

SURVIVOR PRE-INTERVIEW QUESTIONNAIRE

The following sections are included in the questionnaire:

1. General Interview Details
2. Survivor Information
3. Prewar Life
4. Wartime
 - A. Ghettos
 - B. Camps
 - C. Hiding
 - D. Resistance
 - E. Refugees
 - F. Death Marches
 - G. Additional Wartime Questions
5. Postwar
6. Family Background
 - A. Father
 - B. Mother
 - C. Siblings
 - D. Spouses
 - E. Children
 - F. Grandchildren
 - G. Extended Family Members
 - H. Family identity
7. Post Interview Information
8. Interviewer Information

The following "Inserts" are available if additional space is needed: Please mark how many of each insert you use.

Education Information	_____	War Crimes Trials	_____
Ghetto	_____	Defendants	_____
Camp	_____	Father	_____
Hiding	_____	Mother	_____
Resistance	_____	Sibling	_____
Refugee	_____	Spouse	_____
DP Camps	_____	Child	_____
Liberation	_____	Grandchildren	_____
Military Service	_____	Extended Family Members	_____
Rescue and Aid	_____		
Additional Groups	_____		
DP Camp Work	_____		

1. GENERAL INTERVIEW DETAILS

Name _____
(First) (Middle or patronymic) (Current last name)

Survivor Yes No **Sex** Female Male

Date of pre-interview _____ Date of interview _____

Interview location _____
(City) (State) (Province) (Country)

Home address _____

(City) (State) (Province) (Country) (Postal code)

Telephone number (daytime) _____ Telephone number (evening) _____

2. SURVIVOR INFORMATION

Name at birth _____
(First) (Middle or patronymic) (Last)

What is the origin of your family name? _____ Last name during the war _____

OTHER NAMES (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)

1. _____ Hebrew Yiddish 2. _____ Hebrew Yiddish

1. _____ Nickname 2. _____ Nickname

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Birthdate _____ Place of birth _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

What languages do you speak?

- | | | | | | |
|----------------------------------|------------------------------------|-------------------------------------|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Czech | <input type="checkbox"/> French | <input type="checkbox"/> Italian | <input type="checkbox"/> Romani | <input type="checkbox"/> Slovak | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> German | <input type="checkbox"/> Ladino | <input type="checkbox"/> Romanian | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> English | <input type="checkbox"/> Greek | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Russian | <input type="checkbox"/> Swedish | |
| <input type="checkbox"/> Finnish | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Polish | <input type="checkbox"/> Serbo-Croatian | <input type="checkbox"/> Ukrainian | |
| <input type="checkbox"/> Flemish | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Sign | <input type="checkbox"/> Yiddish | |

What are your native languages? _____

EDUCATION (Please include all education completed throughout your lifetime.)

Name of school	Level of school (elementary, secondary, university, etc.)	Type of school (private, religious, public, yeshiva, vocational, etc.)	City or town	Nearest large city or town	Country	Degree obtained
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check here if an "EDUCATION INFORMATION INSERT" was filled out for this interview. (Attach the insert to the end of this document.)

Were you a student when the war began? Yes No

If so, what were your academic goals? _____ AND/OR your professional goals? _____

PRIMARY OCCUPATIONS

	Occupation (or type of work)	Name of company or institution	Position held	Family business
PREWAR				<input type="checkbox"/> Yes <input type="checkbox"/> No
WARTIME (excluding forced labor)				<input type="checkbox"/> Yes <input type="checkbox"/> No
POSTWAR				<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY SERVICE Were you ever in the military? Yes No

Country	Branch	Date started	Date ended	Primary assignments (infantry, intelligence, etc.)	Starting rank	Final rank

POLITICAL IDENTITY With which political party or movement did you affiliate or identify?

	Name of party or movement	Notes
PREWAR		
POSTWAR		

Examples of political parties or movements are: Communist, Conservative, Fascist, Liberal, Socialist, and Social Democrat.

With which Jewish political party or movement did you affiliate or identify?

