

1984 Living History Project Questionnaire

1. What's your name and today's date? (mandatory at beginning of video)
2. How old you were you in 1984? (mandatory)
3. What was your occupation at the time?
4. Where were you in June 1984? (mandatory)
5. How & when did you hear about that violence?
6. What did you see/hear?
7. What was your reaction—what did you think, or feel?
8. Where were you in Nov 1984? (mandatory)
9. How & when did you hear about that violence?
10. What did you hear/ see?
11. What was your reaction—what did you think, or feel?
12. Did you, any family, or friend become a target of the violence in June or Nov 84? (If anyone was killed; can you share their name?)
13. What happened during this incident?
14. Who was committing the violence?

15. Did you continue to live where you were living after 1984?
If you left, did you ever return to your prior residence?
16. Did you speak with anyone about this violence after 1984?
17. Do/did you share your feelings or experiences about 1984 with friends, family, the next generation?
18. Have you ever had nightmares/flashbacks about those days in 84?
19. Why, in your opinion, did all this happen 30 years ago, in 1984?
20. Did 1984 have a lasting impact on your life in any way?

For records:

1. Do you have any photos/documents about that time/your experiences?
2. May we have a copy/take a photo of these & include with your video?

