

Name _____ Period _____ Date _____

Remembering 9/11

Please print

You are to question someone who is at least 35 years old. **You** are to ask the questions and record their answers. Don't just hand the form to someone.

How old were you when 9/11 happened?

Where were you and what were you doing?

What is the first thing you remember seeing or hearing about it?

How did it affect your immediate vicinity?

What scared you the most?

What image or memory has stayed with you the most vividly?

Do you believe that life in America permanently changed that day? _____ Why or why not?
