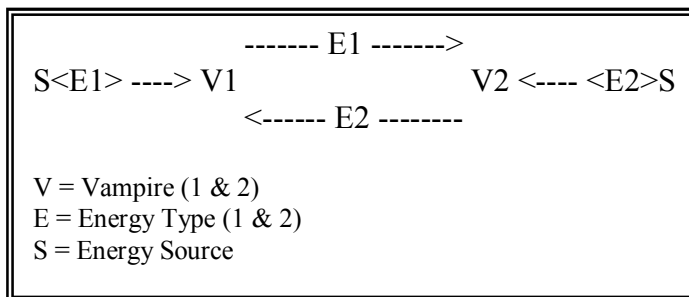
**803. Sound waves could hypothetically be a catalyst or foci for energy feeding, modifying brain waves or establishing patterns allowing for more efficient psi energy consumption.**

- ☐ Completely Agree  
☐ Generally Agree  
☐ Generally Disagree  
☐ Completely Disagree

**804. Do you ever engage in bi-directional feeding with other vampires?**

*Bi-directional feeding involves the exchange of energy between two vampires and may vary as to the form of energy being shared or contributed by each. This is also done to achieve a homeostasis of energy levels.*

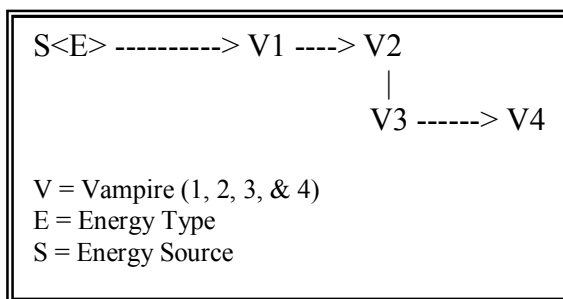
- ☐ Yes  
☐ No  
☐ I'm Not Sure  
☐ Not Applicable



**805. Do you ever engage in chain feeding with other vampires?**

*Chain feeding involves the exchange or throughput of energy emanating from a centralized source by multiple vampires along a line or "chain"; each vampire either taking elements of psi energy conducive to their specific needs or simply acting as a flow conduit for such said energy.*

- ☐ Yes  
☐ No  
☐ I'm Not Sure  
☐ Not Applicable



**806. Do you ever engage in pattern vampirism with donors?**

*Pattern vampirism is the feeding from a recurring donor from within the "surface tension" of their "auric shell".*

- ☐ Yes  
☐ No  
☐ I'm Not Sure  
☐ Not Applicable

**807. Have you ever participated in a joint-effort psychic attack on another individual(s) with other vampires? (Check All That Apply)**

- ☐ Yes - Participated In A Psychic Attack On A Mundane Individual(s)  
☐ Yes - Participated In A Psychic Attack On A Vampiric Individual(s)  
☐ Yes - Participated In A Psychic Attack On A Energy Working Individual(s)  
☐ No  
☐ Not Applicable

If yes, explain why: \_\_\_\_\_

**808. Some professed “sanguine vampires” may suffer from Renfield’s Syndrome; as is sometimes perpetuated amongst the psychology community in response to the desire to consume blood?**

*Renfield’s Syndrome is comprised of four stages: a trauma or "critical incident" in childhood in which the patient discovers that the taste and sight of blood is "exciting" or attractive; "autovampirism", the drinking of one's own blood; “zoophagia”, or the consumption of blood from animals; and lastly "true vampirism", in which the patient must have human blood, and may resort to stealing blood from medical facilities or serial murder.*

*Note: Renfield’s Syndrome is not included in the American Psychiatric Association's “Diagnostic and Statistical Manual of Mental Disorders” (DSM-IV)*

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**809. Have you ever participated in a contentious debate over the “proper” use of the word vampi(y)re to define the following: a blood drinker or psychic energy-feeder?**

- ☐ Yes  
☐ No

If yes, describe the outcome:

\_\_\_\_\_ < Multiple Line Field >

**810. It is hypocritical for vampires of a particular path or belief to criticize or proselytize others into perpetuating the exclusion or disbelief in the existence of other vampires who share different views of modern (mortal) vampirism than their own.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**811. Sanguine vampires tend to be more materialistically oriented than psi or pranic vampires.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**812. Psi or pranic vampires tend to be more metaphysically oriented than sanguine vampires.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

**813. Do you feel one type of vampire is generally superior to another?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, which type and why:

< Multiple Line Field >

**814. Are there any pejorative or otherwise negative vampire-community-specific terms the use of which you personally maintain a strong objection to?**

- ☐ Yes  
☐ No

If yes, which terms: \_\_\_\_\_

**815. Please indicate numerically the order of personal preference in terminology to be used when referring to vampiric “feeding” - either sanguine or psi.**

*(Assign Numbers From 1 = Most Favorable To 12+ = Least Favorable)*

\_\_\_\_\_ Communion  
\_\_\_\_\_ Consumption  
\_\_\_\_\_ Draining  
\_\_\_\_\_ Drawing  
\_\_\_\_\_ Feeding

\_\_\_\_\_ Grazing  
\_\_\_\_\_ Harvesting  
\_\_\_\_\_ Hunting  
\_\_\_\_\_ Leaching  
\_\_\_\_\_ Pulling

\_\_\_\_\_ Siphoning  
\_\_\_\_\_ Stealing  
\_\_\_\_\_ Other: \_\_\_\_\_

- ☐ Not Applicable

**816. When you vampirically feed which of the following terms best describe the resulting feeling?**  
*Please answer for both primary and secondary feeding methods if applicable. (Check All That Apply)*

**Indicate Primary Feeding Method:**

☐ Psi      ☐ Sanguine      ☐ Other: \_\_\_\_\_

- |                                     |                                       |   |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Alertness  | <input type="checkbox"/> Ecstatic     | <input type="checkbox"/> Rejuvenation   |
| <input type="checkbox"/> Buzzed     | <input type="checkbox"/> Elation      | <input type="checkbox"/> Satisfaction   |
| <input type="checkbox"/> Calming    | <input type="checkbox"/> Energized    | <input type="checkbox"/> Soothing       |
| <input type="checkbox"/> Charged    | <input type="checkbox"/> Euphoria     | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Comforting | <input type="checkbox"/> Exhilaration | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Happiness    |   |
| <input type="checkbox"/> Dominance  | <input type="checkbox"/> Powerfulness |   |

**Indicate Secondary Feeding Method:**

☐ Psi      ☐ Sanguine      ☐ Other: \_\_\_\_\_

- |                                     |                                       |   |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Alertness  | <input type="checkbox"/> Ecstatic     | <input type="checkbox"/> Rejuvenation   |
| <input type="checkbox"/> Buzzed     | <input type="checkbox"/> Elation      | <input type="checkbox"/> Satisfaction   |
| <input type="checkbox"/> Calming    | <input type="checkbox"/> Energized    | <input type="checkbox"/> Soothing       |
| <input type="checkbox"/> Charged    | <input type="checkbox"/> Euphoria     | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Comforting | <input type="checkbox"/> Exhilaration | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Happiness    |   |
| <input type="checkbox"/> Dominance  | <input type="checkbox"/> Powerfulness |   |

**817. With which of the following terms do you personally utilize while discussing or referring to the vampire community?** *Please note that some of these terms are widely used outside of the various Path, et al. structures. Some terms have also been derived from the semantic influences from vampiric folk beliefs that have since transitioned into the vernacular of the modern vampire community. Terms as they relate to your specific path or set of beliefs may be entered into the "Other Terms" option at the end of this question. (Check All That Apply)*

- |                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Abani      | <input type="checkbox"/> Bellah          | <input type="checkbox"/> Cabal     | <input type="checkbox"/> Crimson Swan    |
| <input type="checkbox"/> Abbon      | <input type="checkbox"/> Black Swan      | <input type="checkbox"/> Calmae    | <input type="checkbox"/> Crystal Swan    |
| <input type="checkbox"/> Acolyte    | <input type="checkbox"/> Black Veil      | <input type="checkbox"/> Caste     | <input type="checkbox"/> Dayside         |
| <input type="checkbox"/> Adja       | <input type="checkbox"/> Blinking        | <input type="checkbox"/> Centering | <input type="checkbox"/> Dedicator       |
| <input type="checkbox"/> Adra       | <input type="checkbox"/> Blood Bond      | <input type="checkbox"/> Chi       | <input type="checkbox"/> Dhampir         |
| <input type="checkbox"/> Altar      | <input type="checkbox"/> Blood Doll      | <input type="checkbox"/> Circle    | <input type="checkbox"/> Dhampyri        |
| <input type="checkbox"/> Ancients   | <input type="checkbox"/> Blood Drinker   | <input type="checkbox"/> Clan      | <input type="checkbox"/> Dominus         |
| <input type="checkbox"/> Apprentice | <input type="checkbox"/> Blood Fetishist | <input type="checkbox"/> Clutch    | <input type="checkbox"/> Donor           |
| <input type="checkbox"/> Ardetha    | <input type="checkbox"/> Blood Junkie    | <input type="checkbox"/> Communion | <input type="checkbox"/> Dragon          |
| <input type="checkbox"/> Asarai     | <input type="checkbox"/> Blood Lust      | <input type="checkbox"/> Concubine | <input type="checkbox"/> Elder           |
| <input type="checkbox"/> Astral     | <input type="checkbox"/> Blood Play      | <input type="checkbox"/> Consort   | <input type="checkbox"/> Elorath         |
| <input type="checkbox"/> Aura       | <input type="checkbox"/> Blood Rush      | <input type="checkbox"/> Counselor | <input type="checkbox"/> Embrace         |
| <input type="checkbox"/> Awakening  | <input type="checkbox"/> Blood Vamp      | <input type="checkbox"/> Count     | <input type="checkbox"/> Excommunication |
| <input type="checkbox"/> Azra       | <input type="checkbox"/> Bloodist        | <input type="checkbox"/> Countess  | <input type="checkbox"/> Family          |
| <input type="checkbox"/> Baby Bats  | <input type="checkbox"/> Bloodletting    | <input type="checkbox"/> Court     | <input type="checkbox"/> Fangs           |
| <input type="checkbox"/> Beacon     | <input type="checkbox"/> Bloodline       | <input type="checkbox"/> Cousin    | <input type="checkbox"/> Fangsmith       |
| <input type="checkbox"/> Beast      | <input type="checkbox"/> Born-on         | <input type="checkbox"/> Coven     | <input type="checkbox"/> Feeding         |



<input type="checkbox"/> Festival	<input type="checkbox"/> Kithal	<input type="checkbox"/> Outer Circle	<input type="checkbox"/> Seeker
<input type="checkbox"/> Filtering	<input type="checkbox"/> Kitra	<input type="checkbox"/> Pack	<input type="checkbox"/> Setians
<input type="checkbox"/> Fledgling	<input type="checkbox"/> Klavasi	<input type="checkbox"/> Pandemonium	<input type="checkbox"/> Shield
<input type="checkbox"/> Fruitbat	<input type="checkbox"/> Lady	<input type="checkbox"/> Parasite	<input type="checkbox"/> Sigil
<input type="checkbox"/> Gaja	<input type="checkbox"/> Lamia	<input type="checkbox"/> Path	<input type="checkbox"/> Sin Nomine
<input type="checkbox"/> Gathering	<input type="checkbox"/> Leech	<input type="checkbox"/> Patriarch	<input type="checkbox"/> Sire
<input type="checkbox"/> Gevanma	<input type="checkbox"/> Legacy	<input type="checkbox"/> Poser	<input type="checkbox"/> Slayer
<input type="checkbox"/> Gift	<input type="checkbox"/> Ley	<input type="checkbox"/> Potential	<input type="checkbox"/> Solitary
<input type="checkbox"/> Glyph	<input type="checkbox"/> Lilitu	<input type="checkbox"/> Prana	<input type="checkbox"/> Somnusium
<input type="checkbox"/> Golden Circle	<input type="checkbox"/> Lord	<input type="checkbox"/> Predator	<input type="checkbox"/> Sponsor
<input type="checkbox"/> Grazing	<input type="checkbox"/> Lowing	<input type="checkbox"/> Prey	<input type="checkbox"/> Strigoi
<input type="checkbox"/> Grimoire	<input type="checkbox"/> Madada	<input type="checkbox"/> Priest	<input type="checkbox"/> Strigoi Morte
<input type="checkbox"/> Grotto	<input type="checkbox"/> Magnus	<input type="checkbox"/> Primus	<input type="checkbox"/> StrigoiVii
<input type="checkbox"/> Grounding	<input type="checkbox"/> Magus	<input type="checkbox"/> Psi	<input type="checkbox"/> Succubus
<input type="checkbox"/> Harvesting	<input type="checkbox"/> Mara	<input type="checkbox"/> Psionics	<input type="checkbox"/> Supplier
<input type="checkbox"/> Haven	<input type="checkbox"/> Matriarch	<input type="checkbox"/> Psy	<input type="checkbox"/> Thirst
<input type="checkbox"/> Healer	<input type="checkbox"/> Mentor	<input type="checkbox"/> Psychic	<input type="checkbox"/> Tradition
<input type="checkbox"/> House	<input type="checkbox"/> Moraj	<input type="checkbox"/> Puppy	<input type="checkbox"/> Turning
<input type="checkbox"/> Hunger	<input type="checkbox"/> Moroi	<input type="checkbox"/> Quabal	<input type="checkbox"/> Tweaking
<input type="checkbox"/> Hunter	<input type="checkbox"/> Mortal	<input type="checkbox"/> Raja	<input type="checkbox"/> Twilight
<input type="checkbox"/> Hybrid	<input type="checkbox"/> Mradu	<input type="checkbox"/> Regnant	<input type="checkbox"/> Twoofing
<input type="checkbox"/> Immortal	<input type="checkbox"/> Mulo	<input type="checkbox"/> Ritual	<input type="checkbox"/> Vampdar
<input type="checkbox"/> Incubus	<input type="checkbox"/> Mundane	<input type="checkbox"/> Road	<input type="checkbox"/> Vamping Out
<input type="checkbox"/> Inheritors	<input type="checkbox"/> Nadja	<input type="checkbox"/> Rogue	<input type="checkbox"/> Vampire
<input type="checkbox"/> Initiate	<input type="checkbox"/> Need	<input type="checkbox"/> Ronin	<input type="checkbox"/> Vamplng
<input type="checkbox"/> Inner Circle	<input type="checkbox"/> Neovampire	<input type="checkbox"/> Rosette	<input type="checkbox"/> Vampyre
<input type="checkbox"/> Inner Teachings	<input type="checkbox"/> Nightside	<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Wannabe
<input type="checkbox"/> Invisibles	<input type="checkbox"/> Noctum	<input type="checkbox"/> Sangomancy	<input type="checkbox"/> Warrior
<input type="checkbox"/> Jahira	<input type="checkbox"/> Nomaj	<input type="checkbox"/> Sanguinarian	<input type="checkbox"/> White Swan
<input type="checkbox"/> Jhatyet	<input type="checkbox"/> Order	<input type="checkbox"/> Sanguinarium	<input type="checkbox"/> WorldVeil
<input type="checkbox"/> Kiss	<input type="checkbox"/> Otherkin	<input type="checkbox"/> Sanguine	<input type="checkbox"/> Xeper
<input type="checkbox"/> Kith	<input type="checkbox"/> Out Of The Coffin	<input type="checkbox"/> Sanguivore	
<input type="checkbox"/> Other Terms: _____			
<input type="checkbox"/> Not Applicable			

818. If the following is your chosen path, define in your own words the basic fundamentals and philosophical essence of this recognized path or order of the vampire community utilizing only your direct personal experience or interactions with this belief structure.

☐ Eclipsan:

\_\_\_\_\_ < Multiple Line Field >

☐ Illuminati (ie: Cimmerian):

\_\_\_\_\_ < Multiple Line Field >

☐ Kheprian:

\_\_\_\_\_ < Multiple Line Field >

☐ Quinotaur:

\_\_\_\_\_ < Multiple Line Field >

☐ Order Of The Vampire (TOS):

\_\_\_\_\_ < Multiple Line Field >

☐ Pranism:

\_\_\_\_\_ < Multiple Line Field >

☐ Sanguinarium:

\_\_\_\_\_ < Multiple Line Field >

☐ Sekhrian:

\_\_\_\_\_ < Multiple Line Field >

☐ **Strigoi Vii (OSV):**

\_\_\_\_\_ < Multiple Line Field >

☐ **Temple Of The Vampire (TOV):**

\_\_\_\_\_ < Multiple Line Field >

☐ **Vampire Church:**

\_\_\_\_\_ < Multiple Line Field >

☐ **Xanastasian:**

\_\_\_\_\_ < Multiple Line Field >

☐ **Other:** \_\_\_\_\_ ::

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**819. As an extension of question 198 of the VEWRS, please indicate which of the following symptomatic conditions you experienced during an awakening, experience as a result of not vampirically feeding, or experience on a regular basis regardless of feeding frequency. If these symptoms are part of a known sequelae (pathological condition resulting from a disease, injury, or other trauma) please indicate by checking the box in the final column. (Check All That Apply)**

Symptom / Condition	Awakening	By Not Feeding	On Regular Basis	Sequelae
Agoraphobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blurred Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes In Food Cravings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claustrophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development Of New Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dreamwalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase In General Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase In Psychic Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased PRE / ESP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood Changes / Swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photosensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurring Dreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing Auras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing Energy Signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking Out Similar Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Pattern Reversal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Not Applicable

**820. From a vampiric perspective how would you define an awakened individual?**

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**821. From an energy worker or manipulator perspective how would you define an awakened individual?**

**< Multiple Line Field >**

☐ Not Applicable

**822. Do you feel awakened persons play a more prominent role in society (ie: natural leaders as opposed to solely charismatic individuals); and are subsequently noticed by those which they interact with increased prevalence? (Check All That Apply)**

☐ Yes - Play A More Prominent Role In Society

☐ Yes - Noticed With Increased Prevalence

☐ Yes - Both

☐ No

☐ I'm Not Sure

☐ Not Applicable

**823. Have you ever consciously projected your energy signature or "beacon" in order to locate other vampires in a crowd or social gathering?**

☐ Yes

☐ No

☐ Not Applicable

**824. Do you find you take on traits or personality quirks of those you feed from?**

☐ Yes

☐ No

☐ Not Applicable

**825. If one feeds from the soul or deep core energy, the individual's soul may be damaged during this process.**

☐ Completely Agree

☐ Generally Agree

☐ Generally Disagree

☐ Completely Disagree

**826. How would you characterize the level of awareness among donors you specifically encounter? (Check All That Apply)**

☐ Donors Typically Understand Basic Principles Of Energy Work Or Manipulation

☐ Donors Typically Understand Advanced Principles Of Energy Work Or Manipulation

☐ Donors Typically Understand The Vampiric Nature

☐ Donors Typically Are Comfortable Giving Of Their Blood

☐ Donors Typically Are Comfortable Giving Of Psi Energy

☐ Donors Typically Are Awakened In Some Form

☐ Donors Typically View Vampires As Providing A Service In Turn

☐ Other: \_\_\_\_\_

☐ Not Applicable

**827. What is your preferred method of locating a potential donor? (Check All That Apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Bars Or Clubs             | <input type="checkbox"/> Romantic Relationship |
| <input type="checkbox"/> Classifieds               | <input type="checkbox"/> Sexual Relationship   |
| <input type="checkbox"/> Direct Referral           | <input type="checkbox"/> Word Of Mouth         |
| <input type="checkbox"/> Friend Or Social Group    | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> House, et al. Sanctioned  | <input type="checkbox"/> Not Applicable        |
| <input type="checkbox"/> Internet Or Online Forums |  |

**828. Which of the following factors are important to you when conducting donor screening? (Check All That Apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Age                 | <input type="checkbox"/> Medical History         |
| <input type="checkbox"/> Criminal History    | <input type="checkbox"/> Personality             |
| <input type="checkbox"/> Drug Use            | <input type="checkbox"/> Psychological History   |
| <input type="checkbox"/> Ethnicity           | <input type="checkbox"/> Religion / Spirituality |
| <input type="checkbox"/> Experience As Donor | <input type="checkbox"/> Sex                     |
| <input type="checkbox"/> Family Background   | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Lifestyle           | <input type="checkbox"/> Not Applicable          |

**829. While you are vampirically feeding from the donor they are generally: (Check All That Apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Alert / Coherent             | <input type="checkbox"/> Inebriated / Drunk |
| <input type="checkbox"/> Drugged                      | <input type="checkbox"/> Tired / Incoherent |
| <input type="checkbox"/> Emotionally Susceptible      | <input type="checkbox"/> Willing / Eager    |
| <input type="checkbox"/> Engaged In BDSM Activities   | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Engaged In Sexual Activities | <input type="checkbox"/> Not Applicable     |

**830. Have you ever knowingly fed from the blood of any individual who you knew had a blood borne disease or pathogen?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, explain why: \_\_\_\_\_

**831. The psi energy contained within the blood itself is the source from which sanguine vampires feed.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**832. Have you ever engaged in blood rituals either by yourself, in a House, et al., or a group setting? (Check All That Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - Alone                     | <input type="checkbox"/> No             |
| <input type="checkbox"/> Yes - House, et al.             | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Yes - Group (Friends / Partner) |   |

**833. Have you ever engaged in blood rituals with other persons involving the ingestion of blood?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**834. If you belong to a House, et al. do they require you to submit current blood testing results if you openly engage in sanguine feeding from House, et al. donors or other members?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Monthly        | <input type="checkbox"/> Optional Or Suggested Only |
| <input type="checkbox"/> Yes - Every 3 Months | <input type="checkbox"/> No                         |
| <input type="checkbox"/> Yes - Every 6 Months | <input type="checkbox"/> Not Applicable             |
| <input type="checkbox"/> Yes - Every Year     |   |

**835. If you use hypodermic needles, syringes, lancets, scalpels, or other specific medical bloodletting tools for sanguine feeding by which methods do you obtain these items? (Check All That Apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Hospital Or Clinic                      | <input type="checkbox"/> Online BDSM Storefront    |
| <input type="checkbox"/> Local Vampire House, et al.             | <input type="checkbox"/> Online Medical Storefront |
| <input type="checkbox"/> Medical Professional Friend / Associate | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Medical Supply Company                  | <input type="checkbox"/> Not Applicable            |
| <input type="checkbox"/> Online Auction (ie: eBay)               |  |

**836. How often do you adhere to SHARPS, OSHA, or WHO suggested guidelines when disposing of bloodletting tools used during sanguine feeding?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely         |
| <input type="checkbox"/> Usually   | <input type="checkbox"/> Never          |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

**837. If you engage in sanguine feeding which of the following methods do you utilize to draw the blood from the body for consumption? (Check All That Apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Draining Into Container | <input type="checkbox"/> Syringe / Needle Extraction |
| <input type="checkbox"/> Dripping From Wound     | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Licking From Wound      | <input type="checkbox"/> Not Applicable              |
| <input type="checkbox"/> Sucking From Wound      |  |

**838. Do you have experience or training in using needles to safely draw blood directly from veins?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, what level of experience or training do you possess and where did you obtain this instruction:

