

“My Story” Interview Workbook



Print-at-Home

Compassionate
Community Care

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This is My Story

Record the full name, address, and contact information of the person you are interviewing (the “interviewee”):

Name: _____

Street address: _____

Town/City: _____

Postal Code: _____

Telephone #: _____

Email address: _____

*Place for photo
(optional)*

“My Story” Interview Appointments

Appointment 1

Day of the week: Sun / Mon / Tues / Wed / Thurs / Fri / Sat

Day / Month / Year: _____ / _____ / _____

Time: _____ AM / PM

Location: _____

Interviewed by: _____

Appointment 2

Day of the week: Sun / Mon / Tues / Wed / Thurs / Fri / Sat

Day / Month / Year: _____ / _____ / _____

Time: _____ AM / PM

Location: _____

Interviewed by: _____

Appointment 3

Day of the week: Sun / Mon / Tues / Wed / Thurs / Fri / Sat

Day / Month / Year: _____ / _____ / _____

Time: _____ AM / PM

Location: _____

Interviewed by: _____

At the conclusion of the interview(s), ask the interviewee to sign these two permission forms:

Permission Form 1

The interviewer should discuss the information contained here with the interviewee before signing.

I, the interviewee, give (name of interviewer)

permission to compile my story based on the information gathered during the interview(s), with the knowledge that a copy will be given to me when it is complete.

Signature: _____

Date: _____

Permission Form 2

Ask the interviewee if Compassionate Community Care can keep a copy of their completed “My Story” for possible future use. If yes, have them sign the following:

I, the interviewee, give Compassionate Community Care permission to keep a copy of “My Story” for their use.

Signature: _____

Date: _____

Sample “My Story” Interview Questions

Parents and Family

1. When and where were you born?

2. What are the names of your parents?

3. Where was your family originally from?

5. How many siblings do you have? _____
What are their names? Who were you closest to?

6. Where are you in the birth order?

7. Did you play with your sibling(s)?
What kinds of games did you play?

8. What were your family's economic circumstances?
Do you remember a time when money was tight?
Did you ever have to do without things you wanted or
needed?

Early Schooling

20. What was your elementary school like?

21. Did you enjoy going to school as a child?
Were there things about school that you didn't like?

Teenage Years

31. Did you have additional responsibilities or chores as a teenager?

32. How old were you when you went on your first date?
Did your parents have any rules about dating?



