

# Lost Person Questionnaire

## Investigator

Date	Time	District Mission Number	Recording Official

## Source of Information

Name	Address	Town	St
Relationship to Subject		Phone Number	Second Phone
How / Where to Contact Now		How / Where to Contact Later	
What Informant Believes to Have Happened			

## Subject Information

Name		Age	Sex	Nickname(s)		
Home Address		Town		St	Zip	
Local Address		Town		St	Zip	
Home Phone	Local Phone	D.O.B.		Birthplace		

## Physical Description

Identification	Clothing / Style	Color	Size	Health
Height:	Shirt / Sweater:			Overall Health:
Weight:	Pants:			Physical Condition:
Age:	Outer Wear:			Medical Problems:
Build:	Inner Wear:			Psychological Problems:
Complexion:	Head Wear:			Medication:
Distinguishing Marks:	Rain Wear:			Amounts:
Eyes:	Gloves:			Consequences of Loss:
Hair Color:	Extra Clothing:			Eyesight w/o Glasses:
Hair Style:	Footwear:			Medic-Alert:
<input type="checkbox"/> Beard <input type="checkbox"/> Mustache <input type="checkbox"/> Sideburns <input type="checkbox"/> Glasses <input type="checkbox"/> Jewelry <input type="checkbox"/> Photo Available? <input type="checkbox"/> Return Photo?	<input type="checkbox"/> Sole Sample Available <input type="checkbox"/> Scent Articles Available <input type="checkbox"/> Scent Articles Secured <input type="checkbox"/> Clothing Visible from Air?			<input type="checkbox"/> Smoker <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Gum <input type="checkbox"/> Candy <input type="checkbox"/> A Leader <input type="checkbox"/> A Survivor <input type="checkbox"/> Legal Problems <input type="checkbox"/> Personal Problems <input type="checkbox"/> Hitchhiker <input type="checkbox"/> Religious <input type="checkbox"/> Educated <input type="checkbox"/> Local Hero <input type="checkbox"/> Extravert <input type="checkbox"/> Introvert <input type="checkbox"/> Loner <input type="checkbox"/> Depressed <input type="checkbox"/>
Youth / Child	Equipment			
<input type="checkbox"/> Afraid of Dark <input type="checkbox"/> Afraid of Animals <input type="checkbox"/> Afraid of Strangers <input type="checkbox"/> Cry When Hurt <input type="checkbox"/> Cry When Scared <input type="checkbox"/> Hides When Afraid <input type="checkbox"/> HUG-A-TREE Trained <input type="checkbox"/> Has a Safety Word	<input type="checkbox"/> Pack <input type="checkbox"/> Tent <input type="checkbox"/> Sleeping Bag <input type="checkbox"/> Ground Cloth <input type="checkbox"/> Fishing Gear <input type="checkbox"/> Climbing Gear <input type="checkbox"/> Liquid Container <input type="checkbox"/> Fire Starter	<input type="checkbox"/> Stove <input type="checkbox"/> Fuel <input type="checkbox"/> Compass <input type="checkbox"/> Map <input type="checkbox"/> Food <input type="checkbox"/> Knife <input type="checkbox"/> Camera <input type="checkbox"/> Lens	<input type="checkbox"/> Skis <input type="checkbox"/> Snowshoes <input type="checkbox"/> Money <input type="checkbox"/> Credit Cards <input type="checkbox"/> Other Documents <input type="checkbox"/> Rope <input type="checkbox"/> Camp Tools	<b>Continue</b>