\_\_\_\_\_ < Multiple Line Field >

**839. If you engage in sanguine feeding, from which parts of the body do you obtain blood?**  
(Check All That Apply)

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Back         | <input type="checkbox"/> Forearm         | <input type="checkbox"/> Right Chest    |
| <input type="checkbox"/> Back Of Arms | <input type="checkbox"/> Inside Of Arms  | <input type="checkbox"/> Stomach        |
| <input type="checkbox"/> Back Of Legs | <input type="checkbox"/> Inside Of Thigh | <input type="checkbox"/> Wrist          |
| <input type="checkbox"/> Breast       | <input type="checkbox"/> Left Chest      | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Fingertip    | <input type="checkbox"/> Neck            | <input type="checkbox"/> Not Applicable |

**840. Are you able to feed by transdermal permeation, or the feeding from the energy contained within the blood when it's brought to the surface of the skin but not breaking the epidermis?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**841. Do you have a certain specific physical cue or signal that alerts you to your need to engage in vampiric (psi or sanguine) feeding?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, describe: \_\_\_\_\_

**842. The need to vampirically (psi or sanguine) feed is often exacerbated by the lack of human contact or interaction.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**843. If you identify as being a sanguine vampire do you feel that your physical strength and/or speed is greater than normal as compared to an average non-vampire?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**844. If you identify as being a sanguine vampire do you feel that your physical senses are more acute than normal as compared to an average non-vampire?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**845. If you identify as being a sanguine vampire do you feel that your physical strength and/or speed increases after feeding?**

- ☐ Yes  
☐ No  
☐ Not Applicable



**846. If you identify as being a sanguine vampire do you feel that your physical senses increase after feeding?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**847. If you identify as being a sanguine vampire do you feel that your physical strength and/or speed are greater diurnally (day) or nocturnally (night)?**

- |   |  |
|---|--|
| <input type="checkbox"/> Stronger Diurnally   | <input type="checkbox"/> No Discernable Difference |
| <input type="checkbox"/> Stronger Nocturnally | <input type="checkbox"/> Not Applicable            |

**848. If you identify as being a sanguine vampire do you feel that your physical senses are more acute diurnally or nocturnally?**

- |   |  |
|---|--|
| <input type="checkbox"/> Stronger Diurnally   | <input type="checkbox"/> No Discernable Difference |
| <input type="checkbox"/> Stronger Nocturnally | <input type="checkbox"/> Not Applicable            |

**849. Do you ever form psi or sanguine vampire-donor relationships with members of the Otherkin community?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**850. As an extension of question 236 of the VEWRS, please indicate your own personal interpretive descriptions of the following suggested theories regarding causes of vampirism as applicable to your individual beliefs. If you do not agree with the particular theory presented do not check the corresponding box. *(Check All That Apply)***

☐ **Chakra / Etheric Body Energy Aberration Or Damage Theory**

Describe your beliefs in support of this theory:

\_\_\_\_\_ < Multiple Line Field >

☐ **Demonic Possession Or Deity Influence Theory**

Describe your beliefs in support of this theory:

\_\_\_\_\_ < Multiple Line Field >

☐ **Dormant Gene Theory**

Describe your beliefs in support of this theory:

\_\_\_\_\_ < Multiple Line Field >

☐ **Evolutionary Development Theory**

Describe your beliefs in support of this theory:

\_\_\_\_\_ < Multiple Line Field >

☐ **Otherkin Soul Inhabitation Theory**

Describe your beliefs in support of this theory:

\_\_\_\_\_ < Multiple Line Field >

☐ **Recessive Gene Theory**

Describe your beliefs in support of this theory:

\_\_\_\_\_ < Multiple Line Field >

☐ **Symbiont Theory**

Describe your beliefs in support of this theory:

\_\_\_\_\_ < Multiple Line Field >

☐ **Viral Infection Theory**

Describe your beliefs in support of this theory:

\_\_\_\_\_ < Multiple Line Field >

☐ **Other:** \_\_\_\_\_

Describe your beliefs in support of this theory:

\_\_\_\_\_ < **Multiple Line Field** >

☐ Not Applicable

## The Spirituality & Philosophical Ideals Of Vampires

**851. In what faith, discipline, or religious background were you raised as a child or young adult?  
(Check All That Apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Agnostic/Atheist/Secular/Humanist/Irreligious  | <input type="checkbox"/> Discordianism                                 |
| <input type="checkbox"/> African Syncretic<br>(Voodoo/Vodoun/Hoodoo/Santeria/<br>Lukumi/Candomble/Palo Mayombe) | <input type="checkbox"/> Divination                                    |
| <input type="checkbox"/> Buddhism - Theravada   | <input type="checkbox"/> Gnosticism                                    |
| <input type="checkbox"/> Buddhism - Mahayana  | <input type="checkbox"/> Hermeticism                                   |
| <input type="checkbox"/> Cao Dai  | <input type="checkbox"/> Hinduism                                      |
| <input type="checkbox"/> Christianity   | <input type="checkbox"/> Islam   |
| <input type="checkbox"/> Anabaptist   | <input type="checkbox"/> Jainism                                       |
| <input type="checkbox"/> Anglican   | <input type="checkbox"/> Juche   |
| <input type="checkbox"/> Baptist  | <input type="checkbox"/> Judaism                                       |
| <input type="checkbox"/> Catholic   | <input type="checkbox"/> Luciferianism                                 |
| <input type="checkbox"/> Charismatic  | <input type="checkbox"/> Magick (Chaos / Enochian / Grimoire / Goetic) |
| <input type="checkbox"/> Eastern Orthodox   | <input type="checkbox"/> Mysticism (Kabbalah / Rosicrucian / Sufism)   |
| <input type="checkbox"/> Evangelical  | <input type="checkbox"/> Native American Mythology                     |
| <input type="checkbox"/> Jehovah's Witness  | <input type="checkbox"/> Neo-Druidism                                  |
| <input type="checkbox"/> Lutheran   | <input type="checkbox"/> Neo-Paganism                                  |
| <input type="checkbox"/> Methodist  | <input type="checkbox"/> Occultism                                     |
| <input type="checkbox"/> Mormon   | <input type="checkbox"/> Rastafarianism                                |
| <input type="checkbox"/> Oriental Orthodox  | <input type="checkbox"/> Satanism (LaVayen)                            |
| <input type="checkbox"/> Pentecostal  | <input type="checkbox"/> Scientology                                   |
| <input type="checkbox"/> Presbyterian   | <input type="checkbox"/> Shinto  |
| <input type="checkbox"/> Protestant   | <input type="checkbox"/> Sikhism                                       |
| <input type="checkbox"/> Reformed Protestant  | <input type="checkbox"/> Spiritism                                     |
| <input type="checkbox"/> Seventh-Day Adventist  | <input type="checkbox"/> Tenrikyo                                      |
| <input type="checkbox"/> Unitarian  | <input type="checkbox"/> Thelema                                       |
| <input type="checkbox"/> Confucianism   | <input type="checkbox"/> Theosophy                                     |
| <input type="checkbox"/> Daoism / Taoism  | <input type="checkbox"/> Unitarian Universalism                        |
| <input type="checkbox"/> Deism  | <input type="checkbox"/> Wicca   |
| <input type="checkbox"/> Demonolatry  | <input type="checkbox"/> Zoroastrianism / Mazdaism                     |
|   | <input type="checkbox"/> Other: _____                                  |
|   | <input type="checkbox"/> Not Applicable                                |

**852. How would you describe the intensity of your religious or spiritual upbringing in the particular faith or discipline in which you were raised?**

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Devout  | <input type="checkbox"/> Weak           |
| <input type="checkbox"/> Strong  | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Average |   |

**853. How would you describe the current intensity of your religious or spiritual belief in the particular faith or discipline in which you were raised?**

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Devout  | <input type="checkbox"/> Weak           |
| <input type="checkbox"/> Strong  | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Average |   |

**854. Have elements of your beliefs changed since child or young adulthood?**

- ☐ Yes  
☐ No

**855. If yes, in which manner have your beliefs changed? (Check All That Apply)**

- ☐ My Core Childhood Beliefs Have Solidified Over Time  
☐ My Core Childhood Beliefs Have Weakened Over Time  
☐ Support Of Organized Religion Has Increased  
☐ Support Of Organized Religion Has Decreased  
☐ My Religion Or Spiritual Path Has Changed  
☐ I Have Now Integrated Into My Beliefs Elements Of Multiple Religions Or Spiritual Paths  
☐ I No Longer Hold Religious Beliefs That Involve A God or Other Higher Deity  
☐ I Am Confused On Issues Regarding Religion & Spirituality  
☐ Other: \_\_\_\_\_  
☐ Not Applicable

**856. If the foundation of your religious or spiritual beliefs have changed dramatically, with which of the following do you attribute this cause? (Check All That Apply)**

- ☐ Believe That Spirituality Or God / god(s) Reside In Man And Not Church, et al.  
☐ Chose To Create My Own Individual Set Of Beliefs & Spirituality  
☐ Lack Of Close Relationship With God / god(s) Or Deity  
☐ Lack Of Faith In Higher Being Or Divine Purpose  
☐ No Answer To Call Or Prayer From God / god(s) Or Deity  
☐ Personal Vampirism Led To A Cessation In Religious Or Spiritual Beliefs  
☐ Personal Vampirism Led To A Modification In Religious Or Spiritual Beliefs  
☐ Witnessed Hypocrisy Within Organized Religious Or Spiritual Expression  
☐ Other: \_\_\_\_\_  
☐ Not Applicable

**857. Do you belong to a particular religious or spiritual fraternal order, organization, or other similar paradigm?**

- ☐ Yes  
☐ No

*Optional:* If yes, indicate which and why you chose to join:

\_\_\_\_\_ < Multiple Line Field >

**858. Do you ever feel the need to let yourself freely move or wander either mentally or physically in a path which is not known to you in advance?**

- ☐ Yes  
☐ No

**859. When making an important life decision which of the following do you typically use as guidance? (Check All That Apply)**

- ☐ Advice Of Others
- ☐ Intuition
- ☐ Personal Experience

- ☐ Spirituality
- ☐ None

**860. When you have a moral, ethical, spiritual, religious, and/or vampire or energy-work-related question or problem to whom or what sources do you seek for guidance or direction?**

- ☐ Self / Reflective Meditation
- ☐ Teacher / Mentor
- ☐ Religious Body

- ☐ Secular Body
- ☐ Other: \_\_\_\_\_
- ☐ None

**861. Do you have an historical role model who you feel best reflects your spiritual or philosophical beliefs?**

- ☐ Yes
- ☐ No

If yes, who: \_\_\_\_\_

**862. Do you attend “mainstream” or organized religious services while actively practicing a less socially acceptable form of religious expression?**

- ☐ Yes
- ☐ No

**863. Do you find it’s easier to connect spiritually in the daytime or the evening?**

- ☐ Daytime
- ☐ Evening

- ☐ Both Equally
- ☐ Not Applicable

**864. Do you have guardian angels, spirit guides, or totems? (Check All That Apply)**

- ☐ Yes - Guardian Angels
- ☐ Yes - Spirit Guides
- ☐ Yes - Totems

- ☐ Yes - Other: \_\_\_\_\_
- ☐ None

**865. Do you consider yourself as having qualities revered by most right-hand path religions?**

- ☐ Yes
- ☐ No
- ☐ I’m Not Sure

**866. If yes, which of the following qualities do you identify with? (Check All That Apply)**

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Charity    | <input type="checkbox"/> Introspection  | <input type="checkbox"/> Sacrifice      |
| <input type="checkbox"/> Compassion | <input type="checkbox"/> Long-Suffering | <input type="checkbox"/> Self-Restraint |
| <input type="checkbox"/> Guilt      | <input type="checkbox"/> Obedience      | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Humility   | <input type="checkbox"/> Respect        | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Integrity  | <input type="checkbox"/> Reverence      |   |

**867. Do you pray?**

- ☐ Yes  
☐ No

**868. If yes, please define “prayer” as applicable to your individual beliefs or practices:**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**869. Does your personal God / god(s) or deity speak to you? (Check All That Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - In Audible (External) Voice | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Yes - In Inaudible (Inner) Voice  | <input type="checkbox"/> No             |
| <input type="checkbox"/> Yes - Through Prayer / Meditation | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Yes - Through Signs Or Works      |   |

**870. Do you feel your vampirism is the result of an inherit spiritual trait?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**871. Does your vampirism increase or decrease the perception of the validity of your current religious or spiritual beliefs?**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Increase | <input type="checkbox"/> No Effect      |
| <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Applicable |

**872. Do you practice, train, or receive training in a vampire-related spiritual expression?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, describe:

\_\_\_\_\_ < Multiple Line Field >

**873. Do you acknowledge the concept or existence of Subtle Reality?**

***Subtle reality** is the spiritual counterpart to the physical realm and extends past the five senses. This level of reality, sometimes known as the astral realm, consists of pure energy, non-corporeal entities, and energetic echoes from the physical realm.*

- ☐ Yes
- ☐ No
- ☐ I'm Not Sure

**874. Do you acknowledge the concept or existence of Karma?**

***Karma** is a term that comprises the entire cycle of cause and effect. It is the sum of all that an individual has done, is currently doing and will do. The effects of all deeds actively create present and future experiences, thus making one responsible for one's own life, and the pain in others.*

- ☐ Yes
- ☐ No
- ☐ I'm Not Sure

**875. Do you acknowledge the concept or existence of an Afterlife?**

*An **afterlife** refers to a continuation of existence, typically spiritual and experiential, beyond this world, or after death.*

- ☐ Yes
- ☐ No
- ☐ I'm Not Sure

**876. Do you acknowledge the concept or existence of Prophecies?**

***Prophecy**, in a spiritual or religious sense, is the prediction of future events passed in the form of knowledge by gods or other supernatural agents, to individual known as prophets.*

- ☐ Yes
- ☐ No
- ☐ I'm Not Sure

**877. Do you acknowledge the concept or existence of Destiny?**

***Destiny** refers to the predetermined course of events. It may be conceived as the irresistible power or agency that determines the future, whether in general or of an individual. It is a concept based on the belief that there is a natural order to the universe.*

- ☐ Yes
- ☐ No
- ☐ I'm Not Sure



**878. Do you acknowledge the concept or existence of the Soul?**

*The **soul**, according to many religious and philosophical traditions, is a self aware ethereal substance particular to a unique living being. In these traditions the soul is thought to incorporate the inner essence in each living being, and to be the true basis for sentience.*

- ☐ Yes
- ☐ No
- ☐ I'm Not Sure

**879. Do you acknowledge and/or identify with the "Moroi"?**

*A **Moroi** is a type of vampire or ghost in Romanian folklore. In some versions, a Moroi is a phantom of a dead person which leaves the grave to draw energy from the living. Additionally: Sanguinarium / StrigoiVii - refers to a living vampire*

- ☐ Yes
- ☐ No
- ☐ I'm Not Sure

**880. Do you acknowledge and/or identify with the "Strigoi"?**

*In Romanian mythology, **Strigoi** are the evil souls of the dead rising from the tombs (or living) which transform into an animal or phantomatic apparition during the night to haunt the countryside, troubleing whoever it encounters. Additionally: Sanguinarium / StrigoiVii - Living Vampires / StrigoiMort - Dead (Undead) Vampires*

- ☐ Yes
- ☐ No
- ☐ I'm Not Sure

**881. Do you acknowledge the concept or existence of demonic or spiritual possession?**

***Demonic possession** is a form of spiritual possession; specifically, one or more demons are said to enter a living or dead human, animal body, or an object with the intention of using it for a purpose, normally evil but sometimes instead as a punishment or test. It is said by several spiritual belief systems that a demonic possession can be "cured" by an exorcism that enables the exorcist to expel the demon or demons from the possessed subject or object.*

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes - Demonic   | <input type="checkbox"/> No           |
| <input type="checkbox"/> Yes - Spiritual | <input type="checkbox"/> I'm Not Sure |
| <input type="checkbox"/> Yes - Both      |                                       |

**882. Have you ever experienced a demonic, spiritual, or astral entity attack and/or possession?**

*(Check All That Apply)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Yes - Demonic Attack     | <input type="checkbox"/> Yes - Spiritual Attack     | <input type="checkbox"/> Yes - Astral Entity Attack     |
| <input type="checkbox"/> Yes - Demonic Possession | <input type="checkbox"/> Yes - Spiritual Possession | <input type="checkbox"/> Yes - Astral Entity Possession |
| <input type="checkbox"/> I'm Not Sure             | <input type="checkbox"/> No                         | <input type="checkbox"/> Not Applicable                 |

If yes, describe this experience:

< Multiple Line Field >

**883. Do you practice any form of magick as a spiritual expression?**

- ☐ Yes  
☐ No

**884. If yes, which forms of magick do you practice? (Check All That Apply)**

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Alchemical | <input type="checkbox"/> Grey          | <input type="checkbox"/> Tantric        |
| <input type="checkbox"/> Akashic    | <input type="checkbox"/> Hermetic      | <input type="checkbox"/> Taoist         |
| <input type="checkbox"/> Black      | <input type="checkbox"/> Hoodoo        | <input type="checkbox"/> Teutonic       |
| <input type="checkbox"/> Blood      | <input type="checkbox"/> Huna          | <input type="checkbox"/> Thelemic       |
| <input type="checkbox"/> Celtic     | <input type="checkbox"/> Norse / Runic | <input type="checkbox"/> Voodoo         |
| <input type="checkbox"/> Ceremonial | <input type="checkbox"/> Satanic       | <input type="checkbox"/> White          |
| <input type="checkbox"/> Chaos      | <input type="checkbox"/> Sexual        | <input type="checkbox"/> Witchcraft     |
| <input type="checkbox"/> Elemental  | <input type="checkbox"/> Shugendo      | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Enochian   | <input type="checkbox"/> Sigil         | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Goetic     | <input type="checkbox"/> Spellcraft    |   |

**885. Do you believe those who practice “vampire magick” but otherwise do not experience or identify with characteristics of the vampiric condition (mundane) are true vampires as defined by the modern vampire community?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**886. Do you acknowledge the concept or existence of Will?**

*Will is the quality or instance that produces conscious and intended actions. It is the conscious intent to gain or achieve one's desire by the focus of energy, suggestion, and general momentum in the area of preferred result.*

- ☐ Yes  
☐ No  
☐ I'm Not Sure

**887. How important is will as a component of either your magick, energy work, and/or vampirism?**

**Magick:**

- ☐ Always Important  
☐ Usually Important  
☐ Sometimes Important

- ☐ Rarely Important  
☐ Never Important  
☐ Not Applicable

**Energy Work:**

- ☐ Always Important  
☐ Usually Important  
☐ Sometimes Important

- ☐ Rarely Important  
☐ Never Important  
☐ Not Applicable

**Vampirism:**

- ☐ Always Important  
☐ Usually Important  
☐ Sometimes Important

- ☐ Rarely Important  
☐ Never Important  
☐ Not Applicable

**888. Discuss the role of will in your life addressing the following four topics:**

**I. Adeptness At Manifesting Your Will**

**II. Adeptness At Achieving Your Desired Results Through Will**

**III. Adeptness At Exercising Your Will Over Others**

**IV. Susceptibility To Being Influenced By The Will Of Others**

**I.**

\_\_\_\_\_ < Multiple Line Field >

**II.**

\_\_\_\_\_ < Multiple Line Field >

**III.**

\_\_\_\_\_ < Multiple Line Field >

**IV.**

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**889. Various notable vampiric paths and House, et al. belief structures are influenced by religion.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

**890. Vampirism and religion should be intertwined as they are both essentially the same.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

**891. Has a church or other institutional body of worship ever suspected or screened you for precognitive or psi-related abilities?**

- ☐ Yes - Suspected  
☐ Yes - Screened / Tested

- ☐ Yes - Both  
☐ No

**892. Are you familiar with the Catholic Church's designation of "Charisms" or gifts of the spirit as they relate to spiritual or otherwise supernatural personal abilities or traits?**

- ☐ Yes  
☐ No

**893. Which of the following "gifts" given by the Holy Spirit as outlined in I Corinthians 12:4-14 and other Biblical passages do you consider yourself to possess? (Check All That Apply)**

- ☐ Discernment Of Spirits  
☐ Exorcism  
☐ Faith  
☐ Healing  
☐ Interpretation Of Tongues  
☐ Prophecy

- ☐ Speaking In Tongues (Glossolalia)  
☐ Word Of Wisdom / Leadership  
☐ Word Of Knowledge / Teaching  
☐ Working Of Miracles  
☐ None

**894. Religions sometimes utilize energy manipulation techniques to influence or affect their followers.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

**895. The laying of hands, speaking or utterance of other tongues, and healing are directly related to energy work.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

**896. The physical appearance of angels, demons, or other non-corporeal spiritual bodies is a result of an overactive imagination or self induced psychological manifestation.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

**897. Vampirism is a punishment from God / god(s) for wrongs committed in prior lifetimes or as a result of "sin" or "bad karma".**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

**898. Many spiritual messages delivered by organized religion have lost their relevance to modern day respective believers.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

**899. Organized religion was established to control the uneducated populace, ensuring the stability of power of the few rather than risk revolt by the many.**

- ☐ Completely Agree  
☐ Generally Agree

- ☐ Generally Disagree  
☐ Completely Disagree

**900. How would you characterize the relationship of the vampire community with the majority of mainstream religious organizations or denominations?**

- ☐ Excellent  
☐ Very Good  
☐ Good

- ☐ Fair  
☐ Poor

**901. Do you find one particular mainstream religious body more tolerant and accepting than others?**

- ☐ Yes  
☐ No

If yes, which religious body: \_\_\_\_\_

902. Please review the symbols below and assign the appropriate letter to the description of each symbol. Use your existing knowledge of these symbols without outside reference material when matching to their corresponding descriptions. Please note that there are more descriptions than there are symbols pictured as well as the possibility for multiple correct descriptions for some symbols.



