



Survey questionnaire:

Access to the labour market and coping with changes

Dear participant,

Thank you for taking the time to support the RIAC (Regional Integration Accelerators)-project by completing this questionnaire!

This questionnaire is about your personal situation, how to get into employment and how to cope with change. Therefore, we ask you to provide some information about the challenges and barriers you face when entering the labour market and the extent to which it was possible to overcome them (Part A). We would also like to know how you deal with difficult situations (Part B).

In order to grasp this, we have formulated several statements. Please decide to what extent these statements apply to you. If you believe that the statement in question does not apply to you at all, please tick the field on the very left [1], if a statement fully applies to you, tick the field on the very right [7]. For all other cases, please choose an appropriate gradation between these two extremes.

Please answer the questions spontaneously and one after the other, if possible without skipping a question. **There are no right or wrong answers.** Even if some questions may seem similar to you, we kindly ask you to answer them. If you really cannot make an assessment, please skip this question.

Whether you are currently employed or not, completing the questionnaire will help to identify challenges and barriers to labour market access and thus help to improve the situation of refugees.

Of course, all information will be treated confidentially!

THANK YOU! The RIAC evaluation team.

Date: _ . _ . _ 



Part A. Challenges and barriers to labour market entry

Please provide information about the **challenges and barriers** you face when entering the labour market and the extent to which you have managed to overcome them, so far.

| <i>Please tick the answer option that best fits your assessment!</i> | | |
|--|-------------------|--|
| This challenge/barrier represents a significant obstacle to labour market entry. | Challenge/Barrier | So far, I have successfully overcome this challenge/barrier. |

| does not apply at all | | | | | | | fully applies | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ↓ | | | | | | | ↓ | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | Challenge/Barrier | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Overcoming language barriers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acquisition of missing professional qualifications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General recognition of professional qualifications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acquisition of the required work experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family obligations, e. g. childcare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychological burdens due to war and oppression experiences or traumatic flight experiences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cultural differences, e. g. during job search or in everyday working life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lack of participation in (social) networks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal uncertainties, e. g. different responsibilities of employment agencies and job centers, duration of residence permit/work permit, future residence status | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time-limited residence permit/work permit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Duration of asylum procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Administrative burdens to obtain a work permit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Limited access to the labour market, e. g. due to waiting periods, access restrictions with regard to certain sectors, occupations, regions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Others, namely: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Others, namely: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Part B. Coping with changes and difficult situations

Please let us know to which extent the statements describe the way you cope with changes.

Please tick the answer option that best fits your assessment!

| | does not apply at all | | | | | | fully applies |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Coping with changes and difficult situations | | | | | | | |
| I quickly anticipate and adapt to changes in my working environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I pursue work-related goals consistently and with a lot of perseverance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I steadfastly and persistently overcome resistance, stress and obstacles. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can handle stress with high stability. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I work in a disciplined manner, with a strong sense of duty and a sense of responsibility. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am fully committed to necessary tasks, even under difficult conditions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coping with learning demands | | | | | | | |
| I learn in a self-motivated and informal way and I develop myself by using external changes and demands. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I learn with high self-motivation and willingness to develop. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am committed to addressing issues and solving problems of personal importance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In problematic situations with an open outcome, I develop high performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behaviour when interacting with superiors, colleagues and customers | | | | | | | |
| I enjoy establishing contacts with people and respect my fellow human beings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I consider myself competent to provide information on my work in a way that is comprehensible. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My work behaviour is strongly oriented towards customer needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I approach other people openly and favourably, but with the necessary distance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am a good listener and take an interest in my conversation partner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When dealing with objections I remain factual and calm. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can handle disappointments and defeats well. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I endure conflicts and I can critically question my own interests. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am actively interested in others' experiences and I am open-minded. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I enjoy working in groups and I am a good team player. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Even if there are differences, I build a consensus within the group and strive for common solutions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am trustworthy and reliable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Part C. Personal details

Please tick the appropriate answer below:

| | | | |
|--------------------------|-------------------------------------|--|----------------------|
| | <input checked="" type="checkbox"/> | | |
| Sex | <input type="checkbox"/> | male | |
| | <input type="checkbox"/> | female | |
| Family status | <input type="checkbox"/> | single without children | |
| | <input type="checkbox"/> | single with child(ren) How many children do you have? _____ How many of your children live with you in one place? _____ | |
| | <input type="checkbox"/> | in partnership without children Do you and your partner live together in one place? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | <input type="checkbox"/> | in partnership with child(ren) Do you and your partner live together in one place? <input type="checkbox"/> yes <input type="checkbox"/> no How many children do you have? _____ How many of your children live with you in one place? _____ | |
| Nationality | | | |
| <input type="checkbox"/> | Afghan | <input type="checkbox"/> | Pakistani |
| <input type="checkbox"/> | Ethiopian | <input type="checkbox"/> | Palestinian |
| <input type="checkbox"/> | Eritrean | <input type="checkbox"/> | Somalian |
| <input type="checkbox"/> | Iraqi | <input type="checkbox"/> | Sudanese |
| <input type="checkbox"/> | Iranian | <input type="checkbox"/> | Syrian |
| <input type="checkbox"/> | Yemeni | <input type="checkbox"/> | other, namely: _____ |

Finally, please answer the following three questions:

How old are you?

What is the highest level of education you have completed?

primary school secondary school, level: _____

higher education, namely: _____

university, degree: _____

other, namely: _____

What is your **host country language level** according to the CEFR?

A0: Absolute beginner (no knowledge of the host country language at all)

A1: Beginner level

A2: Elementary level

B1: Intermediate level

B2: Upper-intermediate level

C1: Advanced level

C2: Proficiency (near-native) level



Part D. Your personal identification code

Please carefully complete the information requested below. It will generate your personal identification code which ensures your anonymity and, at the same time, allows us to link survey data that was collected over time.

| | |
|---|--|
| 1 | Please CIRCLE the letter below that represents the first letter of your first name (e. g. Husain = ... G(H)I). A B C D E F G H I J K L M N O P Q R S T U V W X Y Z |
| 2 | What are the first two (Latin) letters of your mother's first name (e. g. Amina = A M)? ✍ _ _ |
| 3 | Please CIRCLE the month in which you were born. January February March April May June July August September October November December |
| 4 | Please CIRCLE the letter below that represents the first letter of the city/town you were born in (e. g. Aleppo = (A)B C ...). A B C D E F G H I J K L M N O P Q R S T U V W X Y Z |
| 5 | What are the numerals for the year your mother was born (e. g. 1970)? ✍ 19 _ _ |

Part E. Supplementary notes

What else would you like to tell us?

✍ _____

Many thanks for your support!

Your RIAC evaluation team!

If you have any questions or comments, please do not hesitate to contact us:



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