**Survey Questionnaire**

All questionnaires must be filled out and completed as a whole. All fields must be answered, in order to help you with a class action lawsuit, **I cannot represent false names or false information.** Not only is this a questionnaire but a guideline for you to use to gather the proper evidence needed, in order to support you in a class action lawsuit. All questionnaires must be submitted to Amy Holem | [AimeesAudios@protonmail.com](mailto:AimeesAudios@protonmail.com). For questions, comments, concerns, please call (815) 307-4619. This form is protected and copyrighted by Amy Holem, Aimee’s Audios, 2020. Statistics will be posted.

1. **Legal name, Age, Address, City, State, Zip code, Phone Number, Email address?**

Click or tap here to enter text.

1. **Are you interested in a Class Action Lawsuit?** Yes  No
2. **Are you a Male or Female?** Female  Male
3. **What Nationality are you?**

Click or tap here to enter text.

1. **What year did your Cyber Torture start?**

Click or tap here to enter text.

1. **How old were you?**

Click or tap here to enter text.

1. **Are you a Veteran or Service member?** Yes  No

Airforce

Army

Marines

Navy

National Guard

Coast Guard

1. **A) Have you ever worked for the government, private contractor, government contractor?** Yes  No

**B) Which Company did/do you work for?**

Click or tap here to enter text.

**C) Were any non-disclosure agreements signed?** Yes  No

**D) Were any contracts signed?** Yes  No

1. **A) Did your father or mother work as a contractor for the government?**

Yes  No

**B) What did both your parents or parent do for a living?**

Click or tap here to enter text.

1. **Was your father or mother in the military?** Yes  No

Airforce

Army

Marines

Navy

National Guard

Coast Guard

1. **Are your parents or parent being cyber tortured as well?**  Yes  No
2. **A) Do you have any children?** Yes  No

**B) How many?**

Click or tap here to enter text.

**C) Is your child/children being cyber tortured?** Yes  No

**D) What is your child/children’s Name, Age, and Gender, Nationality?**

Click or tap here to enter text.

**E) When did your child/children cyber torture start?**

Click or tap here to enter text.

1. **A) Are you married?** Yes  No

**B) Is your spouse cyber tortured?** Yes  No

1. **A) Are you divorced?** Yes  No

**B) Was the divorce because of the Cyber Torture?** Yes  No

1. **A) Are you working?** Yes  No

**B) What is your hourly wage?**

Click or tap here to enter text.

**C) Do you have difficulty working because of the cyber torture?** Yes  No

**D) Have you lost any jobs because of the cyber torture?** Yes  No

**E) How many jobs have you lost because of the cyber torture?**

Click or tap here to enter text.

1. **A) What was your job before the cyber torture started?**

Click or tap here to enter text.

**B) How much was the hourly wage?**

Click or tap here to enter text.

**15) A) Are you homeless?** Yes  No

**B) Are you homeless because of the cyber torture?** Yes  No

1. **What type of Torture are you experiencing? Check all that apply.**

Nausea

Ptosis of the Eyes

Rapid Eye Movement

Seizures

Epilepsy

Headaches

Brain Fog

Memory Loss

Tinnitus

Ear Damage

Tremors

Muscle Spasms

Feeling of Malaise

Sleep deprivation

Sleep Apnea

Nerve Damage

Tissue Damage

Brain Damage

Anxiety

Depression

Chest Pains

Sever Itching

Burning Sensations

Loss of Balance

Vertigo

Mania

Irritable Bowel Syndrome

Cancer

Morgellons Disease

Parkinson’s Disease

Sleep Walking

Paralysis

Tumor

Dizziness

Electrocution

Zapping Effect

1. **What type of Crimes are being committed against you**? **Check all that apply.**

Video Voyeurism

Hacking of Desktop Computer

Hacking of Phone

Hacking of Laptop

Hacking of Tablet

Theft

Grand Theft

Identity Theft

Sex Tracking

Child Sex Trafficking

Child Molestation

Child Pedophilia

Rape

Cyber Torture

Cyber Harassment

Cyber Stalking

Illegal Surveillance

Illegal Monitoring

Stalking

Conspiracy to Murder/ Gang Stalking

Breaking and Entering

Destruction of Private Property

Harassment

Physical Torture

Vehicular Destruction

Vehicular Damage

Death Threats

Attempted Murder

Bullying

Cyber Bullying

Assault with a Non-lethal Weapon

Assault with a Deadly Weapon

Sexual Assault

Voter Manipulation

Mail Tampering

Voter Fraud

Slander/Defamation  Animal Cruelty

Mutilation

1. **List crimes that are not stated above.**

Click or tap here to enter text.

1. **List All Amendment and Constitutional Right Violations.**

Click or tap here to enter text.

