

# MY COVID-19 TIME CAPSULE



MY NAME: \_\_\_\_\_

MY CITY: \_\_\_\_\_

MY SCHOOL: \_\_\_\_\_

MY AGE: \_\_\_\_\_

# INTERVIEW

How many days have you spent staying at home?

What are your top three moments from this experience?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What TV show did you watch?

What are you most thankful for?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What activities/hobbies have you enjoyed doing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your favorite inside activity?

What is your favorite food to make?

What is your favorite time of day?

What is your goal after this ends?

\_\_\_\_\_

\_\_\_\_\_

# MY COMMUNITY

Describe how your living arrangements have changed since living through the COVID-19 pandemic.

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What new hobbies have you taken up?

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What are you doing to feel connected to others?

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What special occasions/events passed during the time of COVID-19?

What was different about them?

List five things you are doing at home to keep busy:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# MY COVID-19 PHOTO ALBUM



Photo Description:

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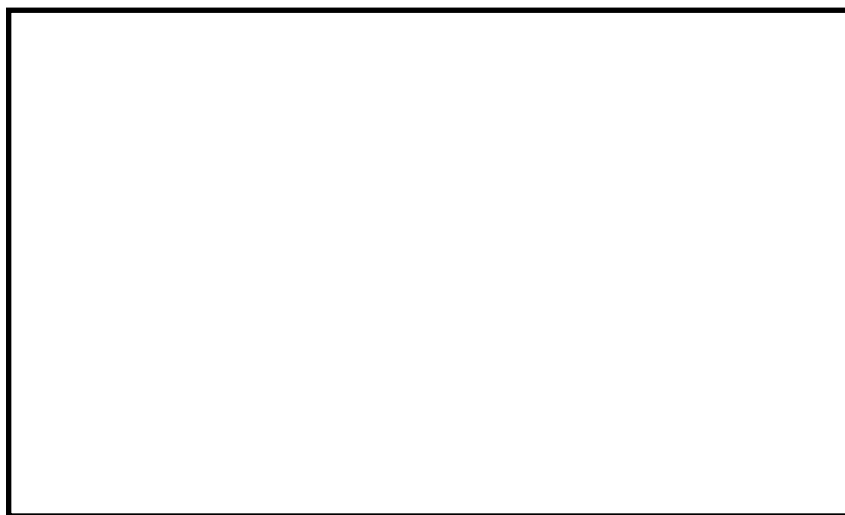


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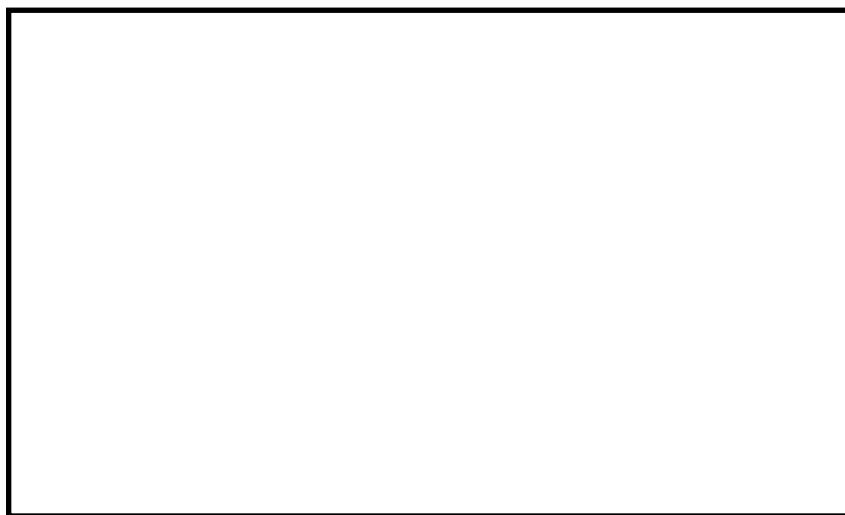


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