Assignment 2 (Individual Part) Worksheet
Understanding Users: Data Collection
Instructor: Qian Yang (qy242)

Submission instructions

This assignment includes the following components. Download this worksheet, which includes all components except the first one, the IRB report.
- IRB completion report (autogenerated)
- Initial interview protocol
- Pilot interview worksheets, including notes and reflections.
- Post-pilot interview protocol
- One formal interview notes and section summary

Follow the instructions in **"A2 Individual (Instruction)"**, and complete the worksheet by replacing the blue texts in the worksheet with your own writing. Afterwards, save the completed submission file as **a pdf**, add the IRB report to the beginning of it, and then submit it to Canvas.

Do not include your name or netID in the assignment to allow for anonymous grading.

Part 2. Designing Interview Protocols

Q2.1 Initial Interview Protocol

Initial Interview Protocol	
Step 1. Clarifying Interview Goal	
Problem Statement	How can we use computational technologies to provide inexpensive alternatives for the successful rehabilitation of eating disorders to college students living on the east coast of the USA?
Interview Goals	● What are some of the triggers, if they are comfortable sharing, that may set their recovery back? ● What are ways in which they currently deal with recovery?
Step 2. Who, Where, When, How	

Participants criteria	● Inclusion criteria
	  ○ Students who are in the process of recovering from an eating disorder, or who want to
	  ○ People who have personally known a student with an eating disorder
	  ○ Therapists/Nutritionists/other professionals who have worked with or are currently working with a student with an eating disorder
	● Exclusion criteria
	  ○ People not in college on the east coast of the USA
	  ○ Students who only impersonally know someone with an eating disorder

Interview Setting	● Interviews through Zoom, cameras on only if comfortable ● If it is difficult to discuss eating disorders out loud, than one person can talk, and the interviewee can type answers either in the chat of a Zoom meeting, or through messages
Step 3. Structuring the Interview with Main Questions	
Key Interview questions	● What barriers have there been in attempting to recover? ● Can you let me know about your experience with your eating disorder? ● What steps, if any, have you already tried in recovery? ● What role has technology played in recovery? ● How has your eating disorder negatively impacted your relationship with food?
Step 4. Logistical and ethical considerations	

Interview Length	We will try to get to 60 minutes, however they will likely be shorter, especially if the interviewees are not comfortable talking about the topic of eating disorders. It may be better to get shorter interviewers with several people rather than a few lengthy 60 minutes ones.
Data Collection Method	● Because meetings are through Zoom, it may be easier to type notes while in the meeting, or while someone else is talking to the interviewee (i.e. as a notetaker) ● Video/audio recording may not be the wisest choice as eating disorders are a sensitive topic and interviewees may not want their experiences being linked to them —> anonymous participants may also be a good idea
Ethical considerations	An ethical consideration that may come up is that the topic of eating disorders is a sensitive one, and may very well be triggering for interviewees who have had eating disorders. It would be hard to alter questions about eating disorders or to avoid the topic altogether, because information about them is needed to come up with a low-cost effective recovery plan/solution. Therefore, it is very important that we disclose the types of questions we will be asking, as well as stopping when/if the interviewee becomes triggered.
Informed Consent Process	We are asking you to participate in a research study for a class on Human-Computer Interaction. We will describe this study to you and answer any of your questions.The purpose of this research is to draft out a potential prototype for a computational technology that can help as a low-cost and effective recovery option for college students with eating disorders. We will ask you several questions about such eating disorders, including about your personal experiences. Your participation is completely voluntary, as we understand that talking about your personal experiences with an eating disorder may be triggering and uncomfortable, and if at any time you feel unable to respond to questions or further elaborate on answers, you are more than welcome to say so, and we can end your interview there. Information learned from this study and any interviews may benefit students who are looking for ways to help with their personal recovery progress.
Step 5. Complete the Interview Protocol	

Detailed interview protocol	Project background: Individuals with eating disorders often suffer in silence. There is social stigma surrounding the topic and access to professional help is difficult, with cost being one of the barriers. Many individuals do not feel comfortable discussing their experiences with eating disorders until they fully recover from it and hence the recovery process can often be a lonely and daunting journey. Our study is focusing on assisting those who seek to recover from their eating disorders but need assistance, guidance and advice along the way in order to successfully do so. Rehabilitation can be difficult and not everybody has the means or is comfortable in seeking help, so providing low-cost options would help overcome this significant barrier and positively impact the mental and physical health of the target population. Because our target population is college students, we anticipate that one of their primary needs would be to keep cost at a minimum. Hence, we also aim to solve our target population's unique budgetary restrictions.
	
