

# Interview Guide

## Welcome and Introduction

### **1. Introduction**

Thank you for participating in this ethnographic study. We appreciate you taking out time for this.

My name is ... and this is ... (background of Interviewer)

### **2. Talk about the Background of study (see next point)**

## Background of the Study

- The Goal of this Study is to understand customer needs, their usage practices and problems when dealing with cooking and everything that surrounds this topic.
- With this information we try to develop new services and offerings to improve the situation of our customers.
- We are interested in your daily life, your opinions, your wishes, your expectations and your experiences when it comes to cooking.
- There are no right or wrong answers. Please be as much open and honest to us as you like to be. We are here to find out, how you are thinking and feeling. We are not here to judge anyone.
- Also we are interested in individual stories and anecdotes.
- This is a confidential conversation and part of a field study. We are not here to advertise a specific product, rather the information you are giving us, could be useful to create ideas for new products or services.
- As a part of this study, we would like to take photos and/or video recordings. These recordings help us with our internal evaluation of our findings. These recordings will just be part of our analysis and will not be used for anything else. Also we don't use your real names in our documentation or other sensitive information. We are using pseudonyms.

## Details about Interview partner and household

First of all, we would like to get to know you a bit better. We would like to know more about your educational background, your work/profession, your hobbies and what is important to you in life.

### **1. Taking a portrait picture**

### **2. Work/Occupation**

- What is your profession?
- If working, what did you study before?
- How many hours do you work per week?
- When you think about it, how did you spend the last seven days? Was it a typical week for you?

### **3. Person**

- How old are you?

#### **4. Family/Household**

- Who all are part of your family? (Parents, siblings, kids, partner)
- What are their names and how old are they?
- Where do they work/study?

#### **5. Hobbies and Interest**

- How do you spend your free time?
- Do you have any hobbies/Interests? Is cooking one of your hobbies?
- Other social or voluntary work?

#### **6. Lifestyle**

- How would you describe yourself? (Adjectives)
  - How many gadgets do you use and what are they?
  - Social Interactions: Do you enjoy having company or do you like being alone?
- Do you consider yourself a people person?

#### **7. Status**

- What's important to you in life?
- What are you proud of?
- Does Quality matter to you and are you generally ready to pay a higher price for it?
- Do you pay attention to discounts and sale?

#### **8. Peers**

- Where do you get your recipes/ inspiration on new dishes from?
- Who do you normally ask for help or suggestions on recipes?

### **General Questions about Cooking**

- How often do you cook?
- Who does the cooking?
- What is your favorite meal?
- What do you like to cook?
- Do you have any specific meal preferences? (E.g. Meal preferences: vegan, vegetarian, Paleo, Atkins, Low Carb etc.)
- Where do you eat?
- What does it mean for you to cook?
- What do you associate with cooking?
- Do you bake? If yes, what?

### **Cultural Probes**

Now we can talk with the study participant about the replies in the Cultural Probes<sup>1</sup> as an introduction to our search field questions.

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<sup>1</sup> For an empty copy of the cultural probe see the appendix on Page 5

## Search Field questions

### Inspiration (Take Photos and Screenshots!)

- Where or how do you get inspiration for cooking?
  - Online: App? Specific websites? Communities? Social Media?
  - Offline: Cooking books? Other people (Family, Friends, Colleagues, Children???)
- Do you save recipe ideas for later? (Notes)
- Is there something that annoys you about this process?

### Planning

- How and when do you prepare a shopping list? (Can we see it? -> Photo!)
- Do you prepare an analog list or a device?
  - Online: Notes? App? Voice assistants?
  - Offline: Analog shopping list?
- How and where do you use the list?
- Are there items you buy without writing them down?
- Is there something that annoys you about this planning process?

### Shopping

- When do you go shopping for groceries?
- How do you choose from the variety of items?
- When buying an item you have never bought before, how do you choose from the selection of products?
- Use device/App to gather information?
- Ask the staff?
- Information from package?
- How do you pay? (Do you use different kinds of payment in different situations?)
- Is there something that annoys you about shopping for groceries?

### Storage

- Where do you store your food shopping item?
- How do you store your items? Do you have a specific system?
- Is there anything that annoys you about your storage situation?

### Preparation

- Are there things you always do before you are about to start cooking? (Rituals)
- Do you do something else while cooking? Music, Conversations via smartphone (SMS, phone)
- If somebody calls how do you react? (Use of hands-free talking?)
- What devices do you use often? Which rarely or never? (Why?)
- Do you use the recipe while cooking?
  - Online: Smartphone? Tablet? Notebook?
  - Offline: Cooking books? Notes?

- Which other devices do you use?  
Timer? Scale? Beaker?  
Do you use digital devices for some of them?
- Where do you put your device (smartphone, tablet...) while cooking?
- Do you have any difficulties sometimes?  
Any workarounds/ strategies?  
(Observe every hand coordination between actual cooking and digital device!)
- (Observe: Cleaning while Cooking?)
- Is there anything that annoys you about preparing food?

## Eating

- Where do you eat?
- Specific decoration?
- Do you document your food? (Food Diary, taking photos...) In regards to intake documentation? → how? App?
- Do you discuss/share your food with others? (For example on Social Media)
- Do you have any difficulties sometimes? Any workarounds/ strategies?
- Is there anything that annoys you when eating food?

## Cleaning

- How do you clean your dishes?
- When do you do this? Are there fixed times?
- Which detergent do you use?
- Is there anything that annoys you when cleaning?

## Mobile devices / internet connection

- Observe and photograph mobile devices
- Mobile communication devices (in possession and in use)
- What is in the household?
- Who is using what?
- Smartphone (Contract, Provider, Mobile data)
- Tablet (Provider, Contract, Costs)
- Notebook (Provider, Contract)
- Wearables (e.g. Smartwatch)
- Some other devices (Maybe not in use anymore? -> Why?)

Wi-Fi at home

- Provider
- How is the connection in the kitchen?

## Summary & Incentive

We are almost at the end of our interview now

- What Are the biggest challenges regarding cooking?
- In the future, specific or not, what could help you while preparing a meal?
- Are there other aspects of cooking that are important for you and you want to share with us?

**The end: Thank you for your time and that we were able to visit you!**

## INSTRUCTIONS

- 1) We have a questionnaire for you to fill out every day for the next three days.
- 2) Choose one hot meal (cooked or baked) from your day's breakfast, lunch, or dinner that you make from scratch to answer the questionnaire.
- 3) In the questionnaire, there are both short questions and multiple choices questions for you to complete. For multiple choice questions, tick the box for applicable option(s). Leave it blank if not applicable.
- 4) If you would like to include any additional thoughts, notes, or explanations, please use the 'Bulletin Board' assigned for each day to do so.
- 5) If you choose 'Others' for any option, then please elaborate in the space given below the boxes.
- 6) In some questions we provide you with different emotions, choose the one(s) that represents your mood(s) at the time.

<input type="checkbox"/> Excited	<input type="checkbox"/> Stressed	<input type="checkbox"/> Annoyed	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Enjoyable
<input type="checkbox"/> Worried	<input type="checkbox"/> Proud	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Neutral
<input type="checkbox"/> Others: _____				

- 7) Please make sure you fill out the diary at the end of the day.

## ABOUT YOU

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Do you watch or follow any of the following? Please list the programs, YouTube channels, or food bloggers you are following.

Culinary Shows	
YouTube Food Channels	
Instagram Food Bloggers	
Short Cooking Videos	
Pinterest	
Others	

QUESTIONNAIRE DAY 1 (2 and 3 have identical questions)

1) What did you cook today? \_\_\_\_\_

2) Type of meal:

Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Snacks <input type="checkbox"/>	Dinner <input type="checkbox"/>	Others <input type="checkbox"/>
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Please specify others:

\_\_\_\_\_

3) Where did you get your inspiration for this meal from?

\_\_\_\_\_  
\_\_\_\_\_

4) How did you feel before cooking this meal today?

<input type="checkbox"/> Excited	<input type="checkbox"/> Stressed	<input type="checkbox"/> Annoyed	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Enjoyable
<input type="checkbox"/> Worried	<input type="checkbox"/> Proud	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Neutral
<input type="checkbox"/> Others: _____				

5) What made you feel that way?

\_\_\_\_\_  
\_\_\_\_\_

6) Did you make a grocery list? ☐ Yes ☐ No

If yes, how did you do it?

Mental List <input type="checkbox"/>	Paper List <input type="checkbox"/>	In Phone or App <input type="checkbox"/>	Others <input type="checkbox"/>
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Please specify others:

\_\_\_\_\_

7) Did you do the grocery shopping:

Yourself <input type="checkbox"/>	With Someone Else <input type="checkbox"/>	Someone Else Did It <input type="checkbox"/>	It Was Delivered <input type="checkbox"/>	Others <input type="checkbox"/>
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Please specify others:

\_\_\_\_\_

- 8a) Where did you go for grocery shopping? \_\_\_\_\_
- b) Which mode of transportation did you use? \_\_\_\_\_
- c) Why did you go too this particular store? \_\_\_\_\_
- \_\_\_\_\_

9) How did you feel about grocery shopping today?

<input type="checkbox"/> Excited	<input type="checkbox"/> Stressed	<input type="checkbox"/> Annoyed	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Enjoyable
<input type="checkbox"/> Worried	<input type="checkbox"/> Proud	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Neutral
<input type="checkbox"/> Others: _____				

10) What made you feel that way?

\_\_\_\_\_

\_\_\_\_\_

11a) Which tools did you use to cook the meal (e.g. knife, cutboard, timer, mobile for recipe or music, food scale, food processor, etc)?

\_\_\_\_\_

\_\_\_\_\_

b) Where did you cook the meal (stove, microwave, oven, etc)?

\_\_\_\_\_

\_\_\_\_\_

12) How did you feel after cooking your meal?

<input type="checkbox"/> Excited	<input type="checkbox"/> Stressed	<input type="checkbox"/> Annoyed	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Enjoyable
<input type="checkbox"/> Worried	<input type="checkbox"/> Proud	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Neutral
<input type="checkbox"/> Others: _____				

13) What made you feel that way?

\_\_\_\_\_

\_\_\_\_\_

14) Where did you eat your food today?

Dining Table <input type="checkbox"/>	Living Room <input type="checkbox"/>	Kitchen <input type="checkbox"/>	Bedroom <input type="checkbox"/>	Others <input type="checkbox"/>
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Please specify others: \_\_\_\_\_



15) How did you feel after eating your meal?

<input type="checkbox"/> Excited	<input type="checkbox"/> Stressed	<input type="checkbox"/> Annoyed	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Enjoyable
<input type="checkbox"/> Worried	<input type="checkbox"/> Proud	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Neutral
<input type="checkbox"/> Others: _____				

16) What made you feel that way?

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17) Who did the dishes today?

Myself <input type="checkbox"/>	Partner <input type="checkbox"/>	Other Family Members <input type="checkbox"/>	Others <input type="checkbox"/>
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Please specify others:

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18) How did you feel about cleaning up after the meal?

<input type="checkbox"/> Excited	<input type="checkbox"/> Stressed	<input type="checkbox"/> Annoyed	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Enjoyable
<input type="checkbox"/> Worried	<input type="checkbox"/> Proud	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Neutral
<input type="checkbox"/> Others: _____				

19) What made you feel that way?

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20) Did you take picture of your food or cooking process? ☐ Yes ☐ No

If yes, where do you share it? \_\_\_\_\_

BULLETIN BOARD:

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THANK YOU NOTE

Thank you for taking time to fill in this diary!