Dear,

We want to get to know you better as part of your pathway to work.

With this questionnaire we want to get a picture of who you are, how you feel, what you do and your environment. When completing it, you can tell us what is already going well, where you would like to grow and where you could use support.

Try to give clear answers with concrete examples. There are no right or wrong answers. Take the time you need. You can ask for help from people who know you well.

During the next conversation we will work on your answers.

Good luck!

NB: You will see a number with some questions. You do not have to pay attention to this. This serves to support the mediator.

Name

Date

Your expectations about work

What is important to you at the moment?

What is your dream in terms of work? (5)

What do you definitely hope to achieve in your search for work? (5)

When will this pathway be useful for you?

Who you are

Introduce yourself briefly (+/- 5 lines).

What course did you take at school? (36)

Which subjects did you like the most and which the least? (36/12)

What was the best or most enjoyable job/internship/volunteer work that you have ever done? What helped in this? (35/...)

Which job/internship/volunteer work did you find the least successful or most annoying? What determined this? (35/...)

What else do you think is important for us to know about you?

How you feel

How fit/energetic do you feel? (13) **Indicate on the following scale:**

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very much
1 2 3 4 5 6 7

What makes you give this score? Explain with an example(s)

What can help you to feel fitter/more energetic?

How much do you see yourself working? (13/37/...) **Put a cross on the following scale:**

1	2	3	4	5	6	7

Indicate the number of days

What makes you give this score? Explain with an example(s)

If you wanted to work more, what could help you to be able to work more?

Can you do physically demanding work? (13/42) **Clarify what you can handle.**

Do you like working together or do you prefer to work alone? Motivate your choice (8)

How do you feel about yourself? (2/3/13/14/...) **Indicate on the following scale:**

Not good at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very good
1 2 3 4 5 6 7

What makes you give this score? Explain with an example(s)

What do you need to feel better about yourself?

How satisfied are you with yourself? (2/3) **Indicate on the following scale:**

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very much
1 2 3 4 5 6 7

What makes you give this score? Explain with an example(s)

What can help you to be more satisfied with yourself?

How much do you stand up for yourself and your own opinion? (2) Indicate on the following scale:

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very much
1 2 3 4 5 6 7

What makes you give this score? Explain with an example(s)

What can help you to stand up for yourself/your opinion more?

How well can you concentrate on a task? (9) Indicate on the following scale:

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very well
1 2 3 4 5 6 7

What makes you give this score? Explain with an example(s)

What do you need to concentrate better on a task?

How well can you remember? (9/15) Indicate on the following scale:

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very well
1 2 3 4 5 6 7

What makes you give this score? Explain with an example(s)

What can help you to remember better?

How easily can you deal with changes? (11)

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very well
1 2 3 4 5 6 7

What makes you give this score? Explain with an example(s)

What helps you cope better with changes?

Do you experience pain or discomfort? (14/40/...) **If so, where?**

Indicate on the following scale:

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very much
1 2 3 4 5 6 7

What makes you give this score? Explain with an example(s)

What can help you to experience less pain/discomfort?

How does smoking, drugs, medication, gaming, gambling or another addiction affect your life? (6)

What do others say are your positive qualities? (12)

What growth opportunities do you see in yourself? (12/...)

What you do

In which language(s) can you read? (16/39)

In which language(s) can you write? (16/39)

How often do you write and send an email? (16)

Never 1 2 3 4 5 6 7 Very often

To what extent do you use the internet to look up information? (16/18)

Not at all 1 2 3 4 5 6 7 Very much

What does an average day look like for you? (10)

What does a good day look like for you? (10/...)

What does a difficult day look like for you? (10/...)

Which activities or hobbies give you energy/pleasure? (27)

What form of exercise do you do? (27/23)

What activities do you do with friends, family, acquaintances...? (27)

Are you a member of an association, club...? If so, which one? (27)

How do you get around (bike, car, public transport...)? (21)

What is your current income? Can you make ends meet with this? (26)

What ways to find work do you know? (18/12)

What actions have you already taken to find work? (19)

What does your living situation look like (type of home, company, condition, security of residence...)? (24)

How satisfied are you with your living situation? (24) **Indicate on the following scale:**

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very much
1 2 3 4 5 6 7

What makes you give this score? Explain with an example(s)

What would an improvement of your living situation entail?

How relaxed are you in general? (20/2/38/...) **Indicate on the following scale:**

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very much
1 2 3 4 5 6 7

What makes you give this score? Explain with an example(s)

What do you need to feel more relaxed?

What do you consider a stressful situation? (20) **Give an example.**

How do you notice that you are stressed? (20/38)

How do others notice that you are stressed? (20/38)

When did you manage to deal with a stressful situation? (20)

What did you do (differently) then? (20)

Your environment

How much contact do you have with your family? (28)

None 1 2 3 4 5 6 7 Very much

To what extent do you feel supported by them?

None 1 2 3 4 5 6 7 Very much

What support do you get from them?

How much contact do you have with friends/acquaintances? (29)

None 1 2 3 4 5 6 7 Very often

To what extent do you feel supported by them?

None 1 2 3 4 5 6 7 Very much

What support do you get from them?

Which social workers, supervisors, organizations, etc. are you in contact with? (32)

How much support do you get from them?

Do you take medication? If so, which one? (34)

To what extent are you satisfied with the way it works? (34) Indicate on the following scale:

Not 1 2 3 4 5 6 7 Very much

Do you experience side effects? Indicate on the following scale:

None 1 2 3 4 5 6 7 Very much

What effect does the medication have on you?

What aids do you use (wheelchair, crutch, brace, hearing aid, etc.)? (34)

What effect does this have on you?

Thank you for completing this questionnaire.