	We will conduct remote interviews through Zoom and obtain their consent before asking questions:
	
	● Why do you want to talk about this?
	
	● What barriers have there been in attempting to recover?
	
	   ○ Have you been able to overcome any? How?
	
	   ○ (if they have already recovered) What has helped you the most?
	
	● Can you let me know about your experience with your eating disorder?
	
	● What steps, if any, have you already tried in recovery?
	
	   ○ What support have you gotten?
	
	● How, if it has, has your eating disorder impacted your relationship with food even now?
	
	● What does "successful" rehabilitation mean to you?
	
	There will be other follow-up questions that may come up based on the answers that specific interviewees give.
	
	After the initial interview, we will ask any follow-up questions that may come up. Finally, we will thank them and review the observations noted during the interview.

Q2.2 Pilot Interviews and Interview Protocol Revisions

Pilot Interview Worksheet	
Pilot #1	
Participant Description	- Fits inclusion criteria - college student - previously had an eating disorder/body dysmorphia - went through a process of recovery
Interviewer Notes	- body dysmorphia - now wants to live a better life because of the emotional and physical toll it took on her body - can't really pinpoint where the eating disorder came from - couldn't eat with friends and tried to avoid outings with food/social events - recovery needed through social help - would come up with excuses for not eating; tried to come up with normal reasons for her behavior - would eat only one meal and sometimes throw up on her worst days - went to see a professional and got therapy - her mom and friends told her that her eating habits were not normal - happier and healthier after recovering - doctor: eat designated small meals at specific times/ have tangible goals - her mom supporting her constantly and encouraging her helped a lot - therapy to help improve mental state wasn't cheap - lost weight, mood was off, less energy when trying to cope - recovery process: 2 years, medical help was 6 months to a year long - counseling sessions helped treat symptoms - still visits a doctor and also exercises to get rid of stress
Participant feedbacks	- try to word questions better - be more specific, and have a greater variety of words to use so that participants don't have to ask for clarification many times - a few questions made too many assumptions, such as ones about receiving help and having a support network

Reflections	● questions that worked well were ones that let the participant share their story as freely as possible, without interviewees guiding their responses
	
	● questions that didn't work so well were ones that made assumptions, such as:
	
	    ○ How have your friends/family helped you?
	
	        ■ They may not have had a strong support network
	
	● plans to improve the interview protocol are to be careful with how questions are worded, and to always let them speak first before jumping in with any follow-up questions
	
	● potential user need: support group/person?

Pilot Interview Worksheet	
Pilot #2	
Participant Description	- doesn't 100% fit into the inclusion criteria, as she is from the West Coast - had an eating disorder in high school, in college now - has mostly recovered
Interviewer Notes	- had an eating disorder in high school - in college now, but has mostly recovered now, for the most part - unsure where it may have come from - hard to eat around other people, especially ones that were closer to her - when asked questions, tried to brush them off: this didn't help with her disorder, might have made it worse - did not go see a professional for recovery, tried at first to recover on her own - would not eat some foods, yet eat others - safe foods and fear foods - fruits were always okay, as well as things like tofu but foods like pastas were not - decided to recover after more noticeable loss in energy, and mood shifts, knew that what was going on wasn't normal but hard to stop disordered eating habits - when telling a friend about her disorder, it helped to have that extra support as well - considered more professional help, but decided against it as she seemed to be doing alright without it - slowly eating more fear foods, such as even trying a bite of a fear food everyday - one barrier to recovery was herself, it is hard to admit that help is needed at all - exercises - things to regulate mental state (not therapy though) like going on walks/etc

Participant feedbacks	- questions that are hard to answer are the very specific ones asking about smaller details, like some of the follow-up questions - it can be hard to remember exactly - can feel a little uncomfortable talking more in depth about harmful habits, but easier to talk about the recovery process
Reflections	- like the last pilot interview, the participant talks the most when they are able to just freely tell their stories, and less when asked follow-up questions about every single little thing - something interesting revealed was the mention of fear foods and safe foods, two terms that could be useful when asking questions in another interview (the last pilot interview suggested finding a broader vocabulary to describe things) - something else that stood out was that she didn't feel that she particularly wanted to seek out very professional help - when able to find someone to support them, that was very helpful (this may serve as a user need) - mention of safe foods and fear foods

Q2.3 Post-Pilot interview protocol

Post-Pilot Interview Protocol	
Step 1. Clarifying Interview Goal	
Problem Statement	How can we use computational technologies to provide inexpensive alternatives for the successful rehabilitation of eating disorders to college students living on the east coast of the USA?
Interview Goals	● What are ways in which they deal with recovery? ● Experience with having an eating disorder
Step 2. Who, Where, When, How	

Participants criteria	● Inclusion criteria
	  ○ Students who are in the process of recovering from an eating disorder, or who want to
	  ○ People who have personally known a student with an eating disorder
	● Exclusion criteria
	  ○ People not in college on the east coast of the USA

Interview Setting	● Interviews through Zoom, cameras on only if comfortable ● If it is difficult to discuss eating disorders out loud, than one person can talk, and the interviewee can type answers either in the chat of a Zoom meeting, or through messages
Step 3. Structuring the Interview with Main Questions	

Key Interview questions	- What barriers have there been in attempting to recover? - Can you let me know about your experience with your eating disorder? - What steps, if any, have you already tried in recovery? - How has your eating disorder impacted your relationship with food? - How/when did you decide that you wanted or needed to get help? - Can you talk about your story? - What kinds of things have changed since being in the midst of your eating disorder, and afterwards? - What does "successful" rehabilitation mean to you?
Step 4. Logistical and ethical considerations	
Interview Length	Based on the two pilot interviews conducted, the interviews will be around 30 minutes
Data Collection Method	- Meeting will be through Zoom, and notes will be taken digitally (typed onto a document or directly into the table) - Interviews will not be recorded, as to keep the participants as private as possible considering the sensitive topics discussed - however, if they are comfortable, then they will be asked for consent about recording - Video will only be on if they wish
Ethical considerations	An ethical consideration that may come up is that the topic of eating disorders is a sensitive one, and may very well be triggering for participants who have had eating disorders. It would be hard to alter questions about eating disorders or to avoid the topic altogether, because information about them is needed to come up with a low-cost effective recovery plan/ solution. Therefore, it is very important that we disclose the types of questions we will be asking, as well as stopping when/if the interviewee becomes triggered.

Informed Consent Process	We are asking you to participate in a research study for a class on Human-Computer Interaction. We will describe this study to you and answer any of your questions. The purpose of this research is to draft out a potential prototype for a computational technology that can help as a low-cost and effective recovery option for college students with eating disorders. We will ask you several questions about such eating disorders, including about your personal experiences. Your participation is completely voluntary, as we understand that talking about your personal experiences with an eating disorder may be triggering and uncomfortable, and if at any time you feel unable to respond to questions or further elaborate on answers, you are more than welcome to say so, and we can end your interview there. Your identity, such as your name, will not be shared with anyone else, as well as anything you choose to disclose. Information learned from this study and any interviews may benefit students who are looking for ways to help with their personal recovery progress.
Step 5. Complete the Interview Protocol	

Detailed interview protocol	Project background: Individuals with eating disorders often suffer in silence. There is social stigma surrounding the topic and access to professional help is difficult, with cost being one of the barriers. Many individuals do not feel comfortable discussing their experiences with eating disorders until they fully recover from it and hence the recovery process can often be a lonely and daunting journey. Our study is focusing on assisting those who seek to recover from their eating disorders but need assistance, guidance and advice along the way in order to successfully do so. Rehabilitation can be difficult and not everybody has the means or is comfortable in seeking help, so providing low-cost options would help overcome this significant barrier and positively impact the mental and physical health of the target population. Because our target population is college students, we anticipate that one of their primary needs would be to keep cost at a minimum. Hence, we also aim to solve our target population's unique budgetary restrictions.
	We will conduct remote interviews through Zoom and obtain their consent before asking questions:
	● What barriers have there been in attempting to recover?
	● Can you let me know about your experience with your eating disorder?
	● What steps, if any, have you already tried in recovery?
	● How has your eating disorder impacted your relationship with food?
	● How/when did you decide that you wanted or needed to get help?
	● Can you talk about your story?
	● What kinds of things have changed since being in the midst of your eating disorder, and afterwards?
	● What does "successful" rehabilitation look like to you?
	There will be other follow-up questions that may come up based on the answers that specific participants give.
	After the initial interview, we will ask any follow-up questions that may come up. Finally, we will thank them and review the observations noted during the interview.

