

# SURVIVOR PRE-INTERVIEW QUESTIONNAIRE

The following sections are included in the questionnaire:

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. General Interview Details</li> <li>2. Survivor Information</li> <li>3. Prewar Life</li> <li>4. Wartime             <ol style="list-style-type: none"> <li>A. Ghettos</li> <li>B. Camps</li> <li>C. Hiding</li> <li>D. Resistance</li> <li>E. Refugees</li> <li>F. Death Marches</li> <li>G. Additional Wartime Questions</li> </ol> </li> <li>5. Postwar</li> </ol> | <ol style="list-style-type: none"> <li>6. Family Background             <ol style="list-style-type: none"> <li>A. Father</li> <li>B. Mother</li> <li>C. Siblings</li> <li>D. Spouses</li> <li>E. Children</li> <li>F. Grandchildren</li> <li>G. Extended Family Members</li> <li>H. Family identity</li> </ol> </li> <li>7. Post Interview Information</li> <li>8. Interviewer Information</li> </ol> |
|---|---|

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Education Information _____</li> <li>Ghetto _____</li> <li>Camp _____</li> <li>Hiding _____</li> <li>Resistance _____</li> <li>Refugee _____</li> <li>DP Camps _____</li> <li>Liberation _____</li> <li style="padding-left: 20px;">Military Service _____</li> <li>Rescue and Aid _____</li> <li style="padding-left: 20px;">Additional Groups _____</li> <li style="padding-left: 20px;">DP Camp Work _____</li> </ul> | <ul style="list-style-type: none"> <li>War Crimes Trials _____</li> <li style="padding-left: 20px;">Defendants _____</li> <li>Father _____</li> <li>Mother _____</li> <li>Sibling _____</li> <li>Spouse _____</li> <li>Child _____</li> <li>Grandchildren _____</li> <li>Extended Family Members _____</li> </ul> |
|---|---|

# 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) \_\_\_\_\_



## 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 obtaine d
						r Yes
						r No
						r Yes
						r No
						r Yes
						r No
						r Yes
						r No

r 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? r Yes r 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				r Yes
				r No
WARTIME (excluding forced labor)				r Yes
				r No
POSTWAR				r Yes
				r 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.)

## 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.)

## 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.)



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



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.

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

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

## 6 B. MOTHER

Survivor  Yes  No  Biological Mother  Stepmother  Adoptive Mother  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  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) LIVING  DECEASED Deathdate \_\_\_\_\_  Natural death  Killed in HolocaustCurrent 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				r Yes r No
WARTIME (excluding forced labor)				r Yes r No
POSTWAR				r Yes r 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.

r Please check here if a "MOTHER 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 \_\_\_\_\_

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)

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 3 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

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 \_\_\_\_\_

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

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



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 \_\_\_\_\_

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 \_\_\_\_\_

Please check here if a "SPOUSE 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 \_\_\_\_\_

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 \_\_\_\_\_  
(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 Current country of residence _____	<input type="checkbox"/> DECEASED Place of death _____ <small>(City, town, village, or shtetl) (Nearest large city or town) (Country)</small>	Deathdate _____	<input type="checkbox"/> Natural death	<input type="checkbox"/> Killed in Holocaust
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EDUCATION Highest level of education attained \_\_\_\_\_ Type of school \_\_\_\_\_

OCCUPATION Primary occupation \_\_\_\_\_ Family business  Yes  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.)

## 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			
			<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)

r 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.

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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.

Please put an "X" in the box if you wish to forego payment for this interview.