TELL ME YOUR STORIES

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The follow	ing questionnaire	e relates to ar	n oral history	project we'll b	e doing this
semester.	Please answer	each question	n as fully as y	you can.	

Your name:

Do you have great-grandparents or grandparents (or other older relatives) living in [name of your school's city]

YesNo

If yes, write each of their names, and next to it include the name of city they were born in and in what year.

How often do you see the person(s) listed above?

Every dayOnce a weekEvery now and thenOn holidaysHardly ever **In what kinds of situations?**

How would you describe your relationship with them? (Are you close? Do you enjoy being with him or her? Do you ask them for advice?)