	Name of party or movement	Notes
PREWAR		
POSTWAR		

Examples of Jewish political parties or movements are: Agudat Israel, Bund, Folkist, Labor Zionist, Religious Zionist, and Revisionist Zionist.

RELIGIOUS IDENTITY What did you consider yourself?

	Religion	Denomination or group	Notes
PREWAR			
POSTWAR			

Note: If Jewish please specify: Conservative, Hasidic, Liberal, Orthodox, Reform, Traditional, etc.

3. PREWAR LIFE

Who were the other members of your household before the war other than your immediate family members?

(Please list relatives, boarders, friends, refugees, household staff, etc.)

First name	Last name	Relationship to survivor

What were your last two prewar addresses? (if known)

1. Street address _____

_____ (City or town) _____ (State or province) _____ (Country) _____ (Nearest large city or town)

2. Street address _____

_____ (City or town) _____ (State or province) _____ (Country) _____ (Nearest large city or town)

ORGANIZATIONAL AFFILIATION (Please list any organizations, clubs, or movements with which you affiliated before the war)

Name	Type of organization	Notes

Did your family attend a synagogue or church prior to the war? Yes No If so, how often? _____

Name of the synagogue or church _____ Synagogue Church

Street address _____

(City or town) (State or province) (Country) (Type of synagogue or church)

Name of synagogue or church leader _____
(First) (Last) (Position: rabbi, priest, etc.)

What were your activities and interests before the war?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. WARTIME

4 A. GHETTOS

Were you in any ghettos? Yes No (If no, please go to section "4 B".)

Name of ghetto _____
(Name of ghetto) (Nearest large city or town) (Country)

(Date arrived) (Arrived from) (Date departed) (Departed to)

Did you have a job, function, or assigned duty in the ghetto? Yes No

Type of work	Type of work

Were you involved in religious, educational, and/or other cultural activities in the ghetto? Yes No

Type of activities	Type of activities

Did you have any direct contact with Gypsies in the ghetto? Yes No _____

Please check here if a "GHETTO INSERT" was filled out for this interview. (Attach the insert to the end of this document.)

4 B. CAMPS

Were you in any camps (transit, labor, concentration, or death)? Yes No (If no, please go to section "4 C".)

Name of camp _____ (Name of camp) _____ (Nearest large city or town) _____ (Country)

_____ (Date arrived) _____ (Arrived from) _____ (Date departed) _____ (Departed to)

Numbers or letters assigned to you (if known) _____ Were the numbers or letters tattooed on your body? Yes No

Did you have a job, function, or assigned duty in the camp? Yes No

Type of work	Type of work

Were you involved in religious, educational, and/or other cultural activities organized by prisoners in the camp? Yes No

Type of activities	Type of activities

Did you have any direct contact with Gypsies in the camp? Yes No _____

Did you have any direct contact with prisoners who were subjected to medical experiments in the camp? Yes No _____

Did you meet any prisoners who were persecuted for their alleged homosexuality? Yes No _____

Please check here if a "CAMP INSERT" was filled out for this interview. (Attach the insert to the end of this document.)

4 C. HIDING

Were you in hiding at any point during the war?

 Yes No

(If no, please go to section "4 D".)

Where (Please list name of city, town, ghetto, etc.)	Type of hiding place (cellar, bunker, house, forest, etc.)	Who else was hiding with you? (indicate name and relationship)	
	Start date	End date	Who helped or hid you?

Where (Please list name of city, town, ghetto, etc.)	Type of hiding place (cellar, bunker, house, forest, etc.)	Who else was hiding with you? (indicate name and relationship)	
	Start date	End date	Who helped or hid you?

Where (Please list name of city, town, ghetto, etc.)	Type of hiding place (cellar, bunker, house, forest, etc.)	Who else was hiding with you? (indicate name and relationship)	
	Start date	End date	Who helped or hid you?

 Please check here if a "HIDING INSERT" was filled out for this interview.

(Attach the insert to the end of this document.)

