



INSTRUCTIONS

This Missing Person Questionnaire is an interview tool used to gather necessary information on the missing person or persons. The more thorough and complete the info is, the better it will assist SAR personnel to properly categorize traits and determine probabilities.

Though this form may initially be filled out by the family or person having the most personal knowledge of the missing person, it should later be reviewed with the writer when an experienced or skilled interviewer is available.

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MICHIGAN PROFESSIONAL SEARCH AND RESCUE COUNCIL

SEARCH MANAGEMENT MISSING PERSON QUESTIONNAIRE

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Staging Location: _____ Date: _____ Time: _____

Source of Information

Name: _____ Relationship: _____
Address: _____ Primary Phone: _____
Sec. Ph: _____ Contact: _____ Phone: _____

Missing Person

Name: _____ Nickname: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____ Smart Phone? Y N
Email Address: _____ Social Media: Y N
Birthdate: ____/____/____ Age: _____ Birthplace: _____ Sex: M F
Height: ____ ft. ____ in. Weight: _____ Olbs Okg Build: _____ Eyes: _____
Hair - Color: _____ Length: _____ Facial: _____
Scars / Marks: _____ Current Photo: Y N
Other: _____

Clothing

Hat: _____ Shirt: _____ Pants: _____
Jacket: _____ Other: _____
Socks: _____ Footwear: _____ Shoe Size: _____
Scent Article(s) Available: Y N What Kind: _____
Know to carry weapons: Y N What Kind: _____

Trip Plans

Started From: _____ Date: _____ Time: _____
Going To: _____ Date: _____ Time: _____
Via: _____ Purpose: _____
Transported By: _____ Alone: _____ Group Size: _____
Vehicle-License Plate: _____ State: _____ Type: _____
Color: _____ Now Located: _____ Verified: Y N
Alternate Plans/Routes/Objectives Discussed: _____
Other: _____

Point Last Seen / Known

Time: _____ Where: _____ By Whom: _____
Direction of Travel: _____
Who Last Talked To Person: _____ When: _____
Where: _____ Subject Matter: _____
Attitude: _____
Mood / Spirit: _____
Other: _____



SEARCH MANAGEMENT
MISSING PERSON QUESTIONNAIRE

Outdoor Experience

Familiar With Area: Y N _____

Formal Outdoor Training: Y N _____

Military Training: Y N _____

Equipment

Food: Y N _____ Container: _____

Water: Y N _____ Container: _____

Other: _____

Habits / Personality

Smoke: Y N Brand: _____ Drink: Y N Type: _____

Drugs: Y N Type: _____

Hobbies / Interests: _____

Outgoing / Quiet: _____

Determination: _____

Legal Trouble: _____

Marital Trouble: _____

Personal Problems: _____

Health Problems: _____

Family Problems: _____

Religious Status: _____

Emotional History: _____

Favorite Places: _____

Ever Lost Before: _____

Other: _____

Health/General Condition

Overall Health: _____

Physical Condition: _____

Known Medical Problems: _____

Disabilities: _____

Doctor: _____

Impairments: _____

Known Psychological Problems: _____

Medication: _____

Dosages: _____

What Happens Without Medication: _____

Allergies: _____



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SEARCH MANAGEMENT MISSING PERSON QUESTIONNAIRE

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Hearing: _____ Hearing Aids: Y N Where are they? _____
 Eyesight: _____ w/o glasses: _____ Spares: Y N Where? _____
 Comments: _____

Whom Might Missing Person Contact

Family: _____
 Friends: _____
 Church: _____

Favorite Places: _____
 Previous History: _____

Children / Others

Afraid of Dark: Y N Afraid of Animals: Y N Type: _____
 Afraid of Other: _____
 Reactions When Hurt: _____
 Training When Lost: _____
 Respond To Name: Y N _____
 Active / Lethargic / Antisocial: _____
 Other: _____

Other Data:

Family Contact: _____ Relationship: _____
 Address: _____ Phone: _____

ANY OTHER INFORMATION

Blank area for additional information.

Last Update: 1/26/2019