

[06/02 16:05] Walyhee Akinwale (Student)

1. What specific dietary requirements or restrictions do you have (e.g., gluten-free, vegetarian, low-carb)?
2. How do you usually keep track of the foods you eat and their nutritional content?
3. When grocery shopping, how do you decide what foods to purchase?
4. Do you have any favorite recipes or meal plans that you follow?
5. How important is it for you to know the nutritional information (e.g., calorie count, ingredient list) of the foods you purchase?
6. How often do you grocery shop and how do you plan your meals for the week?
7. Have you used any technology or apps to assist with grocery shopping or meal planning before? If so, what did you like or dislike about them?
8. How would you like a diet-aware shopping assistant to help you with grocery shopping and meal planning?
9. Are there any specific grocery stores or brands that you prefer to shop at?
10. What are your favorite types of cuisine or specific dishes that you like to make at home?

[06/02 16:07] Walyhee Akinwale (Student)

How spicy do you prefer your food to be?

- a. Mild
- b. Medium
- c. Hot
- d. Very Hot

[06/02 16:08] Walyhee Akinwale (Student)

1. Do you have any food allergies?
2. a. Yes
3. b. No
4. If yes, please specify which food(s) you are allergic to.
5. Are you a vegetarian or a vegan?
6. a. Vegetarian
7. b. Vegan
8. c. Neither
9. Are you comfortable with eating gluten?
10. a. Yes
11. b. No
12. Are you comfortable with eating dairy products?
13. a. Yes
14. b. No
15. Do you have any other dietary restrictions or preferences? (Please specify)
16. How spicy do you prefer your food to be?
17. a. Mild

- 18. b. Medium
- 19. c. Hot
- 20. d. Very Hot
- 21. Do you prefer sweet or savory flavors in your food?
- 22. a. Sweet
- 23. b. Savory
- 24. On a scale of 1 to 5, how adventurous are you with trying new foods?
- 25. a. 1 - Not at all
- 26. b. 2
- 27. c. 3
- 28. d. 4
- 29. e. 5 - Very much so
- 30. Do you have a preferred cuisine or type of food? (Please specify)