

# Helmo Evaluation Session

Please complete the following details about yourself.

**1. Age:**

**2. Sex:**

**3. Experience with Bikes:**

How long have you been cycling?

How often do you cycle?

**4. Exposure to Bikes:** Choose from:

Novice      1      2      3      4      5      Expert

**Comments Section** – Feel free to give feedback at any point during the evaluation.

### Safety

Do you feel protected or more secured as a whole when using helmo rather than normal helmet?

Dangerous      1      2      3      4      5      Safer

### User Experience

Do you think the 3D representation of your fall is useful in helping you to describe the incident?

No      1      2      3      4      5      Yes

Do you find it hard to integrate helmo (app and helmet) into your cycling routine?

Yes      1      2      3      4      5      No

### Long-Term Use

Would you consider replacing your regular helmet with helmo?

No      1      2      3      4      5      Yes