

## Kundenbefragung in Englisch

### Local survey for host families (20 min)

Introduction: Contact with the host family is very important, and quality assurance is a key element. In order to evaluate not only student comments but also to get feedback from the host families themselves, contact the latter and conduct a survey with them.

Own opening to the conversation:

Your text:

--

#### 1. How long have you been providing accommodation for students?

- 1 year
- 2 years
- 3-5 years
- 6-10 years
- Over 10 years

If over 10 years, for how long \_\_\_\_\_?

#### 2. Where do the students come from?

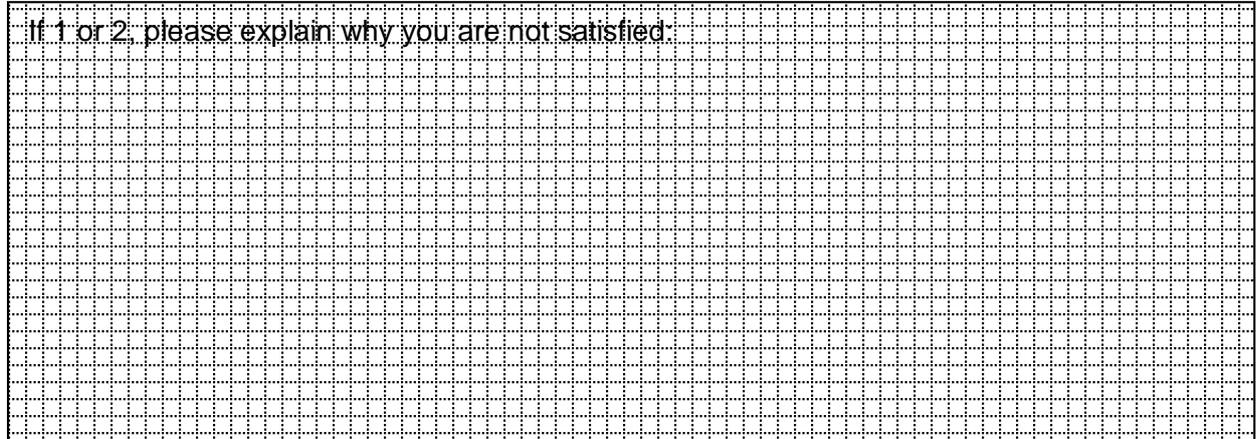
- Europe
- North America
- South America
- Asia
- Worldwide
- Other

If other, where: \_\_\_\_\_

**3. How satisfied are you with the allocation of the students?**

- 1 = not at all
- 2 = partly
- 3 = satisfied
- 4 = very satisfied

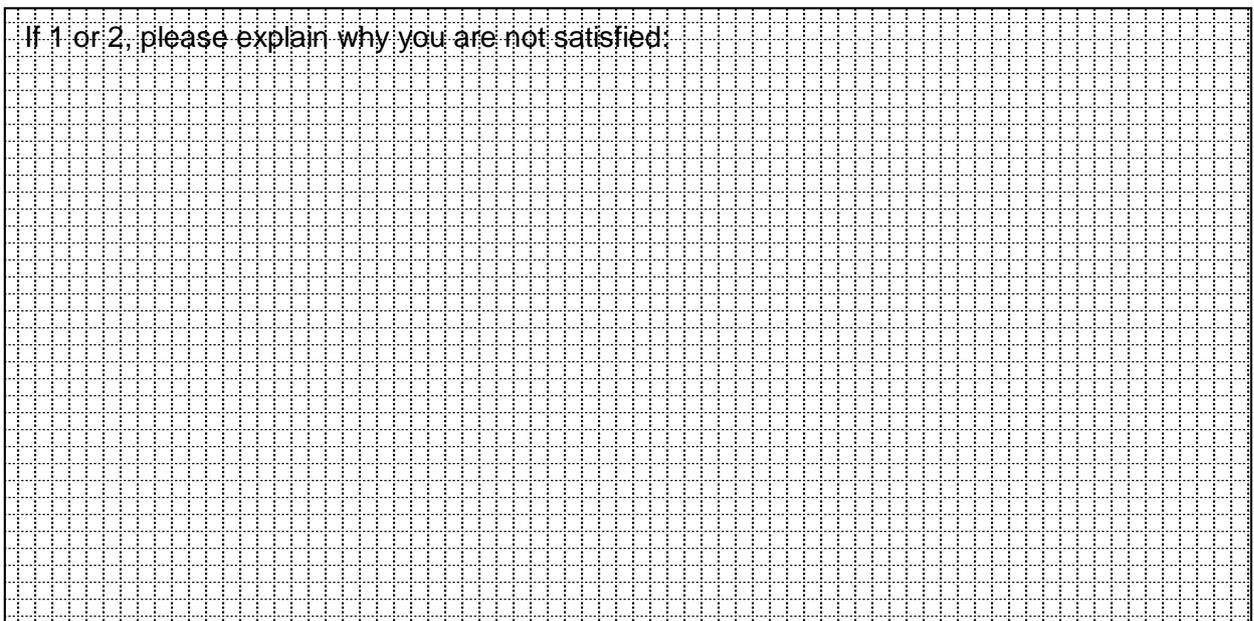
If 1 or 2, please explain why you are not satisfied:



