

APPENDIX B: ASMR PERSONALIZATION FORM

This form covers consents, preferences, and allergies. Discuss this form with the recipient to help every session be a comfortable and safe experience. Complete this form prior to the first session, then consult it before each future session with this participant and update it as necessary as preferences change. Please visit <https://asmruniversity.com/brain-tingles-forms/> to download a copy of this form.

Recipient's Name: _____

Consents

Okay to be touched directly (with fingers and hands)? Yes/No

Okay to be touched indirectly (with items and objects)? Yes/No

Okay to sit closely in his or her personal space? Yes/No

If touching is allowed, select a safe word or action that can be used anytime that a touch feels uncomfortable in any way.

Safe word: _____

Safe action: _____

If touching is allowed, select allowable areas:

Head: Yes/No

Notes: _____

Neck: Yes/No

Notes: _____

Shoulders/Back: Yes/No

Notes: _____

Arms: Yes/No

Notes: _____

Hands: Yes/No

Notes: _____

Lower Legs: Yes/No

Notes: _____

Feet: Yes/No

Notes: _____

Trigger Preferences

Consult the ASMR Trigger Menu or the “Trigger Toolbox” section of each chapter for suggestions.

Chapter 3: Velvety Voices

- Toolbox favorites: _____
- Technique preferences: _____

Chapter 4: Soothing Sounds

- Toolbox favorites: _____
- Technique preferences: _____

Chapter 5: Feathery Fingers

- Toolbox favorites: _____
- