

**Brooklyn College Listening Project Interview Log  
and Meta-Data Form 2017-18**

Name of Interviewee: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Instructor's name/Class it was conducted for: \_\_\_\_\_

In which neighborhood in Brooklyn/NYC does the interviewee live? \_\_\_\_\_

Is there a neighborhood, state or country that is important to this person? YES NO

If yes, what is it? (If there is more than one place that is significant, list them.) \_\_\_\_\_

Which following subjects or themes does the interviewee address? Check all that apply. And feel free to add other subjects or themes as well:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Brooklyn History   | <input type="checkbox"/> Work                 | <input type="checkbox"/> Race/Ethnicity  |
| <input type="checkbox"/> Gentrification     | <input type="checkbox"/> Health               | <input type="checkbox"/> War             |
| <input type="checkbox"/> Music              | <input type="checkbox"/> Religion             | <input type="checkbox"/> Military        |
| <input type="checkbox"/> Education          | <input type="checkbox"/> Family relationships | <input type="checkbox"/> American Dream  |
| <input type="checkbox"/> Arts               | <input type="checkbox"/> Housing              | <input type="checkbox"/> Other(s): _____ |
| <input type="checkbox"/> Political Activism | <input type="checkbox"/> Sports               |  |

If the interview deals in detail about the person's ethnic/racial/sexual/gender identity, check all that apply. And feel free to add others as well:

- |   |  |
|---|--|
| <input type="checkbox"/> African American           | <input type="checkbox"/> Jewish-American               |
| <input type="checkbox"/> Latina/o (_____)           | <input type="checkbox"/> Arab-American                 |
| <input type="checkbox"/> Caribbean-American (_____) | <input type="checkbox"/> Pakistani- or Indian-American |
| <input type="checkbox"/> Asian-American (_____)     | <input type="checkbox"/> LGBTQIA                       |
| <input type="checkbox"/> Italian-American           | Other(s): _____  |

Description: (100 words. Continue on the other side if necessary.)

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Consent Form signed: Yes \_\_\_\_\_ No \_\_\_\_\_  
Deed of Gift Interviewee signed: Yes \_\_\_\_\_ No \_\_\_\_\_  
Deed of Gift Interviewer signed: Yes \_\_\_\_\_ No \_\_\_\_\_  
Photograph Release Form signed: Yes \_\_\_\_\_ No \_\_\_\_\_