01



02



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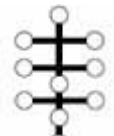
19



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- |                         |                          |                       |                        |
|-------------------------|--------------------------|-----------------------|------------------------|
| _____ Baphomet          | _____ Eye Of Horus / Ra  | _____ Ouroboros       | _____ Swastika         |
| _____ Celtic Knot       | _____ Hecate's Wheel     | _____ Pentacle        | _____ Tiamat           |
| _____ Chaos Star        | _____ Helm Of Awe        | _____ Pontos Riscados | _____ Tree Of Life     |
| _____ Chi-Rho           | _____ Holy Seal          | _____ Rose Of Sharon  | _____ Triskelion       |
| _____ Christian Cross   | _____ I Ching - The Well | _____ Sabbatic Goat   | _____ Triple Goddess   |
| _____ Cross Of Lorraine | _____ Ichthus            | _____ Serpent Wheel   | _____ Trisula          |
| _____ Cross Fitchy      | _____ Islamic Crescent   | _____ Shield Knot     | _____ Valknut          |
| _____ Cross Pattee      | _____ Kali               | _____ Shiva           | _____ Wheel Of Dharma  |
| _____ Dagon             | _____ Labrynth           | _____ Solar Cross     | _____ Wheel Of Law     |
| _____ Eastern Star      | _____ Mangi              | _____ Star Of David   | _____ Wheel Of Taranis |
| _____ Egyptian Ankh     | _____ Monad              | _____ Sun Wheel       | _____ Winged Disk      |

**903. It is more important to ensure the safety of oneself than to risk one's life assisting a stranger:**

- ☐ Strongly Agree  
☐ Agree

- ☐ Disagree  
☐ Strongly Disagree

**904. Pure evil exists and sometimes dwells in the living vessel of mankind:**

- ☐ Strongly Agree  
☐ Agree

- ☐ Disagree  
☐ Strongly Disagree

**905. Punishment should come to those who violate the innocent:**

- ☐ Strongly Agree  
☐ Agree

- ☐ Disagree  
☐ Strongly Disagree

**906. It is better to know the truth in all things than suffer ignorance of even one thing:**

- ☐ Strongly Agree  
☐ Agree

- ☐ Disagree  
☐ Strongly Disagree

**907. Describe the method by which you apply your own moral values to your personal vampirism and if applicable explain how you have successfully attained a balance between the two?**

< Multiple Line Field >

- ☐ Not Applicable

**908. Do you believe that *true* vampirism cannot take the sole form of a learned ability; that is must be either a latent potential within the individual or an in-born ability?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**909. To which of the following philosophical concepts, theories, or beliefs do you personally relate?**  
*Please research the following terminology as necessary to apply to your particular situation.*  
*(Check All That Apply)*

- ☐ Absolutism  
☐ Moral Absolutism  
☐ Political Absolutism  
☐ Abstractionism  
☐ Absurdism  
☐ Accidentalism  
☐ Acosmism  
☐ Aestheticism  
☐ Agnosticism  
☐ Agnostic Atheism  
☐ Strong Agnosticism  
☐ Weak Agnosticism  
☐ Aiheism  
☐ Altruism  
☐ Anarchism

- ☐ Anarcho-Syndicalism  
☐ Animism  
☐ Anthropocentrism  
☐ Anthropomorphism  
☐ Antinomianism  
☐ Anti-Realism  
☐ Apriorism  
☐ Aristotelianism  
☐ Neo-Aristotelianism  
☐ Asceticism  
☐ Ascriptivism  
☐ Associationalism  
☐ Atheism  
☐ Agnostic Atheism  
☐ Strong Atheism

- ☐ Weak Atheism  
☐ Atomism  
☐ Social Atomism  
☐ Logical Atomism  
☐ Authoritarianism  
☐ Automatism  
☐ Behaviorism  
☐ Buddhism  
☐ Aapitalism  
☐ Anarcho-Capitalism  
☐ Careerism  
☐ Cartesianism  
☐ Christianity  
☐ Classicism  
☐ Cognitivism

- ☐ Coherentism  
☐ Collectivism  
☐ Communalism  
☐ Communism  
☐ Communitarianism  
☐ Compatibilism  
☐ Comtism  
☐ Conceptualism  
☐ Concretism  
☐ Confucianism  
☐ Neo-Confucianism  
☐ New Confucianism  
☐ Consequentialism  
☐ Consilience  
☐ Constructivism

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Consumerism              | <input type="checkbox"/> Holism                         | <input type="checkbox"/> Mentalism                | <input type="checkbox"/> Methodological Reductionism |
| <input type="checkbox"/> Contextualism            | <input type="checkbox"/> Humanism                       | <input type="checkbox"/> Meliorism                | <input type="checkbox"/> Theoretical Reductionism    |
| <input type="checkbox"/> Conventionalism          | <input type="checkbox"/> Post-Humanism                  | <input type="checkbox"/> Mentalism                | <input type="checkbox"/> Scientific Reductionism     |
| <input type="checkbox"/> Cosmotheism              | <input type="checkbox"/> Secular Humanism               | <input type="checkbox"/> Modernism                | <input type="checkbox"/> Linguistic Reductionism     |
| <input type="checkbox"/> Creationism              | <input type="checkbox"/> Transhumanism                  | <input type="checkbox"/> Monism Monolatry         | <input type="checkbox"/> Greedy Reductionism         |
| <input type="checkbox"/> Day-Age Creationism      | <input type="checkbox"/> Democratic Transhumanism       | <input type="checkbox"/> Moral Absolutism         | <input type="checkbox"/> Analytical Reductionism     |
| <input type="checkbox"/> Evolutionary Creationism | <input type="checkbox"/> Religious Humanism             | <input type="checkbox"/> Moral Realism            | <input type="checkbox"/> Relationalism               |
| <input type="checkbox"/> Gap Creationism          | <input type="checkbox"/> Christian Humanism             | <input type="checkbox"/> Moral Relativism         | <input type="checkbox"/> Relativism                  |
| <input type="checkbox"/> Old Earth Creationism    | <input type="checkbox"/> Christian Existential Humanism | <input type="checkbox"/> Moral Universalism       | <input type="checkbox"/> Moral Relativism            |
| <input type="checkbox"/> Young Earth Creationism  | <input type="checkbox"/> Hylozoism                      | <input type="checkbox"/> Mysticism                | <input type="checkbox"/> Linguistic Relativism       |
| <input type="checkbox"/> Cynicism                 | <input type="checkbox"/> Idealism                       | <input type="checkbox"/> Nativism                 | <input type="checkbox"/> Methodological Relativism   |
| <input type="checkbox"/> Darwinism                | <input type="checkbox"/> Objective Idealism             | <input type="checkbox"/> Naturalism               | <input type="checkbox"/> Reliabilism                 |
| <input type="checkbox"/> Deconstructionism        | <input type="checkbox"/> German Idealism                | <input type="checkbox"/> Humanistic Naturalism    | <input type="checkbox"/> Representationalism         |
| <input type="checkbox"/> Defeatism                | <input type="checkbox"/> Subjective Idealism            | <input type="checkbox"/> Necessitarianism         | <input type="checkbox"/> Romanticism                 |
| <input type="checkbox"/> Deism                    | <input type="checkbox"/> Transcendental Idealism        | <input type="checkbox"/> Nihilism                 | <input type="checkbox"/> Scholasticism               |
| <input type="checkbox"/> Deontology               | <input type="checkbox"/> Ignosticism                    | <input type="checkbox"/> Nominalism               | <input type="checkbox"/> Scientism                   |
| <input type="checkbox"/> Descriptivism            | <input type="checkbox"/> Illusionism                    | <input type="checkbox"/> Non-Cognitivism          | <input type="checkbox"/> Scotism                     |
| <input type="checkbox"/> Determinism              | <input type="checkbox"/> Immaterialism                  | <input type="checkbox"/> Nontheism                | <input type="checkbox"/> Secularism                  |
| <input type="checkbox"/> Historical Determinism   | <input type="checkbox"/> Immoralism                     | <input type="checkbox"/> Objectivism              | <input type="checkbox"/> Sikhism                     |
| <input type="checkbox"/> Dogmatism                | <input type="checkbox"/> Immortalism                    | <input type="checkbox"/> Neo-Objectivism          | <input type="checkbox"/> Sensualism                  |
| <input type="checkbox"/> Dualism                  | <input type="checkbox"/> Imperativism                   | <input type="checkbox"/> Occasionalism            | <input type="checkbox"/> Singularitarianism          |
| <input type="checkbox"/> Substance Dualism        | <input type="checkbox"/> Incompatibilism                | <input type="checkbox"/> Ontologism               | <input type="checkbox"/> Situationalism              |
| <input type="checkbox"/> Dynamism                 | <input type="checkbox"/> Indeterminism                  | <input type="checkbox"/> Operationalism           | <input type="checkbox"/> Skepticism                  |
| <input type="checkbox"/> Eclecticism              | <input type="checkbox"/> Individualism                  | <input type="checkbox"/> Optimism                 | <input type="checkbox"/> Pyrrhonian Skepticism       |
| <input type="checkbox"/> Egalitarianism           | <input type="checkbox"/> Inductionism                   | <input type="checkbox"/> Organicism               | <input type="checkbox"/> Social Darwinism            |
| <input type="checkbox"/> Egoism                   | <input type="checkbox"/> Innatism                       | <input type="checkbox"/> Pacifism                 | <input type="checkbox"/> Socialism                   |
| <input type="checkbox"/> Emanationism             | <input type="checkbox"/> Inductivism                    | <input type="checkbox"/> Pandeism                 | <input type="checkbox"/> Socraticism                 |
| <input type="checkbox"/> Emotionalism             | <input type="checkbox"/> Instrumentalism                | <input type="checkbox"/> Panendeism               | <input type="checkbox"/> Solipsism                   |
| <input type="checkbox"/> Emotivism                | <input type="checkbox"/> Intellectualism                | <input type="checkbox"/> Panpsychism              | <input type="checkbox"/> Sophism                     |
| <input type="checkbox"/> Empiricism               | <input type="checkbox"/> Internalism                    | <input type="checkbox"/> Particularism            | <input type="checkbox"/> Spiritualism                |
| <input type="checkbox"/> Environmentalism         | <input type="checkbox"/> Intentionalism                 | <input type="checkbox"/> Perfectionism            | <input type="checkbox"/> Statism                     |
| <input type="checkbox"/> Epicureanism             | <input type="checkbox"/> Interactionism                 | <input type="checkbox"/> Personalism              | <input type="checkbox"/> Stoicism                    |
| <input type="checkbox"/> Epiphenomenalism         | <input type="checkbox"/> Interpretivism                 | <input type="checkbox"/> Perspectivism            | <input type="checkbox"/> Structuralism               |
| <input type="checkbox"/> Equalitarianism          | <input type="checkbox"/> Intrinsicism                   | <input type="checkbox"/> Pessimism                | <input type="checkbox"/> Post-Structuralism          |
| <input type="checkbox"/> Essentialism             | <input type="checkbox"/> Intuitionism                   | <input type="checkbox"/> Phenomenal Conservatism  | <input type="checkbox"/> Subjectivism                |
| <input type="checkbox"/> Eternalism               | <input type="checkbox"/> Irrationalism                  | <input type="checkbox"/> Phenomenalism            | <input type="checkbox"/> Substantialism              |
| <input type="checkbox"/> Ethical Egoism           | <input type="checkbox"/> Irrealism                      | <input type="checkbox"/> Physicalism              | <input type="checkbox"/> Surrealism                  |
| <input type="checkbox"/> Ethnocentrism            | <input type="checkbox"/> Islamism                       | <input type="checkbox"/> Platonism                | <input type="checkbox"/> Symbolism                   |
| <input type="checkbox"/> Eudaimonism              | <input type="checkbox"/> Jainism                        | <input type="checkbox"/> Neo-Platonism            | <input type="checkbox"/> Syncretism                  |
| <input type="checkbox"/> Existentialism           | <input type="checkbox"/> Judaism                        | <input type="checkbox"/> Pluralism                | <input type="checkbox"/> Taoism                      |
| <input type="checkbox"/> Christian Existentialism | <input type="checkbox"/> Kantianism                     | <input type="checkbox"/> Polylogism               | <input type="checkbox"/> Teleologism                 |
| <input type="checkbox"/> Experientialism          | <input type="checkbox"/> Kathenotheism                  | <input type="checkbox"/> Positivism               | <input type="checkbox"/> Theism                      |
| <input type="checkbox"/> Experimentalism          | <input type="checkbox"/> Legalism                       | <input type="checkbox"/> Postmodernism            | <input type="checkbox"/> Monotheism                  |
| <input type="checkbox"/> Expressionism            | <input type="checkbox"/> Liberalism                     | <input type="checkbox"/> Pragmatism               | <input type="checkbox"/> Deism                       |
| <input type="checkbox"/> Externalism              | <input type="checkbox"/> Libertarianism                 | <input type="checkbox"/> Prescriptivism           | <input type="checkbox"/> Cosmotheism                 |
| <input type="checkbox"/> Extropianism             | <input type="checkbox"/> Logical Positivism             | <input type="checkbox"/> Probabilism              | <input type="checkbox"/> Monistic Theism             |
| <input type="checkbox"/> Fallibilism              | <input type="checkbox"/> Logicism                       | <input type="checkbox"/> Psychological Egoism     | <input type="checkbox"/> Pantheism                   |
| <input type="checkbox"/> Falsificationism         | <input type="checkbox"/> Manichaeism                    | <input type="checkbox"/> Psychology               | <input type="checkbox"/> Panentheism                 |
| <input type="checkbox"/> Fascism                  | <input type="checkbox"/> Marxism                        | <input type="checkbox"/> Pyrrhonism               | <input type="checkbox"/> Substance Monotheism        |
| <input type="checkbox"/> Feminism                 | <input type="checkbox"/> Neo-Marxism                    | <input type="checkbox"/> Pythagoreanism           | <input type="checkbox"/> Transtheism                 |
| <input type="checkbox"/> Fatalism                 | <input type="checkbox"/> Materialism                    | <input type="checkbox"/> Randianism               | <input type="checkbox"/> Polytheism                  |
| <input type="checkbox"/> Fideism                  | <input type="checkbox"/> Christian Materialism          | <input type="checkbox"/> Rationalism              | <input type="checkbox"/> Henotheism                  |
| <input type="checkbox"/> Finalism                 | <input type="checkbox"/> Dialectical Materialism        | <input type="checkbox"/> Continental Rationalism  | <input type="checkbox"/> Classical Theism            |
| <input type="checkbox"/> Formalism                | <input type="checkbox"/> Historical Materialism         | <input type="checkbox"/> Critical Rationalism     | <input type="checkbox"/> Open Theism                 |
| <input type="checkbox"/> Foundationalism          | <input type="checkbox"/> Eliminative Materialism        | <input type="checkbox"/> Pancritical Rationalism  | <input type="checkbox"/> Philosophical Theism        |
| <input type="checkbox"/> Freudianism              | <input type="checkbox"/> Emergent Materialism           | <input type="checkbox"/> Realism                  | <input type="checkbox"/> Theological Noncognitivism  |
| <input type="checkbox"/> Functionalism            | <input type="checkbox"/> Evolutionary Materialism       | <input type="checkbox"/> Moral Realism            | <input type="checkbox"/> Thomism                     |
| <input type="checkbox"/> Gnosticism               | <input type="checkbox"/> French Materialism             | <input type="checkbox"/> Platonic Realism         | <input type="checkbox"/> Totalitarianism             |
| <input type="checkbox"/> Hedonism                 | <input type="checkbox"/> Reductive Materialism          | <input type="checkbox"/> Reconstructivism         | <input type="checkbox"/> Transcendental Idealism     |
| <input type="checkbox"/> Hegelianism              | <input type="checkbox"/> Mechanism                      | <input type="checkbox"/> Reductionism             | <input type="checkbox"/> Transcendentalism           |
| <input type="checkbox"/> Historicism              | <input type="checkbox"/> Musicism                       | <input type="checkbox"/> Ontological Reductionism | <input type="checkbox"/> Transtheism                 |



