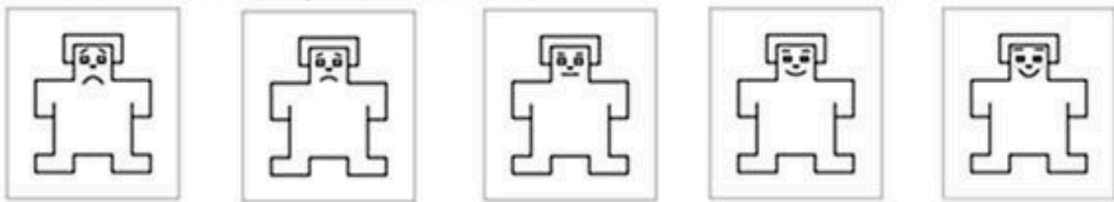


Survey 1: Individual Study

Section 1: Emotional Response to the Scent

1. Please enter your participant number. This will be given to you.
2. How pleasant did you find the scent?

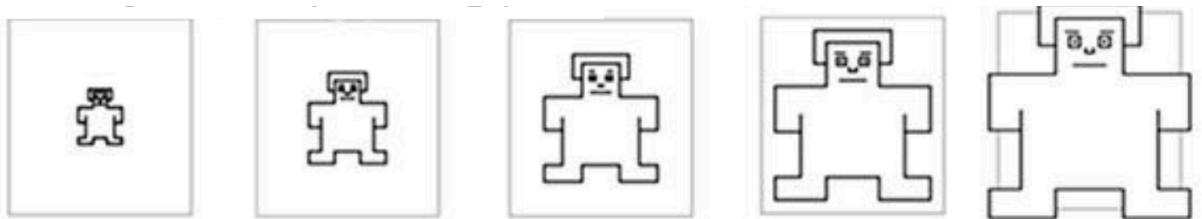
Emotional valence (Negative vs. Positive)



- 1 (Very unpleasant)
- 2 (Unpleasant)
- 3 (Neutral)
- 4 (Pleasant)
- 5 (Very pleasant)

3. How intense did you find the scent?

Intensity (Low vs. High)

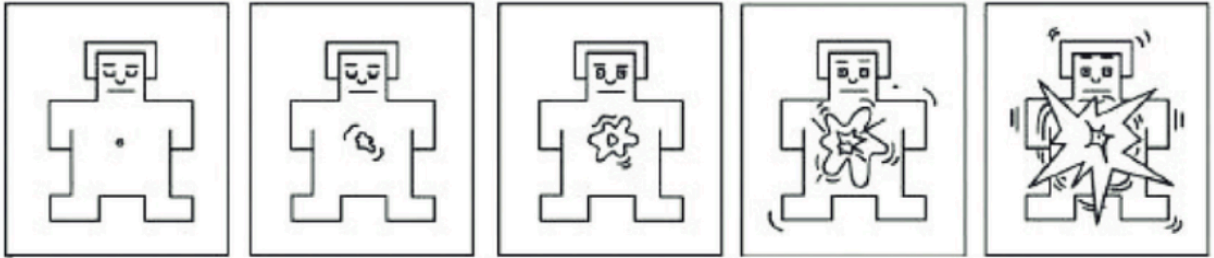


- 1 (Not intense at all)
- 2 (Slightly intense)
- 3 (Moderately intense)
- 4 (Intense)
- 5 (Very intense)

4. How absorbed are you in the experience of smelling the aroma?

- 1 (Not at all absorbed)
- 2 (Slightly absorbed)
- 3 (Moderately absorbed)
- 4 (Strongly absorbed)
- 5 (Very strongly absorbed)

Arousal (Calm vs Excitement)



5. How much did the scent make you feel excited or energized?

- 1 (Not at all)
- 2 (Slightly)
- 3 (Moderately)
- 4 (Strongly)
- 5 (Very strongly)

6. How calming did you find the scent?

- 1 (Not at all)
- 2 (Slightly)
- 3 (Moderately)
- 4 (Strongly)
- 5 (Very strongly)

Section 2: Open-Ended Questions

7. Please describe in your own words how the scent made you feel.
8. Did you notice any changes in your mood or emotions after smelling the scent? Please explain.
9. Were there any specific memories or associations that the scent brought to mind? Please describe.

Section 3: User Feedback

10. How useful was the LED feedback mechanism in showcasing your meditative state?

- 1 (Not useful at all)
- 2 (Slightly useful)
- 3 (Moderately useful)

- 4 (Very useful)
 - 5 (Extremely useful)
- 11. How easy was it for you to attain a meditative state using the device?
 - 1 (Very difficult)
 - 2 (Difficult)
 - 3 (Neutral)
 - 4 (Easy)
 - 5 (Very easy)

Section 4: Demographic Information (Optional)

