

# ANXIETAL REGISTER (B) BY JOHN SLADEK

## DIRECTIONS.

READ CAREFULLY. Before answering any of the questions below, be sure to have all pages of this form, in order.

Fill out in triplicate, using ballpoint pen or, preferably, indelible pencil. Press hard. PLEASE PRINT. Sign name to all copies.

1. State full name at present: \_\_\_\_\_
2. Full name at birth, or baptism: \_\_\_\_\_
3. Give any aliases, abbreviations, or nicknames by which you have ever been known:  
\_\_\_\_\_
4. Attach copies of birth and baptismal certificates.
5. Social security number: \_\_\_\_\_
6. Name on your last income tax return: \_\_\_\_\_
7. Date: \_\_\_\_\_
8. Date of tax return: \_\_\_\_\_
9. State your full permanent address: \_\_\_\_\_  
\_\_\_\_\_
10. Where may you be quickly reached by:
  - a) Mail: \_\_\_\_\_
  - b) Telephone: \_\_\_\_\_
  - c) Telegram or cable: \_\_\_\_\_
  - d) Messenger: \_\_\_\_\_
11. List every address at which you have resided, since birth, in chronological order. Include every address, with the following exceptions:
  - a) Hotel accommodations in the United States, Mexico or Canada, for stays of up to or less than three days, occurring more than five years ago.
  - b) Accommodations at U.S. Embassies, in other than an official capacity, for any duration, occurring more than seventeen years ago.
  - c) Antarctic expeditions not using APO addresses.

**ALL OTHER ADDRESSES MUST BE SHOWN, WITHOUT EXCEPTION.**

Note: extra sheets (Form AR-B Supplem.) may be attached.

Street address:	City:	State:	Date from:	Date to:
_____	_____	_____	_____	_____
12. Occupation: \_\_\_\_\_
13. Name and address of company where you are presently employed/were last employed:  
\_\_\_\_\_
  - a) Last position held: \_\_\_\_\_
14. Salary: \_\_\_\_\_
15. Name of superior: \_\_\_\_\_
16. Starting date: \_\_\_\_\_
17. Terminating date: \_\_\_\_\_
18. Attach references.
19. If unemployed, give reason: \_\_\_\_\_
20. Why did you leave your last job? \_\_\_\_\_
21. Give your entire employment history, except for your last or present job. List all employment in chronological order, and include part-time employment. Note: Extra sheets (Form AR-B Supplem.) may be attached.

Company name & address:	Position supervisor:	Salary from:	To:
_____	_____	_____	_____

Reason for leaving: \_\_\_\_\_

22. Have you ever been fired for: \_\_\_\_\_
- a) Theft: \_\_\_\_\_
  - b) Embezzlement: \_\_\_\_\_
  - c) Dishonesty: \_\_\_\_\_
  - d) False references: \_\_\_\_\_
  - e) Absenteeism: \_\_\_\_\_
  - f) Tardiness: \_\_\_\_\_
  - g) Loafing: \_\_\_\_\_
  - h) Inefficiency: \_\_\_\_\_
  - i) Personal reasons: Explain: \_\_\_\_\_
23. Have you ever quarrelled with fellow employees? \_\_\_\_\_
24. Have you ever had difficulty with employers? Describe: \_\_\_\_\_
25. Have you ever stolen any property belonging to an employer, no matter how small in value? \_\_\_\_\_
26. Have you ever feigned illness? \_\_\_\_\_
27. Name of your bank or banks? \_\_\_\_\_
28. Explain any foreign bank accounts: \_\_\_\_\_
29. Bank Account Number(s): \_\_\_\_\_
30. Present balance(s): \_\_\_\_\_
31. Number and amount of withdrawals during past year: \_\_\_\_\_
32. Father's name: \_\_\_\_\_
33. Mother's maiden name: \_\_\_\_\_
34. Attach birth certificate and marriage licence.
35. Have you ever been arrested
- a) As a minor: \_\_\_\_\_
  - b) As an adult: \_\_\_\_\_
  - c) Misdemeanor? \_\_\_\_\_
  - d) Felony? \_\_\_\_\_
  - e) Convicted? \_\_\_\_\_
  - f) Sentenced? \_\_\_\_\_
36. Give full details of any arrest and/or conviction, including name of offence, whether convicted, sentence and/or fine. Include all traffic offences other than overtime parking.
37. Do you love your mother more than your father? \_\_\_\_\_
38. If you do not love your mother, explain: \_\_\_\_\_
39. Circle which of the following you have ever suffered from: a) Rheumatism b) Arthritis c) Chronic fatigue d) Rupture e) Tuberculosis f) Night sweats g) Nocturnal emissions h) Nightmares (frequent) i) Sleepwalking j) Ringing noises k) Chronic or severe headaches l) Bronchitis m) Homosexual tendencies n) Hot flushes o) Tumours p) Cancer q) Gastric ulcer r) Gonorrhoea s) Syphilis t) Asthma u) Hay fever v) Severe cough w) Trenchmouth x) Hepatitis (jaundice) y) Diabetes z) Anaemia aa) Poliomyelitis ab) Heart attack ac) Stroke ad) Heart murmur ae) Blindness af) Deafness ag) Tunnel vision ah) Astigmatism ai) Unexplainable pains (Explain) aj) Visions ak) Epilepsy al) Impotence am) Obesity an) Chronic nausea ao) Drug addiction (Explain) ap) Alcoholism aq) Double vision ar) Frequent or severe accidents as) Amnesia at) Laryngitis au) Malnutrition av) Precognition aw) Cleft palate ax) Harelip ay) Multiple digits az) Paralysis (specify).
40. Have you ever had any serious physical or mental disorder?  
Describe, specifying dates, physician, treatment, hospitalization etc.: \_\_\_\_\_
41. Briefly describe your own condition at present: \_\_\_\_\_
42. Are you under medication? Describe: \_\_\_\_\_
43. Attach medical records and physician's affidavit.

44. Have you ever undergone surgery? Describe: \_\_\_\_\_
45. Have you all your natural teeth? Attach chart: \_\_\_\_\_
46. Describe any amputations, giving dates and reasons: \_\_\_\_\_
47. Have you:
- a) Both kidneys b) Both lungs c) Ovaries d) Prostate e) Gall bladder f) Both eyes g) A bladder  
h) A complete stomach i) A complete colon j) Both breasts k) Lower jaw l) Nose
48. Have you ever undergone sterilization?
49. Castration? \_\_\_\_\_
50. Hysterectomy? \_\_\_\_\_
51. Do you feel sexual desire for, about, during:
- a) Those of your own sex b) Those of both sexes c) Children d) Your mother e) Your father f) Your son  
g) Your daughter h) Sister i) Brother j) Babies k) Cadavers l) Animals m) Birds n) Fish o) Insects p) Cripples  
q) People who hurt you r) People whom you hurt s) People of special professions (describe) t) People in particular  
costumes (describe) u) Watching others in the act of coition v) Peeping at naked persons w) Drinking blood  
x) Drinking urine y) Drinking semen z) Eating faeces aa) Looking at photographs ab) Looking at drawings  
ac) Drawing pictures ad) Telephoning ae) Confessing sins af) Listening to music ag) Dancing ah) Exposing one's sex organs  
to someone else ai) Anal entry aj) Axillary entry ak) Oral entry al) Nasal entry am) Rape an) All members of the opposite  
sex, regardless of age or condition ao) Watching movies ap) Watching television aq) Performing your ordinary work  
ar) Masturbating as) Urinating at) Defecating au) Menstruating av) Wearing clothing belonging to the opposite sex  
aw) A particular part of another's body ax) Of your body ay) Crowds az) Rubbing against people ba) Clergy  
bb) Weapons bc) Machines bd) Plants be) Trees bf) Sunsets bg) People of other races bh) Apparel bi) Dangerous  
or unusual surroundings bj) Inanimate objects bk) Mathematical propositions bl) Thoughts bm) The law bn) God  
bo) The act of filling out a form.
52. List all the persons in your household:
- Person: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Income: \_\_\_\_\_ Source: \_\_\_\_\_ Relation to you \_\_\_\_\_
53. Why do you believe you have been asked to fill out this form? \_\_\_\_\_  
\_\_\_\_\_
54. Describe briefly your feelings about filling out this form: \_\_\_\_\_
55. Describe in detail other forms you have been asked to fill out, explain their use, and estimate your performance:  
\_\_\_\_\_  
\_\_\_\_\_
56. Describe your character in detail, giving examples of your behaviour to illustrate points.  
Note: extra sheets (Form AR-B Supplem) may be attached.  
\_\_\_\_\_  
\_\_\_\_\_
57. Do you believe in God? If 'no', explain: \_\_\_\_\_
58. Have you answered all the above questions? \_\_\_\_\_
59. Have you answered truthfully? \_\_\_\_\_
60. Have you ever lied? \_\_\_\_\_
61. Have you ever stolen anything? \_\_\_\_\_
62. Why do you believe that you have been asked to fill out this form? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
63. If you are merely reading this form, why do you believe that you have not been asked to fill it out?  
\_\_\_\_\_
64. Have you been asked to fill out this form? \_\_\_\_\_

65. To read it? \_\_\_\_\_
66. Not to fill it out? \_\_\_\_\_
67. Not to read it? Explain: \_\_\_\_\_
68. Compare this form with others which you may have read or filled out, whether or not you were asked to read them or fill them out: \_\_\_\_\_
69. Be sure your comparison is fair and correct. If it is not, you may rewrite it on extra sheets (Form AR-B Supplem).  
If you do so, be sure your revision is correct.
70. Was your original comparison correct?—Fair? If not, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
71. If you revised your comparison, why?  
\_\_\_\_\_
72. Write your life history in brief, explaining in passing your answers to questions 11, 21, 39 and 51 fully. Take as much time, and as many extra sheets (Form AR-B Supplem.) as necessary, but do not lie, omit, falsify, distort or invent.  
If there are any portions you genuinely do not fully remember, you will be asked to complete and attach three copies of Form WH6, Hypnotic Drugs Waiver of Rights.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
73. Sign the following statement:  
I hereby agree to submit to a Keeler Polygraph ("Lie Detector") examination, to be conducted by or in the presence of a psychiatrist and police officer, during which I will endeavour to answer all or any questions about my past life as truthfully as I am able.  
(X) Signed: \_\_\_\_\_  
Witnessed: \_\_\_\_\_
74. Describe your feelings upon reading and signing the above statement:  
\_\_\_\_\_  
\_\_\_\_\_
75. Do you believe you have anything to hide, about your past life? If not, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
76. Have you anything to add, regarding the answers to questions 11, 21, 33, 39, 51, 72 or 75?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
77. Do you ever have feelings of anxiety? \_\_\_\_\_  
I swear that all the statements above are true and complete and that I have not attempted any falsification,  
on penalty of perjury.  
(X) Signed: \_\_\_\_\_  
Witnessed: \_\_\_\_\_