- |   |  |                                       |   |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Tychism Universalism | <input type="checkbox"/> Value Pluralism | <input type="checkbox"/> Voluntarism  | <input type="checkbox"/> Zoroastrianism |
| <input type="checkbox"/> Utilitarianism       | <input type="checkbox"/> Verificationism | <input type="checkbox"/> Voluntaryism | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Utopianism           | <input type="checkbox"/> Vitalism        | <input type="checkbox"/> Zen Buddhism | <input type="checkbox"/> None           |

**910. Do you apply any of the above philosophical concepts, theories, or beliefs to your personal vampirism?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, explain:

\_\_\_\_\_ < Multiple Line Field >

**911. In your own words describe the range of emotions or perceptions experienced, and the overall degree of impression made upon your life as a result of your first vampiric experience.**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**912. To which of the following esoteric philosophical schools of thought do you personally relate? (Check All That Apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Abdul Qadir Jelani | <input type="checkbox"/> Great Chain Of Being   | <input type="checkbox"/> Scientology      |
| <input type="checkbox"/> Alchemy            | <input type="checkbox"/> Hare Krishna           | <input type="checkbox"/> Shugendo         |
| <input type="checkbox"/> Anthroposophy      | <input type="checkbox"/> Hermes Trismegistus    | <input type="checkbox"/> Sufism           |
| <input type="checkbox"/> Astrology          | <input type="checkbox"/> Hierophant             | <input type="checkbox"/> Surat Shabd Yoga |
| <input type="checkbox"/> Douglas Baker      | <input type="checkbox"/> I Ching                | <input type="checkbox"/> Syed Ibrahim     |
| <input type="checkbox"/> Batiniyya          | <input type="checkbox"/> Kabbalah               | <input type="checkbox"/> Theosophy        |
| <input type="checkbox"/> Caduceus           | <input type="checkbox"/> Kashmir Shaivism       | <input type="checkbox"/> Theurgy          |
| <input type="checkbox"/> Cathar             | <input type="checkbox"/> Manly Palmer Hall      | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Daoism / Taoism    | <input type="checkbox"/> Mohra Sharif           | <input type="checkbox"/> None             |
| <input type="checkbox"/> Esotericism        | <input type="checkbox"/> Pythagoreanism         |   |
| <input type="checkbox"/> Gnosticism         | <input type="checkbox"/> Rosicrucian Fellowship |   |

**913. Do you apply any of the above esoteric philosophies to your personal vampirism?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, explain:

\_\_\_\_\_ < Multiple Line Field >

**914. Which of the following spiritual belief structures have influenced your chosen or individual vampiric path? (*Check All That Apply*)**

- |   |  |
|---|--|
| <input type="checkbox"/> African                      | <input type="checkbox"/> Enochian        |
| <input type="checkbox"/> Akkadian / Sumerian          | <input type="checkbox"/> Hindu           |
| <input type="checkbox"/> Ancient Greek Or Roman       | <input type="checkbox"/> Muslim          |
| <input type="checkbox"/> Angelic                      | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian (Daoist, Shinto, etc.) | <input type="checkbox"/> Norse           |
| <input type="checkbox"/> Buddhist                     | <input type="checkbox"/> Shamanistic     |
| <input type="checkbox"/> Celtic                       | <input type="checkbox"/> Zoroastrian     |
| <input type="checkbox"/> Christian                    | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Egyptian                     | <input type="checkbox"/> None            |

**915. Describe the particular elements, their functions, and symbolism of the ancient or modern spiritual beliefs that you choose to incorporate into your personal vampirism.**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**916. Which of the following philosophers have you studied or read extensively outside of a cursory academic study? In an effort to conserve space feel free to list any medieval, contemporary, etc. philosophers in the "Other" section. (Check All That Apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Theodor Adorno          | <input type="checkbox"/> Ralph Waldo Emerson      | <input type="checkbox"/> Isaac Newton               |
| <input type="checkbox"/> Albert The Great        | <input type="checkbox"/> Ludwig Andreas Feuerbach | <input type="checkbox"/> Nicholas Of Cusa           |
| <input type="checkbox"/> Anselm Of Canterbury    | <input type="checkbox"/> Johann Gottlieb Fichte   | <input type="checkbox"/> Friedrich Nietzsche        |
| <input type="checkbox"/> Thomas Aquinas          | <input type="checkbox"/> Gottlob Frege            | <input type="checkbox"/> Parmenides Of Elea         |
| <input type="checkbox"/> Aristotle               | <input type="checkbox"/> Sigmund Freud            | <input type="checkbox"/> Blaise Pascal              |
| <input type="checkbox"/> Augustine Of Hippo      | <input type="checkbox"/> Hans-Georg Gadamer       | <input type="checkbox"/> Charles Peirce             |
| <input type="checkbox"/> Averroes                | <input type="checkbox"/> Saadiah Gaon             | <input type="checkbox"/> Plato                      |
| <input type="checkbox"/> Avicenna                | <input type="checkbox"/> al-Ghazali               | <input type="checkbox"/> Karl Popper                |
| <input type="checkbox"/> Francis Bacon           | <input type="checkbox"/> Robert Grosseteste       | <input type="checkbox"/> Hilary Putnam              |
| <input type="checkbox"/> Roger Bacon             | <input type="checkbox"/> Jurgen Habermas          | <input type="checkbox"/> W. V. O. Quine             |
| <input type="checkbox"/> Mikhail Bakhtin         | <input type="checkbox"/> Georg W. Friedrich Hegel | <input type="checkbox"/> Ayn Rand                   |
| <input type="checkbox"/> Jeremy Bentham          | <input type="checkbox"/> Martin Heidegger         | <input type="checkbox"/> John Rawls                 |
| <input type="checkbox"/> Henri-Louis Bergson     | <input type="checkbox"/> Heraclitus Of Ephesus    | <input type="checkbox"/> Thomas Reid                |
| <input type="checkbox"/> George Berkeley         | <input type="checkbox"/> Thomas Hobbes            | <input type="checkbox"/> Jean-Jacques Rousseau      |
| <input type="checkbox"/> Anicius M. S. Boethius  | <input type="checkbox"/> L. Ron Hubbard           | <input type="checkbox"/> Bertrand Russell           |
| <input type="checkbox"/> Bernard Bolzano         | <input type="checkbox"/> David Hume               | <input type="checkbox"/> Gilbert Ryle               |
| <input type="checkbox"/> Bonaventure             | <input type="checkbox"/> Edmund Husserl           | <input type="checkbox"/> George Santayana           |
| <input type="checkbox"/> Bernard Bosanquet       | <input type="checkbox"/> Francis Hutcheson        | <input type="checkbox"/> Jean-Paul Sartre           |
| <input type="checkbox"/> Francis Herbert Bradley | <input type="checkbox"/> William James            | <input type="checkbox"/> Friedrich J. von Schelling |
| <input type="checkbox"/> Franz Clemens Brentano  | <input type="checkbox"/> Immanuel Kant            | <input type="checkbox"/> Arthur Schopenhauer        |
| <input type="checkbox"/> Edmund Burke            | <input type="checkbox"/> Soren Kierkegaard        | <input type="checkbox"/> Wilfrid Sellars            |
| <input type="checkbox"/> Joseph Butler           | <input type="checkbox"/> J. Krishnamurti          | <input type="checkbox"/> Socrates                   |
| <input type="checkbox"/> Rudolf Carnap           | <input type="checkbox"/> Gottfried W. von Leibniz | <input type="checkbox"/> Baruch Spinoza             |
| <input type="checkbox"/> Noam Chomsky            | <input type="checkbox"/> Gotthold Ephraim Lessing | <input type="checkbox"/> P. F. Strawson             |
| <input type="checkbox"/> R. G. Collingwood       | <input type="checkbox"/> C. I. Lewis              | <input type="checkbox"/> Francisco Suarez           |
| <input type="checkbox"/> Auguste Comte           | <input type="checkbox"/> John Locke               | <input type="checkbox"/> Giambattista Vico          |
| <input type="checkbox"/> Benedetto Croce         | <input type="checkbox"/> Georg Lukacs             | <input type="checkbox"/> Max Weber                  |
| <input type="checkbox"/> Donald Davidson         | <input type="checkbox"/> Niccolo Machiavelli      | <input type="checkbox"/> Alfred North Whitehead     |
| <input type="checkbox"/> Democritus              | <input type="checkbox"/> Moses Maimonides         | <input type="checkbox"/> William Of Ockham          |
| <input type="checkbox"/> Rene Descartes          | <input type="checkbox"/> Nicolas Malebranche      | <input type="checkbox"/> Ludwig Wittgenstein        |
| <input type="checkbox"/> John Dewey              | <input type="checkbox"/> Karl Marx                | <input type="checkbox"/> Christian Wolff            |
| <input type="checkbox"/> Wilhelm Dilthey         | <input type="checkbox"/> Alexius Meinong          | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> John Duns Scotus        | <input type="checkbox"/> Maurice Merleau-Ponty    | <input type="checkbox"/> None                       |
| <input type="checkbox"/> Jonathan Edwards        | <input type="checkbox"/> John Stuart Mill         |   |
| <input type="checkbox"/> Albert Einstein         | <input type="checkbox"/> G. E. Moore              |   |

