

The Grandmothers Project Questionnaire

UPON COMPLETION, PLEASE SEND TO:

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Holyoke Media Grandmothers Project
PO Box 1310
Holyoke, MA 01041

Grandchild's Name: _____

Phone: _____ Email: _____

Grandmother's First Name: _____

Paternal Last Name: _____

Maternal Last Name: _____

What did you call her? _____

Is she your Paternal or Maternal Grandmother? _____

Her Date of Birth _____ Her Place of Birth: _____

Where did your grandmother live?

When she was a child: _____

As an adolescent: _____

As a young adult: _____

As a grandmother: _____

How many children and grandchildren did she have?

Children: _____

Grandchildren: _____

Is she passed, date of her Passing: _____

What are your earliest memories of your Grandmother? _____

How often did you see her when and where?

0 – 10 years old: _____ 11-15 years old: _____

16 – 20 years old: _____ 21 and older: _____

In addition to her home and family, what were her activities, concerns, pastimes, interests?

Do you remember her grieving anyone during your lifetime? _____

Date of Photo: _____ Place of Photo: _____

Occasion or anecdote about the photo: _____

Who took the Photo? _____

Who else is in the photo? _____

Does this picture show her the way you remember her, and how? _____

When you think of her, is this the person you see in your mind? _____

What is the difference? _____

Share two (2) things that were uncommon about her or her experience: _____

Share your story: _____
