

Date:
 Name of Interviewer:
 Organization:

RISK RATING:
 LOW MEDIUM URGENT

! URGENT ACTION REQUIRED BY:

PROFILING QUESTIONNAIRE

*For first contact and referral purposes only
 Not for actual status determination and not to be used to limit claims or rights in later processes.*

Variables	Details
I. INTERVIEW	
Profile	1. Name 2. Sex 3. Date of Birth 4. Place of Birth 5. Nationality/Place of habitual residence 6. Ethnicity 7. Religion 8. Language / Literacy Level 9. Marital Status 10. Accompanying Family 11. Documentation 12. Medical Conditions 13. Medical Emergency
Migration Process	14. – 19.
Situation in Host Country	20. Date of arrival, status and living conditions
Prospects	24. Onward movement, voluntary return, fear of return
II. CASE ANALYSIS	
Needs Assessment	28. Profile Indicated
Response	29. Assistance Provided
Referral	30. Referral for Additional Assistance

I. INTERVIEW

Profile			
1.	Name (family, given)		
2.	Sex	Male	Female
3.	Date of Birth (dd/mm/yy)	Minor (<18)	Elderly
<p><i>Circle if applicable:</i></p> <p><i>Travels with parent(s) / Travels with family member(s) / Travels alone / Travels with adult non family member † / Does not demonstrate knowledge of the accompanying adult † / Travels with non family member(s) and does not know exact destination †</i></p>			
unaccompanied/separated			
4.	Place of Birth		
5.	Nationality/place of habitual residence		
6.	Ethnicity		
7.	Religion		
8.	Language/Literacy		
9.	Marital status		
10.	Traveling alone or with family or others?		
Name(s) and relationship of accompanying family member:			
11.	Documentation (Indicate issuing country, number, expiry date). Indicate if docs retained by agents/employers † ¹		
12.	Medical Conditions	Pregnant woman Disability (please specify) Other (please specify)	
<p><i>Circle if applicable:</i></p> <p><i>Obviously confused thinking (such that responses are often incoherent) / Obvious loss of contact with reality (behaviour which is regarded as nonsensical or bizarre by the person's own community) / Clearly peculiar behavior (e.g. hyperactivity, impulsivity, oppositional behavior) / Risk of harm to self or others</i></p>			
Victim of Trauma			

¹ *Possible indication that the individual may be a person of concern to UNHCR and that UNHCR should be notified. †Possible indication that the individual may be a trafficked person and that IOM should be notified.

Migration Process

13. When did you leave your place of origin?

14. Why did you leave your place of origin? circle relevant option(s):

Educational opportunity / Visit family or friend / Family reunification / Work opportunity / Marriage / False promise or Deception† / Flight from harm or fear of harm / indiscriminate violence* / armed conflict* / disruption of public order**

If other, please specify: _____

15. How did you leave your place of origin? circle relevant option(s):

Self / Facilitated or assisted† / Involuntary (kidnapping, coercion, sold by family, sold by non-family†) / Adoption / Other

If other, please specify: _____

16. Did you spend any time in transit place(s) / country(ies): Yes No

If yes, please specify in chronological order:

17. Did you engage in any activity in transit place(s) / country(ies)? Yes No

If yes, please specify (circle one):

Agricultural work / Begging / Child care / Construction / Domestic work / Factory work / Fishing / Low-level criminal activities / Mining / Entertainment/Prostitution / Restaurant and hotel work / Study / Small street commerce / Trade / Transport Sector / Other

If other, please specify: _____

18. Where did you live? _____

Situation in the Host Country

19. When did you arrive in the host country? _____

20. What is your status in the host country? _____

21. What activity have you undertaken since your arrival in the host country? circle relevant option(s):

Agricultural work / Begging / Child care / Construction / Domestic work / Factory work / Fishing / Low-level criminal activities / Mining / Entertainment / Prostitution / Restaurant and hotel work / Study / Small street commerce / Trade / Transport Sector /Other

22. During this activity, did you experience any of the following: circle relevant option(s) if applicable:

Physical abuse / Psychological abuse / Sexual abuse / Threats to individual / Threat of action by law enforcement / Threats to family / False promises/deception / Denied freedom of movement / Giving of drugs / Giving of alcohol / Denied medical treatment / Denied food/drink / Withholding of wages / Withholding of identity documents / Withholding of travel documents / Debt bondage / Excessive working hours / If exploited for prostitution (sexual exploitation): Denial of freedom to refuse client OR Denial of freedom to refuse certain acts OR Denial of freedom to use a condom

23. Did you experience exploitation or threat of exploitation †, arrest, detention, violence†, fear during travel† and/or in the host country†?

Yes No

Prospects

24. Do you intend to stay here? Yes No

25. Do you intend to move to another country? (circle one): Yes No
If yes, please specify: _____

26. Do you want to return to you country of origin? Yes No

27. What do you think will happen to you if you return to your country of origin? _____

Please circle all those that apply:

Detention / Prosecution /Physical violence† / Sexual Gender-based violence†* / Fear of retaliation†* / Fear of return* / Inability to return*/ Other (Please specify).....*

Observations (please provide brief explanation of each indicator circled above):

II. CASE ANALYSIS

Profile Indicated

28. Please tick all those that are INDICATED (even if not entirely proven; this is not a final status determination):

Asylum-seeker	<input type="checkbox"/>
Victim of Trafficking	<input type="checkbox"/>
Minor (Please indicate if: <input type="checkbox"/> unaccompanied <input type="checkbox"/> separated)	<input type="checkbox"/>
Woman at Risk	<input type="checkbox"/>
Older People at Risk	<input type="checkbox"/>
Victim of Violence or Trauma	<input type="checkbox"/>
Health and disability	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
Explain briefly:	

Assistance Provided

29. Please indicate immediate assistance provided:

Nature of assistance	Organization	Contact name(s)	Contact details

Referral for Additional Assistance

30. Will the individual be referred for additional assistance?

Yes

No

If yes, please tick the appropriate box(es) below:

Categories of persons with needs	Asylum-seeker	Victim of Trafficking	Woman at Risk	Minor	Older person at Risk	Other
Individual referred to:						
Emergency relocation						
Reception services (accommodation, Hygiene kit, Clothing, Food...)						
Immediate medical attention						
Referral to VoT process		e.g. IOM				
Referral to Asylum Process	e.g. UNHCR					
Family tracing / Reunification						
Best Interests Determination						
Other (please specify):						

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