



WALTER RED ARCHIVE

CONFIDENTIAL

DEBRIEF

QUESTIONNAIRE

SECTION I: IDENTIFICATION

FULL NAME (OR ALIAS): _____

CLEARANCE LEVEL: _____

CHAMBER OR REALM AFFILIATION: _____

DATE OF VIEWING: _____

FILE ID/REPORT NO: _____

WITNESSING ALONE OR ACCOMPANIED (LIST NAMES IF APPLICABLE):

SECTION II: INITIAL REACTION

I) WHAT IS THE FIRST EMOTION THAT AROSE AFTER VIEEWING THE FOOTAGE>

II) DID YOU EXPERIENCE ANY PSYCHOLOGICAL RESPONSES (E.G. SHIVER, NAUSEA, SWEATING, HEART RATE ELEVATION):

III) DESCRIBE ANY IMAGES, SOUNDS, OR PATTERNS THAT STOOD OUT:

IV) WERE THERE MOMENTS OF DISORIENTATION, VISUAL ANOMALIES, OR RED-WINDOW-LIKE OCCURENCES?

INTERNAL USE ONLY



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SECTION III: PERCEPTION & MEANING

V) WHAT DO YOU BELIEVE THE FOOTAGE WAS ATTEMPTING TO CONVEY?

VI) DO YOU BELIEVE THE FOOTAGE WAS A MESSAGE, A MEMORY OR MIRROR?
(EXPLAIN.)

VIII) WAS ANYTHING FAMILIAR IN THE VIDEO? DESCRIBE WHAT AND WHY.

VIII) WERE THERE ANY SYMBOLS, EMBLEMS, OR FIGURES RECOGNIZABLE FROM
PREVIOUS ARCHIVE FILES?

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SECTION IV: ARCHIVAL SIGN-OFF:

FINAL REMARKS/ ANNOTATIONS:

ARCHIVE COPY DESIGNATION (CIRCLE ONE): MASTER PERSONAL GRAE-LOCKED

SUBMITTED BY:

WITNESS SIGNATURE:

OFFICER RECEIVING LOG:

DATE & TIME FILED:

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