**917. "... all phenomena are transitory, are illusionary, are unreal, and non-existent save in the sangsaric mind perceiving them... That in reality there are no such beings anywhere as gods, or demons, or spirits, or sentient creatures - all alike being phenomena dependent upon a cause... That this cause is a yearning or a thirsting after sensation, after the unstable sangsaric existence." Source: *Tibetan Book Of The Dead***

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**918. Do you ever find yourself questioning conventional wisdom in a group or peer situation?**

- ☐ Yes  
☐ No

**919. Do you feel a greater responsibility to self or to a higher purpose apart from yourself?**

- ☐ Self  
☐ Higher Purpose  
☐ Neither

**920. In your own words describe the perspective from which you view yourself; your role, purpose, and responsibility, in relation to the world itself.**

**< Multiple Line Field >**

**921. Have you ever assumed the role of a counselor (guidance), protector (security), or teacher (mentor) in the vampire community? *(Check All That Apply)***

- |  |   |
|--|---|
| <input type="checkbox"/> Yes - Counselor | <input type="checkbox"/> No             |
| <input type="checkbox"/> Yes - Protector | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Yes - Teacher   |   |

**922. Do you respect other viewpoints on religion and spirituality if they differ dramatically from your own beliefs?**

- ☐ Yes  
☐ No

**923. Do you believe your vampirism is the result of a past life?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**924. Do you believe your vampirism ensures you eternal life?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**925. Have you ever participated in a past life regression?**

- ☐ Yes - Once
- ☐ Yes - More Than Once
- ☐ No

**926. If yes, did the past life regression exercise result in a glimpse, vision, or memory from a past life?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**927. Describe the methods and steps that you were led through during the past life regression.**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**928. Describe the range of emotions, feelings, visual surroundings, subconscious triggers, energy, and detailed description of the glimpse, vision, or memory from the past life regression.**

\_\_\_\_\_ < Multiple Line Field >

- ☐ Not Applicable

**929. How would you characterize this experience?**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Positive | <input type="checkbox"/> Neutral        |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Not Applicable |

**930. Did you have a connection or other hypersensitivity to the emotions of the person conducting the past life regression?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I'm Not Sure   |
| <input type="checkbox"/> No  | <input type="checkbox"/> Not Applicable |

**931. After experiencing a past life regression did any glimpses, visions, or memories correlate with any dreams you may have had as child?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**932. If yes, to the best of your knowledge how likely is it that you were exposed as a child to visual images (television, movies, travel, etc.) that relate to the experiences in your past life regression?**

- ☐ Very Likely
- ☐ Likely
- ☐ Somewhat Likely
- ☐ Not Likely
- ☐ Not Applicable

**933. Were your memories a reflection of yourself in a form other than a human body?**  
*(Check All That Apply & Provide Description)*

- ☐ Yes - Animal: \_\_\_\_\_
- ☐ Yes - Plant: \_\_\_\_\_
- ☐ Yes - Object: \_\_\_\_\_
- ☐ Yes - Otherkin: \_\_\_\_\_
- ☐ Yes - Spirit: \_\_\_\_\_
- ☐ Yes - Other: \_\_\_\_\_
- ☐ No
- ☐ Not Applicable

**934. Were your memories a reflection of an Earthly plane or elsewhere?**  
*(Check All That Apply & Provide Description)*

- ☐ Astral Plane: \_\_\_\_\_
- ☐ Earthly Plane: \_\_\_\_\_
- ☐ Spiritual Plane: \_\_\_\_\_
- ☐ Unknown Plane: \_\_\_\_\_
- ☐ Not Applicable

**935. If you encountered an unfamiliar species or different body form entity during your past life regression how would you characterize this encounter? (Check All That Apply)**

- ☐ Active
- ☐ Comforting
- ☐ Confusing
- ☐ Enlightening
- ☐ Foreboding
- ☐ Friendly
- ☐ Hostile
- ☐ Neutral
- ☐ Passive
- ☐ Peaceful
- ☐ Other: \_\_\_\_\_
- ☐ Not Applicable

**936. Were your memories of a past life of you alone, with another individual, or with a group or community?**

- ☐ Alone
- ☐ Individual
- ☐ Group / Community
- ☐ Neither
- ☐ Not Applicable

**937. Do you believe that a reincarnated soul or spirit remains within one's culture, family, or geography?**  
*(Check All That Apply)*

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Culture   | <input type="checkbox"/> I'm Not Sure   |
| <input type="checkbox"/> Family    | <input type="checkbox"/> No             |
| <input type="checkbox"/> Geography | <input type="checkbox"/> Not Applicable |

**938. With which of the following do you adhere to a personal code of ethics or personal ethical standards? (Check All That Apply)**

- ☐ Interacting With Individuals Generally Unknown To Yourself
- ☐ Interacting With Family, Friends, & Loved Ones
- ☐ Engaging In Business & Professional Work
- ☐ Choosing Psi Feeding Sources
- ☐ Choosing Sanguine Feeding Sources
- ☐ Other: \_\_\_\_\_
- ☐ None - I Do Not Adhere To A Personal Code Of Ethics / Standards

**939. How important do you feel that it is to practice and develop your empathic, psychic, or energy working skills?**

- |  |   |
|--|---|
| <input type="checkbox"/> Always Important    | <input type="checkbox"/> Rarely Important |
| <input type="checkbox"/> Usually Important   | <input type="checkbox"/> Never Important  |
| <input type="checkbox"/> Sometimes Important | <input type="checkbox"/> Not Applicable   |

**940. Do you feel that it is important to practice and develop mundane or physical skills?**

- |  |   |
|--|---|
| <input type="checkbox"/> Always Important    | <input type="checkbox"/> Rarely Important |
| <input type="checkbox"/> Usually Important   | <input type="checkbox"/> Never Important  |
| <input type="checkbox"/> Sometimes Important | <input type="checkbox"/> Not Applicable   |

**941. What were the major influences in deciding on your personal ethical standards?**  
*(Check All That Apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Chosen Spirituality              | <input type="checkbox"/> Philosophy           |
| <input type="checkbox"/> Empathic Understanding Of Others | <input type="checkbox"/> Religious Upbringing |
| <input type="checkbox"/> Ideals Of Social Justice         | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Mentor Or Role Model             | <input type="checkbox"/> Not Applicable       |
| <input type="checkbox"/> Personal Conscience              |   |

**942. Do you feel there are moral repercussions to feeding off prana or energy in other persons?**

- ☐ Yes
- ☐ No

**943. Vampires can fulfill a role in society that benefits others specifically utilizing vampires' unique skills and perspective.**

- |   |  |
|---|--|
| <input type="checkbox"/> Completely Agree | <input type="checkbox"/> Generally Disagree  |
| <input type="checkbox"/> Generally Agree  | <input type="checkbox"/> Completely Disagree |

**944. Vampirism and those who experience it are accurately associated with a dark, gloomy, and taboo connotation.**

☐ Completely Agree  
☐ Generally Agree

☐ Generally Disagree  
☐ Completely Disagree

**945. If given the opportunity to converse with someone expressing interest in “wanting” to be a vampire what would you choose to convey to them?**

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**946. If you were given the means to permanently end your vampiric condition and could instead live a normal non-vampiric life would you eagerly pursue this opportunity?**

☐ Yes  
☐ No

☐ I’m Not Sure  
☐ Not Applicable

If yes **or** no, explain why:

\_\_\_\_\_ < Multiple Line Field >



## Subcultural Interconnectivity With The Vampire Community

**947. Have you ever participated in Pagan oriented gatherings or events?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - 1 Time       | <input type="checkbox"/> Yes - 8 To 10 Times      |
| <input type="checkbox"/> Yes - 2 To 4 Times | <input type="checkbox"/> Yes - More Than 10 Times |
| <input type="checkbox"/> Yes - 5 To 7 Times | <input type="checkbox"/> No                       |

**948. Have you ever participated in Wiccan oriented gatherings or events?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - 1 Time       | <input type="checkbox"/> Yes - 8 To 10 Times      |
| <input type="checkbox"/> Yes - 2 To 4 Times | <input type="checkbox"/> Yes - More Than 10 Times |
| <input type="checkbox"/> Yes - 5 To 7 Times | <input type="checkbox"/> No                       |

**949. Have you ever participated in Were oriented gatherings or events?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - 1 Time       | <input type="checkbox"/> Yes - 8 To 10 Times      |
| <input type="checkbox"/> Yes - 2 To 4 Times | <input type="checkbox"/> Yes - More Than 10 Times |
| <input type="checkbox"/> Yes - 5 To 7 Times | <input type="checkbox"/> No                       |

**950. Have you ever participated in Energy Worker oriented gatherings or events?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - 1 Time       | <input type="checkbox"/> Yes - 8 To 10 Times      |
| <input type="checkbox"/> Yes - 2 To 4 Times | <input type="checkbox"/> Yes - More Than 10 Times |
| <input type="checkbox"/> Yes - 5 To 7 Times | <input type="checkbox"/> No                       |

**951. Have you ever participated in Otherkin oriented gatherings or events?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - 1 Time       | <input type="checkbox"/> Yes - 8 To 10 Times      |
| <input type="checkbox"/> Yes - 2 To 4 Times | <input type="checkbox"/> Yes - More Than 10 Times |
| <input type="checkbox"/> Yes - 5 To 7 Times | <input type="checkbox"/> No                       |

**952. Do you socialize with members of the following cultural groups outside of formal gatherings on a monthly basis? (Check All That Apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes - Wiccans          | <input type="checkbox"/> Yes - Energy Workers  |
| <input type="checkbox"/> Yes - Neopagans        | <input type="checkbox"/> Yes - Otherkin: _____ |
| <input type="checkbox"/> Yes - Therians / Weres | <input type="checkbox"/> No                    |

**953. Do you consider yourself to have strong friendships with individuals in the following groups? (Check All That Apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes - Wiccans          | <input type="checkbox"/> Yes - Energy Workers  |
| <input type="checkbox"/> Yes - Neopagans        | <input type="checkbox"/> Yes - Otherkin: _____ |
| <input type="checkbox"/> Yes - Therians / Weres | <input type="checkbox"/> No                    |

**954. Do you actively participate in online communities (forums, newsgroups, discussion boards, etc.) whose membership is primarily Therian, Pagan, Energy Work, Otherkin, or eclectic? (Check All That Apply)**

- ☐ Yes - Active Member Of One Or More Online Pagan Groups
- ☐ Yes - Active Member Of One Or More Online Thrianthrope Group Or Were Pack
- ☐ Yes - Active Member Of One Or More Online Energy Worker Groups
- ☐ Yes - Active Member Of One Or More Online Otherkin Groups
- ☐ Yes - Active Member Of One Or More Online With Eclectic Membership
- ☐ No - I Do Not Participate In Any Of The Above Online Communities

**955. How would you characterize the level of awareness in these online communities of vampirism (your own interpretation)?**

- ☐ Very Aware
- ☐ Somewhat Aware
- ☐ Somewhat Unaware
- ☐ Very Unaware

**956. Do you feel that these online communities foster open discussion of vampirism?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**957. Do you feel that participants in these online communities express an accepting or non-accepting attitude toward vampires or vampirism?**

