

**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
<b>I. INTERVIEW</b>	
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
<b>II. CASE ANALYSIS</b>	
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 / <b>Travels with adult non family member</b> † / <b>Does not demonstrate knowledge of the accompanying adult</b> † / <b>Travels with non family member(s) and does not know exact destination</b> †</i></p>			
<b>unaccompanied/separated</b>			
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.	<b>Documentation</b> (Indicate issuing country, number, expiry date). Indicate if docs retained by agents/employers † <sup>1</sup>		
12.	<b>Medical Conditions</b>	<b>Pregnant woman</b> <b>Disability</b> (please specify) <b>Other</b> (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>			
<b>Victim of Trauma</b>			

<sup>1</sup> \*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?

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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:

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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

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### 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:      unaccompanied      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
<b>Individual referred to:</b>						
<b>Emergency relocation</b>						
<b>Reception services</b> (accommodation, Hygiene kit, Clothing, Food...)						
<b>Immediate medical attention</b>						
<b>Referral to VoT process</b>		e.g. IOM				
<b>Referral to Asylum Process</b>	e.g. UNHCR					
<b>Family tracing / Reunification</b>						
<b>Best Interests Determination</b>						
<b>Other</b> (please specify):						

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