Name of interviewee: _____

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4 D. RESISTANCE

Were you ever involved with any underground, resistance, or partisan groups? Yes No (If no, please go to section "4 E".)

Name of group	Type of group	Leader's first name	Leader's last name
	<input type="checkbox"/> Underground <input type="checkbox"/> Resistance <input type="checkbox"/> Partisan		
Group's geographical area of operation		Where were you?	Time frame

Name of group	Type of group	Leader's first name	Leader's last name
	<input type="checkbox"/> Underground <input type="checkbox"/> Resistance <input type="checkbox"/> Partisan		
Group's geographical area of operation		Where were you?	Time frame

Please check here if a "RESISTANCE INSERT" was filled out for this interview.

(Attach the insert to the end of this document.)

4 E. REFUGEES

This section applies to those people who were successful in crossing the border of the country from which they fled, even if they were later captured by the Nazis in the country to which they escaped.

Did you flee from a territory that was under Nazi influence? Yes No (If no, please go to section "4 F".)

When did you leave? _____ From where? _____
(Date) (City) (Country) (Specific location)

Did you plan to leave legally or illegally? Legally Illegally

Was your journey arranged or assisted by any organizations or individuals? Yes No

Prior to leaving, did you receive any vocational or agricultural training at training camps (haksharot)? Yes No If yes, where?

(City) (Country) (Specific location) (Camp name)

Did you obtain exit papers? Yes No

Did you obtain transit visas? Yes No If yes, for which country or countries?

(Country 1) (Country 2) (Country 3)

Did you obtain immigration visas or certificates? Yes No If yes, for which country? _____
(Country)

Did you have a sponsor in your country of destination? Yes No If yes, who?

(First name) (Last name) (Relationship to survivor)

What was your intended destination? _____
(City) (Region) (Country)

Where did your journey end? _____ When did you arrive? _____
(City) (Country) (Date)

Did you receive assistance upon arrival? Yes No

Were you ever interned? Yes No _____
(City) (Country) (Time frame)

Please check here if a "REFUGEE INSERT" was filled out for this interview.

(Attach the insert to the end of this document.)

Name of interviewee: _____

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4 F. DEATH MARCHES

This section applies to forced evacuations of inmates from camps and/or ghettos in response to the approach of liberating armies.

Were you on any death marches? Yes No (If no, please go to section "4 G".)

1.	(Where did it begin [name of camp, ghetto, city, town, etc.]?)	(Start date)	(Nearest city or town)
	(Where did it end?)	(End date)	(Nearest city or town)
2.	(Where did it begin [name of camp, ghetto, city, town, etc.]?)	(Start date)	(Nearest city or town)
	(Where did it end?)	(End date)	(Nearest city or town)
3.	(Where did it begin [name of camp, ghetto, city, town, etc.]?)	(Start date)	(Nearest city or town)
	(Where did it end?)	(End date)	(Nearest city or town)

4 G. ADDITIONAL WARTIME QUESTIONS

Were you part of a partisan family camp? Yes No If yes, name of the group _____

Specific location _____ Nearest large city or town _____

Did you conceal your Jewish identity? Yes No

If yes, by what means (false papers, passport, etc.)? _____

Did you use any false names? Yes No

First	Middle	Last

Did you escape from any of the following : (check all that apply)

- Aktionen
- Camps
- Death marches
- Deportations
- Ghettos
- Labor battalions
- Mass graves
- Mass shootings
- Prisons
- Roundups
- Selections
- Trains
- Other _____

Did you encounter a famous/infamous person involved in the Holocaust? Yes No

Who	When (time frame)

5. POSTWAR

Where were you when you found out that the war was over? _____

Who liberated you? _____ Unit or division (if applicable) _____

When	Nearest city or town	Country	Specific location

DISPLACED PERSONS CAMPS

Were you in any Displaced Persons camps (DP camps)? Yes No

Name of camp _____ (Name of camp) _____ (Nearest large city or town) _____ (Country)

_____ (Date arrived) _____ (Arrived from) _____ (Date departed) _____ (Departed to)

Did you have a job, function, or assigned duty in the DP camp? (For example: educator, writer for camp newspaper, medic, etc.) Yes No

Type of work	Type of work

Did you ever return to your hometown after the war? Yes No If yes, when? _____

How long did you stay? _____

Please check here if a "DP CAMPS INSERT" was filled out for this interview. (Attach the insert to the end of this document.)