- ☐ Accepting
- ☐ Non-Accepting
- ☐ Neutral
- ☐ Not Applicable

**958. Have you ever personally been the target of anti-vampire sentiment by members of these online communities?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

If yes, which specific online community: \_\_\_\_\_

**959. Do you hold any formal membership in offline magickal working groups, religious organizations, Therianthrope groups or Were packs, Energy Worker, or Otherkin groups? (Check All That Apply)**

- ☐ Yes - Member Of A Wiccan Circle
- ☐ Yes - Member Of An Eclectic Pagan Circle
- ☐ Yes - Member Of A Therianthrope Group Or Were Pack
- ☐ Yes - Member Of An Energy Worker Group
- ☐ Yes - Member Of An Otherkin Group
- ☐ Yes - Other: \_\_\_\_\_
- ☐ No

**960. How would you characterize the level of awareness in these offline communities of vampirism (your own interpretation)?**

- |   |   |
|---|---|
| <input type="checkbox"/> Very Aware     | <input type="checkbox"/> Somewhat Unaware |
| <input type="checkbox"/> Somewhat Aware | <input type="checkbox"/> Very Unaware     |

**961. Do you feel that these offline communities foster open discussion of vampirism?**

- ☐ Yes  
☐ No  
☐ Not Applicable

**962. Do you feel that participants in these offline communities express an accepting or non-accepting attitude toward vampires or vampirism?**

- |  |   |
|--|---|
| <input type="checkbox"/> Accepting     | <input type="checkbox"/> Neutral        |
| <input type="checkbox"/> Non-Accepting | <input type="checkbox"/> Not Applicable |

**963. Have you ever personally been the target of anti-vampire sentiment by members of these offline communities?**

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, which specific offline community: \_\_\_\_\_

**964. Do you personally know any vampires who hold formal memberships in offline magickal working groups, religious organizations, Therianthrope groups or Were packs, or Otherkin groups?  
(Check All That Apply)**

- ☐ Yes - Member Of A Wiccan Circle  
☐ Yes - Member Of An Eclectic Pagan Circle  
☐ Yes - Member Of A Therianthrope Group Or Were Pack  
☐ Yes - Member Of An Energy Worker Group  
☐ Yes - Member Of An Otherkin Group  
☐ Yes - Other: \_\_\_\_\_  
☐ No

**965. How would you characterize the opinion held by the majority of Wiccans regarding vampirism?**

- |  |  |
|--|--|
| <input type="checkbox"/> Very Positive     | <input type="checkbox"/> Somewhat Negative |
| <input type="checkbox"/> Somewhat Positive | <input type="checkbox"/> Very Negative     |
| <input type="checkbox"/> Neutral           | <input type="checkbox"/> I Don't Know      |

**966. How would you characterize the opinion held by the majority of Neopagans regarding vampirism?**

- |  |  |
|--|--|
| <input type="checkbox"/> Very Positive     | <input type="checkbox"/> Somewhat Negative |
| <input type="checkbox"/> Somewhat Positive | <input type="checkbox"/> Very Negative     |
| <input type="checkbox"/> Neutral           | <input type="checkbox"/> I Don't Know      |

**967. How would you characterize the opinion held by the majority of Therianthropes regarding vampirism?**

- ☐ Very Positive
- ☐ Somewhat Positive
- ☐ Neutral

- ☐ Somewhat Negative
- ☐ Very Negative
- ☐ I Don't Know

**968. How would you characterize the opinion held by the majority of Energy Workers regarding vampirism?**

- ☐ Very Positive
- ☐ Somewhat Positive
- ☐ Neutral

- ☐ Somewhat Negative
- ☐ Very Negative
- ☐ I Don't Know

**969. How would you characterize the opinion held by the majority of Otherkin regarding vampirism?**

- ☐ Very Positive
- ☐ Somewhat Positive
- ☐ Neutral

- ☐ Somewhat Negative
- ☐ Very Negative
- ☐ I Don't Know

**970. It is worthwhile to the vampire community to foster more open discussion with the Neopagan community:**

- ☐ Completely Agree
- ☐ Generally Agree
- ☐ Generally Disagree

- ☐ Completely Disagree
- ☐ No Opinion

**971. It is worthwhile to the vampire community to foster more open discussion with the Therianthrope community:**

- ☐ Completely Agree
- ☐ Generally Agree
- ☐ Generally Disagree

- ☐ Completely Disagree
- ☐ No Opinion

**972. It is worthwhile to the vampire community to foster more open discussion with the Energy Worker community:**

- ☐ Completely Agree
- ☐ Generally Agree
- ☐ Generally Disagree

- ☐ Completely Disagree
- ☐ No Opinion

**973. It is worthwhile to the vampire community to foster more open discussion with the Otherkin community:**

- ☐ Completely Agree
- ☐ Generally Agree
- ☐ Generally Disagree

- ☐ Completely Disagree
- ☐ No Opinion

**974. The vampire community should seek to form stronger ties with the Neopagan community:**

- ☐ Completely Agree
- ☐ Generally Agree
- ☐ Generally Disagree

- ☐ Completely Disagree
- ☐ No Opinion

**975. The vampire community should seek to form stronger ties with the Therianthrope community:**

- ☐ Completely Agree
- ☐ Generally Agree
- ☐ Generally Disagree

- ☐ Completely Disagree
- ☐ No Opinion

**976. The vampire community should seek to form stronger ties with the Energy Worker community:**

- ☐ Completely Agree
- ☐ Generally Agree
- ☐ Generally Disagree

- ☐ Completely Disagree
- ☐ No Opinion

**977. The vampire community should seek to form stronger ties with the Otherkin community:**

- ☐ Completely Agree
- ☐ Generally Agree
- ☐ Generally Disagree

- ☐ Completely Disagree
- ☐ No Opinion

**978. How would you classify the interconnectedness of the Goth and vampire communities?**

- ☐ Very Close
- ☐ Generally Close

- ☐ Not Very Close
- ☐ I Don't Know

**979. How would you classify the relationship between the Goth and vampire communities?**

- ☐ Excellent
- ☐ Very Good
- ☐ Good

- ☐ Fair
- ☐ Poor
- ☐ I Don't Know

**980. What role does Gothic imagery play in influencing the vampire community?**

***(Check All That Apply)***

- ☐ Influences Vampires To Affect A Depressive Or Somber Mood
- ☐ Influences Vampires To Appreciate Goth, Industrial, Trace, Techno, etc. Music
- ☐ Influences Vampires To Dress In Black Or High-Goth Fashion
- ☐ Influences Vampires To Get Tattoos Or Wear Large Amounts Of Make-up
- ☐ Influences Vampires To Have A Tendency To Engage In BDSM Activities
- ☐ Other: \_\_\_\_\_
- ☐ I Don't Know

**981. What role does vampire imagery assume in influencing the Goth community?**

*(Check All That Apply)*

- ☐ Influences Goths To Drink Their Own Or Others Blood
- ☐ Influences Goths To Engage In Cutting Or Self Mutilation Activities
- ☐ Influences Goths To Take On A Dark Or Mysterious Personality
- ☐ Influences Goths To Take On An Aire Of Superiority Or Immortality
- ☐ Influences Goths To Wear Fangs Or Colored Contacts
- ☐ Other: \_\_\_\_\_
- ☐ I Don't Know

*The following questions represent one of the qualitative portions of this study. Please answer these questions in the space provided, keeping answers as short and concise as possible. Do NOT include responses of a personally identifiable nature or cite either historical or specific community entities or persons as a basis for your answer.*

**982. If you acknowledge yourself as being Otherkin describe your personal experiences and characteristics in the following areas: (Note: Please Check "Vampire" If Applicable)**

**I. Awakening & Awareness**

**II. Physical, Mental, & Psychic Traits**

**III. Requirements & Weaknesses**

**IV. Community Social Structure**

**V. Distinction: Spiritual Or Metaphysical?**

**Indicate Type(s) Of Otherkin With Which You Personally Identify:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Ancient / Reincarnate | <input type="checkbox"/> Gryphon                 | <input type="checkbox"/> Therian        |
| <input type="checkbox"/> Angelic / Angel       | <input type="checkbox"/> Guardian                | <input type="checkbox"/> Unicorn        |
| <input type="checkbox"/> Demonic / Demon       | <input type="checkbox"/> Lightworker / Oracle    | <input type="checkbox"/> <b>Vampire</b> |
| <input type="checkbox"/> Dragon                | <input type="checkbox"/> Nymph (Land / Water +)  | <input type="checkbox"/> Watcher        |
| <input type="checkbox"/> Elf                   | <input type="checkbox"/> Pegasus                 | <input type="checkbox"/> Werewolf       |
| <input type="checkbox"/> Fae / Fairy           | <input type="checkbox"/> Phoenix                 | <input type="checkbox"/> Animal: _____  |
| <input type="checkbox"/> Gargoyle              | <input type="checkbox"/> Star Seed / Andromedian | <input type="checkbox"/> Other: _____   |

**I.**

\_\_\_\_\_  
< Multiple Line Field >

**II.**

\_\_\_\_\_  
< Multiple Line Field >

**III.**

\_\_\_\_\_  
< Multiple Line Field >

IV.

\_\_\_\_\_ < Multiple Line Field >

V.

\_\_\_\_\_ < Multiple Line Field >

☐ Not Applicable

**983. How would you describe the overall scope and quality of interactions perpetuated by the vampire community with other *similar* subcultures both online and offline including but not limited to shared vampire-related social functions, verbal exchanges, and joint community projects?**

\_\_\_\_\_ < Multiple Line Field >

☐ I'm Not Sure

☐ Not Applicable

**984. How would you describe the overall scope and quality of interactions perpetuated by other similar subcultures both online and offline with the vampire community including but not limited to shared eclectic social functions, verbal exchanges, and joint community projects?**

---

< Multiple Line Field >

- ☐ I'm Not Sure  
☐ Not Applicable

**985. Discuss the role vampires should assume in both their dayside and nightside activities in relation to the propagation of awareness, acceptable tolerance by or the association with, vampirism by other subcultures and/or the mundane community in general.**

---

< Multiple Line Field >

- ☐ I'm Not Sure  
☐ Not Applicable



**986. How would you respond to claims made by some media, law enforcement, religious, or social organizations that vampires are a dangerous cult who sometimes engage in cannibalistic acts of drinking blood or morally reprehensible acts of exploiting the emotional energies of others as the result of an abnormal psychological condition?**

---

< Multiple Line Field >

- ☐ No Opinion  
☐ Not Applicable

**987. Discuss either your agreement or disagreement with the following statement, providing a basis for your reasoning and highlighting the potential repercussions of such a decision.**

*The vampire community should adopt an isolationist stance towards the mundane population, remaining hidden from public scrutiny and refraining from advocating vampirism as an acceptable subculture. Such is necessary for the health of our Community and safety of our members.*

---

< Multiple Line Field >

- ☐ No Opinion  
☐ Not Applicable

**988. If there are any topics, concepts, or other related information that you feel is directly relevant to the vampire community that is not included in either the VEWS or AVEWS please indicate such in the space provided.**

---

**< Multiple Line Field >**

☐ None

## Exclusion Option:

**Provide A 7 Digit Random Number & Letter Combination Code:** \_\_\_\_\_

Please make a note of this code before submitting this survey. You may provide this code in the future to those conducting this study as a means to remove your responses from inclusion into the final research analysis. This step is included as a formality of ethical research conduct, to provide you with the right to be removed from the study at any time.

## Disclaimer:

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**Advanced Vampirism & Energy Work Research Survey**  
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***Internal Use Only:***

All Questions Answered ☐  
No Personally Identifiable Responses ☐  
Data Analysis Prepared ☐