

# SURVIVOR PRE-INTERVIEW QUESTIONNAIRE

The following sections are included in the questionnaire:

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

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
						<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.)

Name of interviewee: \_\_\_\_\_

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**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.)

Name of interviewee: \_\_\_\_\_

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## 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?

## 4 C. HIDING

☐ 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)

## 4 E. REFUGEES

☐ 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)

- |  |   |                                     |                                      |
|--|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Aktionen      | <input type="checkbox"/> Ghettos          | <input type="checkbox"/> Prisons    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Camps         | <input type="checkbox"/> Labor battalions | <input type="checkbox"/> Roundups   |                                      |
| <input type="checkbox"/> Death marches | <input type="checkbox"/> Mass graves      | <input type="checkbox"/> Selections |                                      |
| <input type="checkbox"/> Deportations  | <input type="checkbox"/> Mass shootings   | <input type="checkbox"/> Trains     |                                      |

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

Name of interviewee: \_\_\_\_\_

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## 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)

☐ **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 \_\_\_\_\_

**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**

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☐ 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)

Name of interviewee: \_\_\_\_\_

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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.)**

## 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**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 3****Survivor**☐ Yes☐ No☐ Female☐ Male☐ Child by birth☐ Adopted child☐ StepchildName \_\_\_\_\_  
(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. \_\_\_\_\_

☐ NicknameOther \_\_\_\_\_  
(First)\_\_\_\_\_  
(Middle or patronymic)\_\_\_\_\_  
(Last)\_\_\_\_\_  
(Please explain)Other \_\_\_\_\_  
(First)\_\_\_\_\_  
(Middle or patronymic)\_\_\_\_\_  
(Last)\_\_\_\_\_  
(Please explain)

Birthdate \_\_\_\_\_

Place of birth \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of interviewee: \_\_\_\_\_

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(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: \_\_\_\_\_

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(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☐ 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	

☐ 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			
			<input type="checkbox"/> Living <input type="checkbox"/> Deceased			



## 6 G. EXTENDED FAMILY MEMBERS

☐ 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.)

### IDENTITY

### CITIZENSHIP

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.)

Name of interviewee: \_\_\_\_\_

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## 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. ☐**