Sensory and Psychological Compatibility Assessment
(Mandatory Pre-Use Questionnaire)

Please read carefully and answer honestly.
Completion of this assessment is a prerequisite to using our product.
The data collected is self-reported, non-diagnostic, and used solely for internal optimization and legal risk limitation.
This form does not constitute any form of medical advice, diagnosis, or therapeutic evaluation.

Part 1: Sensory Threshold Evaluation

Purpose: To understand your baseline sensitivity to environmental stimuli for system calibration. This information is not used for medical or therapeutic analysis.

1. How often do you experience discomfort when exposed to bright or flashing lights?
   ☐ Never ☐ Occasionally ☐ Frequently ☐ Almost always
2. Do you find certain textures (e.g., fabrics, surfaces, materials) distracting or uncomfortable?
   ☐ Not at all ☐ Slightly ☐ Often ☐ Extremely sensitive
3. Are you particularly sensitive to loud or layered sounds (e.g., overlapping conversations, alarms, bass)?
   ☐ Not sensitive ☐ Mildly sensitive ☐ Sensitive ☐ Very sensitive
4. Do you actively seek out strong sensory input (e.g., intense music, vibrant colors, powerful aromas)?
   ☐ I avoid it ☐ Neutral ☐ Occasionally enjoy it ☐ I crave it regularly
5. In crowded or visually busy environments, I tend to:
   ☐ Stay focused easily ☐ Feel slightly overwhelmed ☐ Lose focus quickly ☐ Need to escape
6. How well can you maintain attention when multiple types of sensory input are present (e.g., sound + motion + light)?
   ☐ Very well ☐ Adequately ☐ Poorly ☐ Not at all
7. When I feel overstimulated, I usually:
   ☐ Calm down easily ☐ Use tools/techniques to manage it ☐ Struggle to cope ☐ Experience shutdown or panic
8. Do you experience any forms of synesthesia or atypical sensory crossover (e.g., hearing colors, tasting sounds)?
   ☐ Never ☐ Rarely ☐ Occasionally ☐ Frequently

Part 2: Psychological State & Responsibility Declaration

Purpose: To acknowledge the user's self-awareness regarding their mental state and to establish personal accountability for all psychological outcomes related to product usage.

9. Over the past 6 months, have you experienced any of the following? (Select all that apply)
   ☐ General anxiety or excessive worry
   ☐ Mood instability or emotional outbursts
   ☐ Difficulty sleeping or sleep disorders
   ☐ Episodes of detachment from reality
   ☐ None of the above
10. Are you currently receiving professional mental health support (therapy, counseling, etc.)?
    ☐ Yes ☐ No ☐ Prefer not to say
11. Are you currently taking any medications that could influence your perception, attention, or mood?
    ☐ Yes ☐ No ☐ Not sure
12. Have you ever experienced adverse reactions to immersive environments (e.g., VR, meditation, gaming, psychedelics)?
    ☐ Never ☐ Mild discomfort ☐ Moderate reaction ☐ Severe disorientation
13. When exposed to altered states of sensory perception, how confident are you in your ability to self-regulate?
    ☐ Very confident ☐ Somewhat confident ☐ Unsure ☐ Not confident
14. In stressful or overstimulating scenarios, I typically:
    ☐ Use coping strategies effectively
    ☐ Become mildly dysregulated
    ☐ Experience cognitive or emotional shutdown
    ☐ React unpredictably
15. Do you accept full personal responsibility for any psychological discomfort, altered cognition, or behavioral shifts that may occur during or after use of this product?
    ☐ Yes, I understand and accept full responsibility
    ☐ No (Use will not be permitted)

Declaration & Consent

By signing below, I confirm that:

- I have read and understood the nature of this assessment.
- I affirm that the data I have provided is truthful and self-reported.
- I understand that this product is not a medical device, and is not intended to diagnose or treat any condition.
- I accept full and sole responsibility for any sensory, cognitive, emotional, or situational outcomes arising from my use of the product.
- I release the company from liability related to personal misjudgment, mode misuse, or undetected pre-existing sensitivities.