

Interview Question Worksheet

Date:
Time:
INFORMANT'S:
Name:
Home address/Phone:
Relationship
Where to contact later:
Informant's understanding of what happened:

LOST PERSON INFO

Name
Nickname
Sex
Age
Home address

PHYSICAL DESCRIPTION

Height
Weight
Build
Eye color
Glasses
Race
Hair color
Hair length
Hair style
Beard/Mustache/Sideburns
Facial features/shape
Complexion
Distinguishing marks
Overall appearance

PLANS

Start location
When
Destination
Via
Purpose
Expected return
Group size
Done trip before?
Transportation means
Current vehicle location
Veh. type/Color/License No./State
Additional names/licenses/vehicles
Alternative plans/routes/objectives
Discussed with
When

SUBJECT'S CLOTHING

(Item,Style,Color,Size,Other
Shirt / sweater
Pants
Outer wear
Inner wear
Head wear
Rain wear
Gloves
Extra clothing
Sole type

LAST SEEN

When

Where
Circumstances:
Seen by:
Who last talked at length with subject?
...where?/Subject matter:
Weather at time:
Weather since:
Direction of travel:
Reason for leaving:
Attitude/mental state:
Subject complaints:

OUTDOOR EXPERIENCE

Familiar with area?
How recently?
Formal outdoor training:
Medical training:
Scouting experience:
Military experience:
Other outdoor training:
Overnight experience:
Lost before?/Where?/When?
Ever go out alone?/Where?/When?
Stays on trails vs. cross-country?
Athletic interests:
Climbing experience:

HABITS/PERSONALITY TRAITS

Smoker?/Frequency/Type of material/Brand:
Alcohol?/Frequency:/What type?/Brand:
Recreational drug use:
Gum:
Candy:
Other food/drink...:
Hobbies/interests:
Personality traits:
Leadership evidence:
Legal trouble (past/present):
Hitchhikes?/Quick to accept ride?
Personal problems:
Religious?/Faith/Degree:
Personal values:
Philosophy:
Person closest to:
Family member closest to:
Emotional history:

HEALTH and GENERAL CONDITION

Overall health:
Overall physical condition:
Known medical problems:
Handicaps:
Known psychological problems:
Medications (dosage/frequency/consequences of lack):
Eyesight without glasses:
EQUIPMENT
Style/Color/Brand/Other information
Pack

Tent
Sleeping bag
Ground cloth
Fishing equipment
Climbing equipment
CB/FRS radio?
Radio call sign/channel:
Fire starter?/Type of starter:
Liquid container:
Type of liquid/Quantity:
(Flash)Light?
Stove/Fuel:
Compass?
Map?/Map of:
Knife?
Camera?
Lens:
Navigation competency:
Food (quantity,type,brands):
Skiis (type,brand,color,size,bindings, pole type,length, wax type, wax color, rental markings, competency):
Snowshoes (type,brand,color,size, bindings, rental markings, competency):
Snowmobile (Make,model,year,color):
Firearms (brand,model.holster):
Money (amount,credit cards)
Other documents:

Other equipment:

LOST CHILD INFORMATION

Afraid of dark?/animals?/Other?
Feeling toward adults:
Feeling toward strangers:
Reaction when hurt:
Accepts rides?
Hides?
Crys?
Training when lost:
Other comments:

GROUP OVERDUE

Group name/kind:
Leader:
Group/leader experience:
Personality clashes within group:
Leader types other than leader:
Actions if separated:
Competitive spirit of group:
Intra-group dynamics:
Other comments:

ACTIONS TAKEN SO FAR

By (family/friends/Gov't agency):
Results: