

SPACE STRESS TEST: MENTAL HEALTH & ISOLATION SOLUTIONS

POST EVENT REPORT FORMAT

PARTICIPANT / TEAM DETAILS

- Full Name (or Team Leader Name): _____
- Team Member(s) (if applicable, up to 3): _____
- City / Province: _____
- Institution / Organization (if any): _____
- Contact Number: _____
- Email Address: _____

PROJECT SUBMISSION DETAILS

1. **Title of Concept / Project:**

2. **Problem Addressed (in one sentence):**

3. **Type of Solution Proposed (tick one):**

- ☐ Routine/Daily Structure
- ☐ Technology (wearable/app/companion)
- ☐ Psychological Support Protocol
- ☐ Multi-Sensory Stimulation System
- ☐ Other: _____

4. **What Current Practice(s) Exist to Address This Problem?**

(Briefly describe if astronauts or researchers already follow any methods, routines, or technologies in this area — e.g., exercise, VR, mindfulness, music, team bonding, Earth communication, etc.)

5. **How Does Your Proposed Solution Improve or Add Value? (100 words)**

6. **Summary of Solution (max 150 words):**

7. **Concept Proposal (PDF, 800–1,200 words):**

8. **Upload Visual Support Material (Diagram / Flowchart / Mockup – 1 page max):**

9. **Video Pitch / Demo Link (optional, max 2 min):**