Were you ever involved with the military liberation of concentration camps or assigned to military duty in a Displaced Persons camp?
 Yes No **If yes, please complete the "LIBERATION INSERT" and attach it to the back of this questionnaire.**

Were you ever directly involved in an official capacity with investigating, discovering, or documenting the results of Nazi atrocities?
 (For example: journalist, military investigator, official of non-governmental organizations, etc.)
 Yes No **If yes, please complete the "LIBERATION INSERT" and attach it to the back of this questionnaire.**

Were you ever involved as a civilian with providing aid to survivors during wartime or in the postwar period?
 Yes No **If yes, please complete the "RESCUE & AID INSERT" and attach it to the back of this questionnaire.**

Were you ever directly involved in the rescue of anyone persecuted by Nazis or Nazi collaborators?
 Yes No **If yes, please complete the "RESCUE & AID INSERT" and attach it to the back of this questionnaire.**

Were you ever involved in a war crimes trial as a witness?
 Yes No **If yes, please complete the "WAR CRIMES TRIALS INSERT" and attach it to the back of this questionnaire.**

Were you ever involved in a war crimes trial other than as a witness?
 Yes No **If yes, please complete the "WAR CRIMES TRIALS INSERT" and attach it to the back of this questionnaire.**

When did you arrive in your current country of residence? _____

Have you been affiliated with a synagogue since the war? Yes No

Are you currently affiliated with a synagogue? Yes No

Have you been actively involved with any survivor groups and/or Holocaust-related organizations? Yes No

Name of organization	Name of organization

Have you been actively involved with any Jewish organizations (religious, philanthropic, Zionist, secular, etc.)? Yes No

Name of organization	Name of organization

Have you been actively involved with any other clubs, organizations, or societies? Yes No

Name of organization	Name of organization

Have you ever been interviewed by other oral history projects? Yes No

Name of project _____ Date _____ Audio Video

Name of project _____ Date _____ Audio Video

Name of project _____ Date _____ Audio Video

6. FAMILY BACKGROUND

6 A. FATHER

Survivor Yes No Biological Father Stepfather Adoptive Father Other _____

Name _____
(First) (Middle or patronymic) (Last name during war) (Current last name)

Name at birth (if different from above) _____
(First) (Middle or patronymic) (Last)

OTHER NAMES (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)

1. _____ Hebrew Yiddish 2. _____ Hebrew Yiddish

1. _____ Nickname 2. _____ Nickname

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Birthdate _____ Place of birth _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

LIVING | **DECEASED** Deathdate _____ Natural death Killed in Holocaust

Current country of residence _____ | Place of death _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

EDUCATION

Highest level of education attained _____ Type of school _____

PRIMARY OCCUPATIONS

	Occupation (or type of work)	Name of company or institution	Position held	Family business
PREWAR				<input type="checkbox"/> Yes <input type="checkbox"/> No
WARTIME (excluding forced labor)				<input type="checkbox"/> Yes <input type="checkbox"/> No
POSTWAR				<input type="checkbox"/> Yes <input type="checkbox"/> No

ORGANIZATIONAL AFFILIATION With which organizations, clubs, or movements did your father affiliate?

Name of organization	Type of organization

MILITARY SERVICE Was your father ever in the military? Yes No

Country	Branch	Primary assignments (infantry, intelligence, etc.)

POLITICAL IDENTITY With which political party or movement did your father affiliate or identify?

	Name of party or movement	Notes
PREWAR		
POSTWAR		

Examples of political parties or movements are: Communist, Conservative, Fascist, Liberal, Socialist, and Social Democrat.

With which Jewish political party or movement did your father affiliate or identify?