1. **What type of Devices are being used against you? Check all that apply.**

Electronic Weapons

Electronic Devices

Military Grade Weapons

Lasers

RF Signals

Satellites

Drones

Dirty Electricity

Bugs

Tapping Devices

Microchips

Nanotechnology

Remote Neural Monitoring

Bio censoring

Data Mining

Human-Control Interface (HCI)

Facial Recognition

Psychotronic Weapons

Airplanes

Holograms

Virtual Reality

Telecommunications

Behavioral Modification Devices

Artificial Intelligence

Voice-to-Skull

1. **A) Do you have Evidence of the weapons being used on you?** Yes  No

**B) What Make, Model, Brand, Serial Number, Name, Style, Pictures, Videos?**

Click or tap here to enter text.

1. What part of the body is being attacked? **Check all that apply**.

Right Side Center Left Side

Chest

Breast

Stomach

Elbow

Shoulder

Knee

Ankle

Foot

Toes

Wrist

Fingers

Thigh

Calf

Tongue

Throat

Eyebrow

Eye

Nose

Lips

Ears

Head

Chin

Armpit

1. **Name all the Medical Tests that you currently have.**

PET scan

FMRI

EEG

Toxicology report

Audio Forensic Analysis

H-SCADA

Frequency Scanner

Body Scan

X-Ray

1. **Do you currently have all medical records, Insurance records of the bill, reports, images, scans, readings, videos?** Yes  No
2. **What medical physicians have you seen?**

Neurologist

Tissue Specialist

Optometrist

Primary Care

Psychiatrist

Psychologist

Toxicologist

Otolaryngologists

1. **A) Were you forced to see a Dr. or physician?**

Click or tap here to enter text.

**B) What kind of physicians or Dr.’s, were you forced to see?**

Click or tap here to enter text.

**C) Who forced you to see the Dr. or Physician?**

Click or tap here to enter text.

**D) Were you forced to take medication?** Yes  No

**E) What was the name/names of the medication?**

Click or tap here to enter text.

F) Did the medication help? Yes  No

**G) Was there a false Diagnosis by the Dr. or Physician?**  Yes  No

**H) What was the false diagnosis?**

Click or tap here to enter text.

**I) Were there any medical tests done to prove the medical diagnosis?** Yes  No

1. **A)Did you ever try to report these criminal activities that are being committed against you?**

Yes  No

**B) Which agencies or departments did you report these crimes? Name them all.**

Click or tap here to enter text.

**C) Do you know the officers/agent’s names?** Yes  No

1. A**) Did law enforcement officers or agencies force you into a mental institution without a report or investigation?** Yes  No

**B) What was the officer’s reason behind the forced institutionalization?**

Click or tap here to enter text.

**C) Was a report written on the incident?** Yes  No

**D) How many times has this occurred?**

Click or tap here to enter text.

1. **A) Have you ever been forced by the court to take medication?** Yes  No

**B) Have you ever been forced by the court to see a Dr. or physician?** Yes  No

**C) Were you ever forced by the court into a mental institution?** Yes  No

**D) What was the evidence presented to the judge to force that judgement?**

Click or tap here to enter text.

**30) A) Did you lose a job because you were forced into an institution from the court, law enforcement department or agencies?** Yes  No

**B) Were you competent and in the right state of mind at the time of the complaint?**

Yes  No

**C) How much money where you forced to spend on the false diagnosis and forced court?**

Click or tap here to enter text.

1. **A) Have you had your kids taken away because of the cyber torture?** Yes  No

**B) Did you ever get your kids back?** Yes  No

**C) How much money have you spent to get them back within the court system?**

Click or tap here to enter text.

1. **A) Do you have copies of all false police reports?** Yes  No

**B) Do you have video/Audio/Phone Conversations, evidence of the police taking the report or calling the police, or incident that occurred?** Yes  No

1. **Have police ever committed misconduct when filing a complaint? Check all that apply.**

Miscarriage of Justice

Discrimination

Obstruction of Justice

Intimidation

Coerced False Confession

False Arrest

False Imprisonment

Spoliation of Evidence

Witness Tampering

Police Corruption

Racial Profiling

Police Brutality

Unwarranted Searches

Unwarranted Seizure of Property

Bribery/Lobbying City Council members

Bribery/Lobbying Legislators

Off-duty Misconduct

Sexual Misconduct

Noble Cause Corruption

Misuse of the Badge

Violations Police Procedural Policies

1. **A) Have you ever been convicted for a felony Offense?** Yes  No

**B)** **Have you ever been convicted for a misdemeanor?** Yes  No

1. **A) Were you set up for these crimes?** Yes  No

**B) Do you have evidence you were set up?** Yes  No

1. **What damage has been done to your property?**

Click or tap here to enter text.

1. **What damage has been done to your residence?**

Click or tap here to enter text.

1. **What damage has been done to your vehicle?**

Click or tap here to enter text.

1. **Describe in detail what you have experienced?**

Click or tap here to enter text.

1. **How much money have you spent on Counter measures?**

Click or tap here to enter text.

1. **Did the counter measures work?** Yes  No
2. **What where the counter measures that worked?**

Click or tap here to enter text.

1. **Do you have receipts to verify counter measures?** Yes  No

**Send all questionnaires to Amy Holem AimeesAudios@protonmail.com**

Aimee’s Audios (Acoustic Subliminal Fingerprinting) Forensic Technician, Analyst Researcher

Awakening Prayer

TI-Rights Movement