**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. 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