

THE DEMING COOPERATIVE

Oral/Visual History

PRE-INTERVIEW QUESTIONNAIRE

Please print clearly:

Name: _____
First Last

Sex: Female Male

Date of pre-interview: _____ Date of Interview: _____

Home Address: _____
Street

City State/Province Country Postal Code

Phone number (daytime): _____ Phone number (evening): _____

Birthdate: _____ Place of birth: _____

Native Language: _____

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

Name of School	Level of school (elementary, secondary, university, etc.)	City or Town	Nearest large city or town	Country	Degree Obtained

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INTERVIEWER INFORMATION

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

Telephone (daytime): _____ Telephone (evening): _____

Coordinator's name: _____ Date of Interview: _____

Interviewee's name: _____
(First) (Middle) (Last)

INTERVIEWER'S COMMENTS

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

PLEASE GIVE THIS PRE-INTERVIEW QUESTIONNAIRE, AND THE RELEASE FORM TO THE VIDEOGRAPHER FOR RETURN TO THE DEMING FOUNDATION.

Thank you for your time and attention. 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 Deming Foundation
1234 Main St., Suite 123
Anytown, USA 45678