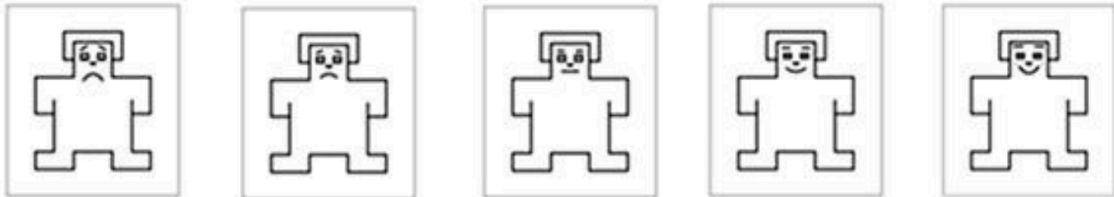
- 12. Age:
- 13. Gender:
- 14. Smoking history:
 - Yes
 - No
- 15. If yes, how often
 - Daily
 - Weekly
 - Monthly
 - Seasonally
- 16. How would you describe your experience with meditation?
 - None at all
 - Novice
 - Somewhat Experienced
 - Experienced
 - Expert
- 17. How often do you meditate?
 - Daily
 - Weekly
 - Monthly
 - Yearly
 - Never

Survey 2: Joint Study

Section 1: Emotional Response to the Scent

1. Please enter your participant number. This will be given to you.
2. How pleasant did you find the scent?

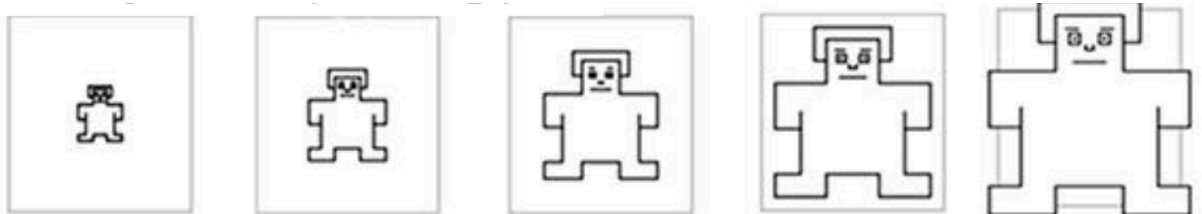
Emotional valence (Negative vs. Positive)



- 1 (Very unpleasant)
- 2 (Unpleasant)
- 3 (Neutral)
- 4 (Pleasant)
- 5 (Very pleasant)

3. How intense did you find the scent?

Intensity (Low vs. High)

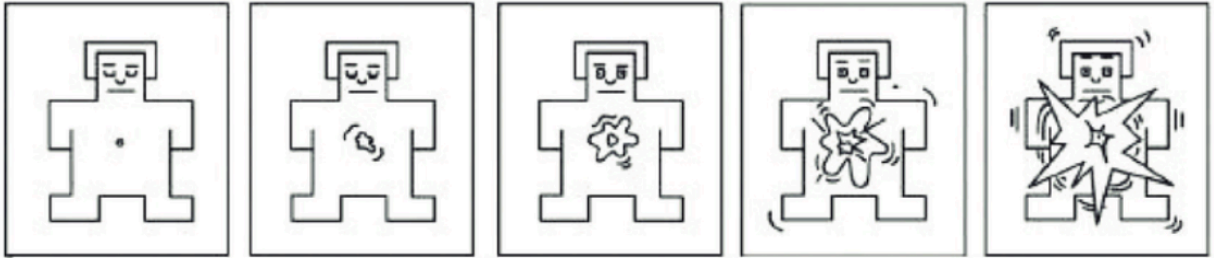


- 1 (Not intense at all)
- 2 (Slightly intense)
- 3 (Moderately intense)
- 4 (Intense)
- 5 (Very intense)

4. How absorbed are you in the experience of smelling the aroma?

- 1 (Not at all absorbed)
- 2 (Slightly absorbed)
- 3 (Moderately absorbed)
- 4 (Strongly absorbed)
- 5 (Very strongly absorbed)

Arousal (Calm vs Excitement)



5. How much did the scent make you feel excited or energized?

- 1 (Not at all)
- 2 (Slightly)
- 3 (Moderately)
- 4 (Strongly)
- 5 (Very strongly)

6. How calming did you find the scent?

- 1 (Not at all)
- 2 (Slightly)
- 3 (Moderately)
- 4 (Strongly)
- 5 (Very strongly)

Section 2: Sense of Connection

7. What is your relation to the other participant?

- Strangers
- Coworkers
- Acquaintances
- Friends

8. Do you feel like you and the other participant are on the same wavelength?

- 1 (Not at all)
- 2 (Slightly)
- 3 (Moderately)
- 4 (Quite a bit)
- 5 (Very much)

Section 3: User Feedback

9. How useful was the LED feedback mechanism in showcasing your meditative state?
 - 1 (Not useful at all)
 - 2 (Slightly useful)
 - 3 (Moderately useful)
 - 4 (Very useful)
 - 5 (Extremely useful)
10. How easy was it for you to attain a meditative state using the device?
 - 1 (Very difficult)
 - 2 (Difficult)
 - 3 (Neutral)
 - 4 (Easy)
 - 5 (Very easy)

Section 4: Open-Ended Questions

11. Please describe in your own words how the scent made you feel.
12. Did the scent experience influence your sense of connection or belonging with others in the room, if at all?
13. Did you notice any changes in your mood or emotions after smelling the scent? Please explain.
14. Were there any specific memories or associations that the scent brought to mind? Please describe.