	Name of party or movement	Notes
PREWAR		
POSTWAR		

Examples of Jewish political parties or movements are: Agudat Israel, Bund, Folkist, Labor Zionist, Religious Zionist, and Revisionist Zionist.

RELIGIOUS IDENTITY What did your father consider himself?

	Religion	Denomination or group	Notes
PREWAR			
POSTWAR			

Note: If Jewish please specify: Conservative, Hasidic, Liberal, Orthodox, Reform, Traditional, etc.

Please check here if a "FATHER INSERT" was filled out for this interview.

(Attach the insert to the end of this document.)

EDUCATION

Highest level of education attained _____ Type of school _____

PRIMARY OCCUPATIONS

	Occupation (or type of work)	Name of company or institution	Position held	Family business
PREWAR				<input type="checkbox"/> Yes <input type="checkbox"/> No
WARTIME (excluding forced labor)				<input type="checkbox"/> Yes <input type="checkbox"/> No
POSTWAR				<input type="checkbox"/> Yes <input type="checkbox"/> No

ORGANIZATIONAL AFFILIATION With which organizations, clubs, or movements did your mother affiliate?

Name of organization	Type of organization

POLITICAL IDENTITY With which political party or movement did your mother affiliate or identify?

	Name of party or movement	Notes
PREWAR		
POSTWAR		

Examples of political parties or movements are: Communist, Conservative, Fascist, Liberal, Socialist, and Social Democrat.

With which Jewish political party or movement did your mother affiliate or identify?

	Name of party or movement	Notes
PREWAR		
POSTWAR		

Examples of Jewish political parties or movements are: Agudat Israel, Bund, Folkist, Labor Zionist, Religious Zionist, and Revisionist Zionist.

RELIGIOUS IDENTITY What did your mother consider herself?

	Religion	Denomination or group	Notes
PREWAR			
POSTWAR			

Note: If Jewish please specify: Conservative, Hasidic, Liberal, Orthodox, Reform, Traditional, etc.

Please check here if a "MOTHER INSERT" was filled out for this interview.

(Attach the insert to the end of this document.)

6 C. SIBLINGS

Did you have any brothers or sisters? Yes No If yes, how many? _____

SIBLING 1 Survivor Yes No Female Male Full sibling Half-sibling Step-sibling Adopted sibling

Name _____
(First) (Middle or patronymic) (Last name during war) (Current last name)

Name at birth (if different from above) _____
(First) (Middle or patronymic) (Last)

OTHER NAMES (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)

1. _____ Hebrew Yiddish 2. _____ Hebrew Yiddish

1. _____ Nickname 2. _____ Nickname

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Birthdate _____ Place of birth _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

LIVING **DECEASED** Deathdate _____ Natural death Killed in Holocaust

Current country of residence _____ Place of death _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

EDUCATION Highest level of education attained _____ Type of school _____

OCCUPATION Primary occupation _____ Family business Yes No

Name of company or institution _____ Position held _____

SIBLING 2 **Survivor** Yes No Female Male Full sibling Half-sibling Step-sibling Adopted sibling

Name _____
(First) (Middle or patronymic) (Last name during war) (Current last name)

Name at birth (if different from above) _____
(First) (Middle or patronymic) (Last)

OTHER NAMES (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)

1. _____ Hebrew Yiddish 2. _____ Hebrew Yiddish

1. _____ Nickname 2. _____ Nickname

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Birthdate _____ Place of birth _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

LIVINGCurrent country
of residence _____ DECEASED

Deathdate _____

 Natural death Killed in Holocaust

Place of death _____

(City, town, village, or shtetl)

(Nearest large city or town)

(Country)

