

## Psychic Testing Score Sheet

**Subject(s):**

**Experimenter:**

**Date:**

**Protocol:**

**How Does the Subject Feel Today? (Emotionally, physically, etc.)**

**Weather Conditions: (Overview, temp, winds, humidity, lunar phase, etc.)**

**Location:**

**Start Time:**

**End Time:**

Trial	Guess	Actual	Comments	Trial	Guess	Actual	Comments
1				26			
2				27			
3				28			
4				29			
5				30			
6				31			
7				32			
8				33			
9				34			
10				35			
11				36			
12				37			
13				38			
14				39			
15				40			
16				41			
17				42			
18				43			
19				44			
20				45			
21				46			
22				47			
23				48			
24				49			
25				50			

**Total Correct:** \_\_\_\_\_/\_\_\_\_\_

**Chance:** \_\_\_\_\_% **Actual:** \_\_\_\_\_%

**Initials:** \_\_\_\_\_