**4. How satisfied are you with the administration (correspondence, payment, etc.) by the agency locally?**

- 1 = not at all
- 2 = partly
- 3 = satisfied
- 4 = very satisfied

If 1 or 2, please explain why you are not satisfied:



**5. How has the performance of the agency changed locally?**

- 1 = greatly deteriorated
- 2 = slightly deteriorated
- 3 = remained the same
- 4 = improved

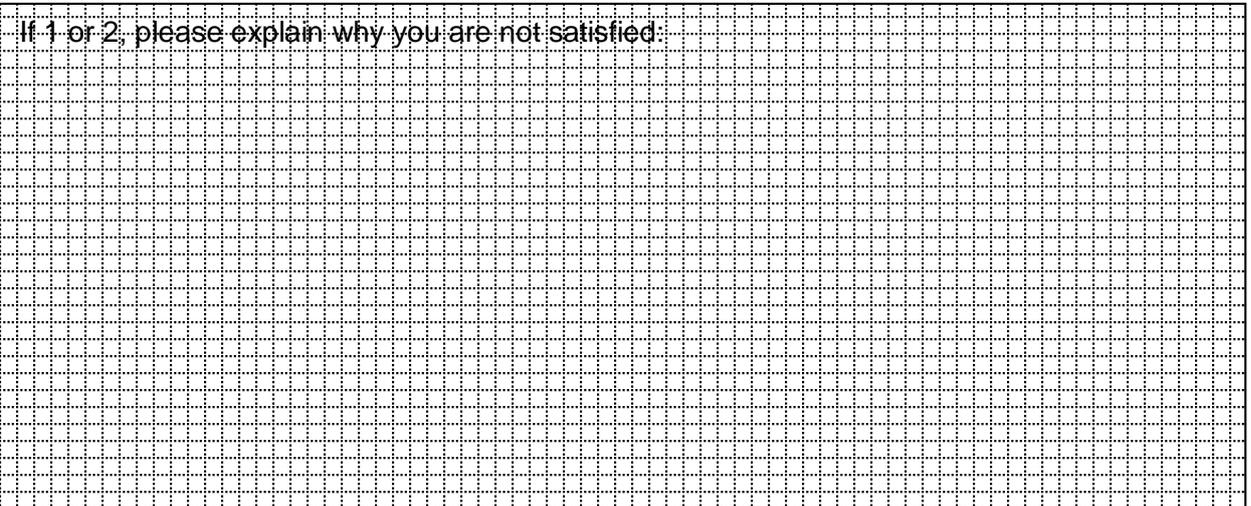
If 1 or 2, please explain why you are not satisfied:



**6. How satisfied are you with contact (communication, friendliness, etc.) from the agency locally?**

- 1 = not at all
- 2 = fairly satisfied
- 3 = satisfied
- 4 = very satisfied

If 1 or 2, please explain why you are not satisfied:



**Questions regarding the household**

**7. How many people (excluding students) live in your flat/house?**

- 1
- 2
- 3
- 4 or more

If more, please state how many:

---

**8. (If more than "1 person" has been given as an answer to Q8) How many of these are children aged...?**

1-3 years	Number/gender_____
4-9 years	Number/gender_____
9-15 years	Number/gender_____
16-20 years	Number/gender_____
older than 20	If older than 20, please state age: _____

**9. Do you have pets?**

- No
- Yes

If yes, what ones and how many?

---

---

—

**10. Is an adult always on hand (in the house), excepting shopping, errands, etc.?**

- No
- Yes

## Questions about the person (optional)

Name of person \_\_\_\_\_

Gender \_\_\_\_\_

Age of person \_\_\_\_\_

Would you to speak to the agency in person?

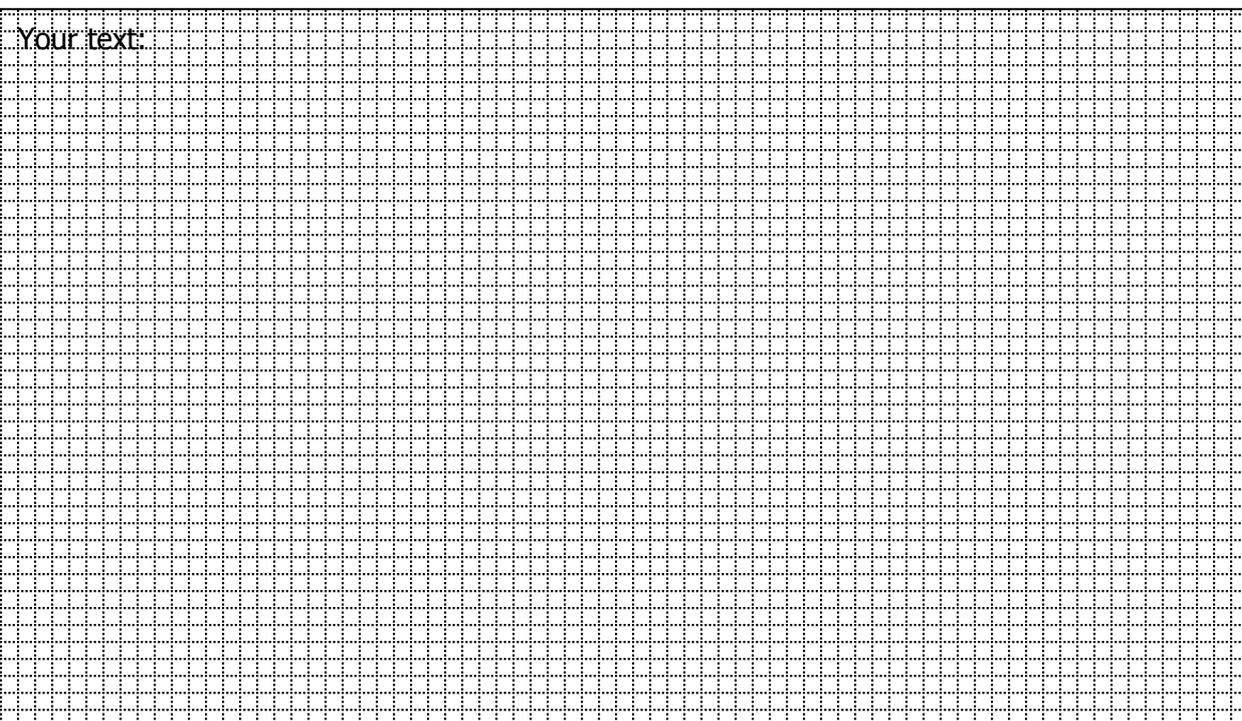
Yes

No

## Finishing the conversation

Own ending of conversation:

Your text:

A large rectangular area filled with a grid of small dots, intended for handwritten text. The text "Your text:" is written in the top-left corner of this area.