EDUCATION

Highest level of education attained _____

Type of school _____

OCCUPATION

Primary occupation _____

Family business

 Yes No

Name of company or institution _____

Position held _____

SIBLING 3**Survivor** Yes No Female Male Full sibling Half-sibling Step-sibling Adopted siblingName _____
(First) (Middle or patronymic) (Last name during war) (Current last name)Name at birth (if different from above) _____
(First) (Middle or patronymic) (Last)**OTHER NAMES** (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)1. _____ Hebrew Yiddish 2. _____ Hebrew Yiddish1. _____ Nickname 2. _____ NicknameOther _____
(First) (Middle or patronymic) (Last) (Please explain)Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Name of interviewee: _____

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Birthdate _____ Place of birth _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

LIVING

Current country
of residence _____

DECEASED

Place of death _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

Deathdate _____

Natural death

Killed in Holocaust

EDUCATION

Highest level of education attained _____

Type of school _____

OCCUPATION

Primary occupation _____

Family business Yes No

Name of company or institution _____

Position held _____

Please check here if a "SIBLING INSERT" was filled out for this interview.

(Attach the insert to the end of this document.)

6 D. SPOUSES**SPOUSE 1** **Survivor** Yes No Female MaleName _____
(First) (Middle or patronymic) (Last name during war) (Current last name)Name at birth (if different from above) _____
(First) (Middle or patronymic) (Last)**OTHER NAMES** (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)1. _____ Hebrew Yiddish 2. _____ Hebrew Yiddish1. _____ Nickname 2. _____ NicknameOther _____
(First) (Middle or patronymic) (Last) (Please explain)Other _____
(First) (Middle or patronymic) (Last) (Please explain)Birthdate _____ Place of birth _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)Marriage date _____ Place of marriage _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)Current spouse? Yes No If not Divorced Deceased Other _____

LIVING

Current country of residence _____

DECEASED

Deathdate _____

Natural death

Killed in Holocaust

Place of death _____
(City, town, village, or shtetl)

(Nearest large city or town)

(Country)

EDUCATION

Highest level of education attained _____

Type of school _____

OCCUPATION

Primary occupation _____

Family business

Yes

No

Name of company or institution _____

Position held _____

SPOUSE 2

Survivor

Yes

No

Female

Male

Name _____
(First)

_____ (Middle or patronymic)

_____ (Last name during war)

_____ (Current last name)

Name at birth (if different from above)

_____ (First)

_____ (Middle or patronymic)

_____ (Last)

OTHER NAMES (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)

1. _____

Hebrew

Yiddish

2. _____

Hebrew

Yiddish

1. _____

Nickname

2. _____

Nickname

Other _____
(First)

_____ (Middle or patronymic)

_____ (Last)

_____ (Please explain)

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Birthdate _____ Place of birth _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

Marriage date _____ Place of marriage _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

Current spouse? Yes No If not Divorced Deceased Other _____

<input type="checkbox"/> LIVING		<input type="checkbox"/> DECEASED	Deathdate _____	<input type="checkbox"/> Natural death	<input type="checkbox"/> Killed in Holocaust
Current country of residence _____		Place of death _____ <small>(City, town, village, or shtetl) (Nearest large city or town) (Country)</small>			

EDUCATION Highest level of education attained _____ Type of school _____

OCCUPATION Primary occupation _____ Family business Yes No

Name of company or institution _____ Position held _____

Please check here if a "SPOUSE INSERT" was filled out for this interview. (Attach the insert to the end of this document.)

6 E. CHILDREN

Did you have any children? Yes No If yes, how many? _____

CHILD 1 Survivor Yes No Female Male Child by birth Adopted child Stepchild

Name _____
(First) (Middle or patronymic) (Last name during war) (Current last name)

Name at birth (if different from above) _____
(First) (Middle or patronymic) (Last)

OTHER NAMES (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)

1. _____ Hebrew Yiddish 2. _____ Hebrew Yiddish

1. _____ Nickname 2. _____ Nickname

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Birthdate _____ Place of birth _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

LIVING DECEASED Deathdate _____ Natural death Killed in Holocaust

Current country of residence _____ Place of death _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

EDUCATION Highest level of education attained _____ Type of school _____

OCCUPATION Primary occupation _____ Family business Yes No

CHILD 2 Survivor Yes No Female Male Child by birth Adopted child Stepchild

Name _____ (First) _____ (Middle or patronymic) _____ (Last name during war) _____ (Current last name)

