



**My house has rooms that make me (feel)**

Depressed	<input type="text"/>
Sad	<input type="text"/>
Pained	<input type="text"/>
Sick	<input type="text"/>
Anxious	<input type="text"/>
Afraid	<input type="text"/>
Sleepless	<input type="text"/>
Have unpleasant dreams	<input type="text"/>

**Since moving into this house I am more**

Depressed	<input type="text"/>
Sad	<input type="text"/>
Pained	<input type="text"/>
Sick	<input type="text"/>
Anxious	<input type="text"/>
Afraid	<input type="text"/>
Sleepless	<input type="text"/>

**Compared to when I am elsewhere, my house makes me feel more**

Depressed	<input type="text"/>
Sad	<input type="text"/>
Pained	<input type="text"/>
Sick	<input type="text"/>
Anxious	<input type="text"/>
Afraid	<input type="text"/>
Sleepless	<input type="text"/>

**In the house I have feelings or emotions that don't seem to relate to me**

Depression	<input type="text"/>
Sadness	<input type="text"/>
Physical Pain	<input type="text"/>
Sickness	<input type="text"/>
Anxiousness	<input type="text"/>
Fear	<input type="text"/>
Sleeplessness	<input type="text"/>
Unpleasant dreams	<input type="text"/>

**My sleep or dreaming (or my children's) has been disrupted**

I dream of people I don't know	<input type="text"/>
I struggle physically in my dreams	<input type="text"/>
I dream of this house, but different	<input type="text"/>
My dreams are repetitive	<input type="text"/>

**Neighbors**

**I have neighbors who are always**

Unfriendly	<input type="text"/>
Obtrusive	<input type="text"/>
Combative	<input type="text"/>

## History

### There was an event in my house which concerns me

Death	<input type="checkbox"/>
Murder	<input type="checkbox"/>
Suicide	<input type="checkbox"/>
Divorce	<input type="checkbox"/>
Long Term Illness	<input type="checkbox"/>
Violence	<input type="checkbox"/>
Drug Abuse	<input type="checkbox"/>

## Physical effects

### In certain rooms of my house

I feel pressure on the top of my head	<input type="checkbox"/>
The ceiling feels lower than it is	<input type="checkbox"/>
I get headaches	<input type="checkbox"/>
I feel overall pressure differences	<input type="checkbox"/>
There is a persistent <i>Cold Chill</i>	<input type="checkbox"/>
Furniture needs to be arranged a certain way	<input type="checkbox"/>
This pattern is not my choice	<input type="checkbox"/>

### My house smells with no physical explanation

There is a distinctly odd <i>Smell of</i>	<input type="checkbox"/>
Cigarettes	<input type="checkbox"/>
Perfume	<input type="checkbox"/>
Mothballs	<input type="checkbox"/>
Soup	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Decay	<input type="checkbox"/>
Other	<input type="checkbox"/>
The smell appears nightly	<input type="checkbox"/>
The smell appears at regular intervals	<input type="checkbox"/>

### My house has Electrical or Telephone Problems

I have frequent electrical shortages	<input type="checkbox"/>
My TV turns on by itself	<input type="checkbox"/>
Other appliances turn on by themselves	<input type="checkbox"/>
My doorbell rings with no one there	<input type="checkbox"/>
My phone rings with no one there	<input type="checkbox"/>
My phone rings with distant voices	<input type="checkbox"/>

## Ghosts and Poltergeists

**I believe there is a ghost in my home**

I have seen a ghost in my home	<input type="text"/>
My children have seen a ghost in my home	<input type="text"/>
I have dreamt of a ghost in my home	<input type="text"/>
I have conversed with a ghost in my home	<input type="text"/>
The ghost appears regularly	<input type="text"/>
The ghost seems unfriendly	<input type="text"/>

Total  # Answered

**Assess your score by averaging all the questions that you answered. 70% or higher warrants concern.**

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