

|                                              | Session 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Seesion 2                                                                                                                                                                                                                                                                                      | Session 3                                                                                                                                                                                                                                                                                      |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Theme                                        | Both participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Both participants                                                                                                                                                                                                                                                                              | Both participants                                                                                                                                                                                                                                                                              |
| <b>Opening</b>                               | <ul style="list-style-type: none"> <li>What is your name, age, gender, occupation, nationality?</li> <li>How many people live in this house?</li> </ul>                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>How was your first week with the towel?</li> <li>Can you describe what it is? How would you describe it?</li> <li>Do you want to share anything specific that happened or that you experienced last week?</li> </ul>                                    | <ul style="list-style-type: none"> <li>How was your second week with the towel?</li> <li>Can you describe what it is? How would you describe it?</li> <li>Do you want to share anything specific that happened or that you experienced last week?</li> </ul>                                   |
| <b>Everyday practices around kitchen use</b> | <ul style="list-style-type: none"> <li>What is your current working situation (working remotely or in the office)?</li> <li>On average, how often do you use the kitchen?</li> <li>Is there any time during the week in which you are active in the kitchen? And when are you away?<br/>&lt;give kitchen schedule template &gt;</li> <li>Which one of you is the person more in charge of the kitchen duties?</li> <li>Who uses the kitchen more often? And who cooks the most?</li> </ul> | <ul style="list-style-type: none"> <li>Has anything changed from your routine in the past week?</li> </ul>                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Has anything changed from your routine in the past week?</li> <li>Looking back at the past two weeks, how would you describe your experience with the towel?</li> </ul>                                                                                 |
| <b>Performances with the towel</b>           | <ul style="list-style-type: none"> <li>How many kitchen towels do you have? And what do you use them for?</li> <li>Where do you keep/store your kitchen towels?<br/>&lt;take picture kitchen&gt;</li> <li>How often do you wash your kitchen towels?</li> <li>How long have you owned these kitchen towels? Or, when was the last time you replaced them?</li> </ul>                                                                                                                       | <ul style="list-style-type: none"> <li>Did you notice any changes to the towel?</li> <li>Why do you think it happened?</li> <li>What did you do after?<br/>&lt;ask to mimic and take pictures&gt;</li> <li>Where did you place it after?<br/>&lt;ask to mimic and take pictures&gt;</li> </ul> | <ul style="list-style-type: none"> <li>Did you notice any changes to the towel?</li> <li>Why do you think it happened?</li> <li>What did you do after?<br/>&lt;ask to mimic and take pictures&gt;</li> <li>Where did you place it after?<br/>&lt;ask to mimic and take pictures&gt;</li> </ul> |
| <b>Affective</b>                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>How did you feel when it happened?</li> </ul>                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>How did you feel when it happened?</li> </ul>                                                                                                                                                                                                           |
|                                              | Hand-in <b>participants kit</b><br>Fill-in <b>card</b><br>Install <b>datalogger</b>                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                                                                                                                                                                                                                              | -                                                                                                                                                                                                                                                                                              |
| <b>Naming</b>                                | <ul style="list-style-type: none"> <li>Could you give a name to the towel?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                      | -                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>At the beginning of the study you gave your towel the name [...]. Would you like to keep it or change it?</li> </ul>                                                                                                                                    |
| <b>Closing</b>                               | <ul style="list-style-type: none"> <li>Who will be the direct contact?</li> <li>I will ask you a quick question every 2 days, so what is your preferred method of communication (Whatsapp, email, ...)?</li> <li>Is there anything you would like to add? Or to ask?</li> </ul>                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Is there anything you would like to add? Or to ask?</li> </ul>                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Is there anything you would like to add? Or to ask?</li> </ul>                                                                                                                                                                                          |
|                                              | Individually:<br><b>EXPERIENTIAL CHARACTERIZATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | Individually:<br><b>EXPERIENTIAL CHARACTERIZATION</b>                                                                                                                                                                                                                                          | Individually:<br><b>EXPERIENTIAL CHARACTERIZATION</b>                                                                                                                                                                                                                                          |