Name at birth (if different from above) _____ (First) _____ (Middle or patronymic) _____ (Last)

OTHER NAMES (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)

1. _____ Hebrew Yiddish 2. _____ Hebrew Yiddish

1. _____ Nickname 2. _____ Nickname

Other _____ (First) _____ (Middle or patronymic) _____ (Last) _____ (Please explain)

Other _____ (First) _____ (Middle or patronymic) _____ (Last) _____ (Please explain)

Birthdate _____ Place of birth _____ (City, town, village, or shtetl) _____ (Nearest large city or town) _____ (Country)

LIVING | **DECEASED** Deathdate _____ Natural death Killed in Holocaust

Current country of residence _____ | Place of death _____
(City, town, village, or shtetl) (Nearest large city or town) (Country)

EDUCATION Highest level of education attained _____ Type of school _____

OCCUPATION Primary occupation _____ Family business Yes No

CHILD 3 **Survivor** Yes No Female Male Child by birth Adopted child Stepchild

Name _____
(First) (Middle or patronymic) (Last name during war) (Current last name)

Name at birth (if different from above) _____
(First) (Middle or patronymic) (Last)

OTHER NAMES (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)

1. _____ Hebrew Yiddish 2. _____ Hebrew Yiddish

1. _____ Nickname 2. _____ Nickname

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Other _____
(First) (Middle or patronymic) (Last) (Please explain)

Birthdate _____ Place of birth _____

(City, town, village, or shtetl)

(Nearest large city or town)

(Country)

LIVING

Current country of residence _____

DECEASED

Deathdate _____

Natural death

Killed in Holocaust

Place of death _____
(City, town, village, or shtetl)

_____ (Nearest large city or town)

_____ (Country)

EDUCATION

Highest level of education attained _____

Type of school _____

OCCUPATION

Primary occupation _____

Family business

Yes

No

CHILD 4

Survivor

Yes

No

Female

Male

Child by birth

Adopted child

Stepchild

Name _____
(First)

_____ (Middle or patronymic)

_____ (Last name during war)

_____ (Current last name)

Name at birth (if different from above) _____
(First)

_____ (Middle or patronymic)

_____ (Last)

OTHER NAMES (Please list Hebrew name, Yiddish name, nicknames, diminutives, and other names in the spaces provided below.)

1. _____ Hebrew Yiddish

2. _____ Hebrew Yiddish

1. _____ Nickname

2. _____ Nickname

Other _____
(First)

_____ (Middle or patronymic)

_____ (Last)

_____ (Please explain)

Other _____

Name of interviewee: _____

	(First)	(Middle or patronymic)	(Last)	(Please explain)
Birthdate	_____	Place of birth	_____	_____
		(City, town, village, or shtetl)	(Nearest large city or town)	(Country)
<input type="checkbox"/> LIVING		<input type="checkbox"/> DECEASED	Deathdate	_____
			<input type="checkbox"/> Natural death	<input type="checkbox"/> Killed in Holocaust
Current country of residence	_____	Place of death	_____	_____
		(City, town, village, or shtetl)	(Nearest large city or town)	(Country)
EDUCATION	Highest level of education attained	_____	Type of school	_____
OCCUPATION	Primary occupation	_____	Family business	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check here if a "CHILD INSERT" was filled out for this interview.

(Attach the insert to the end of this document.)

6 F. GRANDCHILDREN**(THIS SECTION IS OPTIONAL)**

Please feel free to leave a blank copy of the "GRANDCHILDREN INSERT" with the interviewee.
This form should be completed prior to the interview and attached to the end of this document.

First name	Last name at birth	Current last name	Names of parents	Country of birth	Sex	Birthdate
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

Please check here if a "GRANDCHILDREN INSERT" was filled out for this interview.

(Attach the insert to the end of this document.)

Name of interviewee: _____

JS

document printed 6/18/13

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6 G. EXTENDED FAMILY MEMBERS

In which country was your paternal grandfather born? _____

What were his native languages (if known)? _____

(THIS SECTION IS OPTIONAL)

Please feel free to leave a blank copy of the "EXTENDED FAMILY MEMBERS INSERT" with the interviewee.
This form should be completed prior to the interview and attached to the end of this document.

(Please list grandparents, aunts, uncles, first cousins, etc. - before, during, and after the war)

First name	Last name at birth	Birthdate	Living or Deceased	Deathdate	Country of death	Relationship to survivor
			<input type="checkbox"/> Living			
			<input type="checkbox"/> Deceased			
			<input type="checkbox"/> Living			
			<input type="checkbox"/> Deceased			
			<input type="checkbox"/> Living			
			<input type="checkbox"/> Deceased			
			<input type="checkbox"/> Living			
			<input type="checkbox"/> Deceased			
			<input type="checkbox"/> Living			
			<input type="checkbox"/> Deceased			

Please check here if an "EXTENDED FAMILY MEMBERS INSERT" was filled out for this interview. (Attach the insert to the end of this document.)

6 H. FAMILY IDENTITY

How would you define the identity of the following people? (Some examples of identity include: Jewish, Hungarian, French Sephardic, Polish Jew, Moldovan Roma, Ukrainian, Greek Orthodox, etc.)

IDENTITYCITIZENSHIP

SELF (before September 1, 1939)	<input type="checkbox"/> Jewish	<input type="checkbox"/> Not Jewish	_____	_____		
SELF (current)	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____
SPOUSE 1 (before September 1, 1939)	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____
SPOUSE 1 (current or last known)	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____
SPOUSE 2 (before September 1, 1939)	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____
SPOUSE 2 (current or last known)	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____

BEFORE SEPTEMBER 1, 1939:

FATHER	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____
PATERNAL GRANDFATHER	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____
PATERNAL GRANDMOTHER	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____
MOTHER	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____
MATERNAL GRANDFATHER	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____
MATERNAL GRANDMOTHER	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Jewish	_____	_____

7. POST INTERVIEW INFORMATION

Please complete this portion of the questionnaire while the videographer is putting away the equipment. Additionally, please fill in any incomplete information throughout the entire Pre-Interview Questionnaire.

What was the main language spoken in the interview? _____

Did the interviewee speak any other languages? Which? How often? (one word, several words, for an extended period, etc.)

Language spoken _____ How often? _____

Language spoken _____ How often? _____

Language spoken _____ How often? _____

Is the interviewee difficult to understand for any reason? _____

If you heard any proper names (people, cities, etc.) during the interview which are unknown to you, please list them here and ask the interviewee to spell them in his/her native language AND/OR the original language of the proper name.

WORD / PROPER NAME (Phonetic spelling)	DESCRIPTION (If person, relationship to interviewee. If place, please explain and list nearest large city or town)	INTERVIEWEE'S SUGGESTED SPELLING (Please spell the name in its original language and/or the interviewee's native language)

Please check here if a "SPELLING VERIFICATION FORM" was filled out for this interview. (Attach the insert to the end of this document.)

8. INTERVIEWER INFORMATION

Interviewer's name _____
(First) (Middle) (Last)

Telephone number (daytime) _____ Telephone number (evening) _____

Regional Coordinator's name _____ Date of interview _____

Interviewee's name _____
(First) (Middle or patronymic) (Current last name)

INTERVIEWER'S COMMENTS

This section is for any information, editorial comments, etc., that you would like the Foundation to know relating to any part of this interview.

PLEASE GIVE THIS PRE-INTERVIEW QUESTIONNAIRE, ALL COMPLETED INSERTS, AND THE RELEASE FORM TO THE VIDEOGRAPHER FOR RETURN TO SURVIVORS OF THE SHOAH VISUAL HISTORY FOUNDATION.

Thank you for your time and attention to this questionnaire. You may think of additional comments you would like to make after the interview is over.
If so, please feel free to mail them to the Regional Office.