Part 3. Conducting One Formal Interview

Formal Interview Worksheet
Participant Description
- studies at Cornell   - has struggled with disordered eating habits in freshman year   - recovering to this day, doing much better
Interview Context
- through Zoom, on 3/9   - about 30 to 40 minutes long
Raw Notes

- did not turn on video, although they showed their name
- had an eating disorder their freshman year
- might have even started a bit before that, in senior year of high school
- but it was mostly in freshman year but unsure
- might have been bc they were alone for the "first time": they were away from home and it wasn't like they were eating family meals or things like that
- two roommates but they didn't really know what was going on (for the most part)
- at home they didn't really pay attention to what they ate
- at home things like snacks especially were not in their original bags//boxes and were put into tupperware/ziplocs etc
- at school though, it is harder to not pay attention bc you are the only one making/choosing the food that will be eaten
- started to notice and read the nutritional labels more
- noted what was in the food i was eating
- dinner harder to eat this way bc of dining halls
- eating around friends was alright, bc it would take mind off of what was being consumed, but eating alone didn't always lead to a great mindset
- during prelims/finals seasons, was like an excuse to not eat as much bc of "studying" or because they were "busy" — skip dinners, etc
- realized that something was not right when roommates asked what was eaten for lunch
- other things like being cold, or being tired a lot more often
- ending of freshman year/sophmore year decided to actively try and regain a positive relationship with food
- barrier: didn't know who exactly to tell/how to get needed help —> no professional help, but a lot of research/friends generally being supportive was helpful
- didn't consider professional help, it seemed so out of reach + "maybe it wasn't that serious"
- covering nutrition labels/turning a blind eye to nutrition labels
- eating disorders are a competitive disorder —> don't listen/read about the disordered eating habits of others
- still working on it, but relationship w food is much better
  - staying home bc of the pandemic almost helped bc not being alone helped

Section Summary

Some key takeaways from this interview, especially when compared to the two pilot interviews, was how different eating disorders could be depending on people. This person in particular seemed to have had an extreme attentiveness to nutrition labels, noting down things such as the calories or the fat content that would be in the snacks or meals that they chose. According to that, they would then try and choose things that would have the least calories. When in recovery, they would try to block out nutrition labels, and avoid talking about their habits with others, especially others who may have also suffered from disordered eating habits. Another takeaway was the fact that it was hard to begin the mindset that they must recover in the first place, and how being home right now because of the pandemic almost made it easier to continue trying to have a positive relationship with food. The fact that they did not consider seeking professional help, not only because of barriers such as price or accessibility, but also because they thought "maybe it wasn't that serious" is something that could be taken into consideration, along with the answers from the second pilot interview that recovery is hard to admit that you need. All three interviews noted some physical changes that had happened when in the midst of their eating disorder, such as being tired more often. In terms of recovery, what seemed to also be in common was how they were able to find at least a few people who supported them and were able to serve as someone they could lean on when going through the process of rehabilitation. Recovering 100% is something that didn't seem to be a linear process, but every step towards regaining a positive relationship with food was celebrated and worth it.

Reflections

- again, the questions that worked well (like the pilot interviews) were ones that let the participant speak freely

- the participant might have kept their camera off because it may be hard to talk "in-person" about past experiences with disordered eating

- follow-up questions ("how might others have reacted? did they notice/did you tell anyone?) elicited important insights, because they were able to open up about what their roommates may have been saying, as well as how their family noted that they had lost weight when coming home on breaks

- new insights about user needs may have something to do with nutrition labels, in addition to the user need of having some support line/person/ friend

- perhaps, if a future interview is done, elaborations on certain aspects may be asked, if it seemed like the participant was comfortable
    - such as elaborations on what safe foods they may have had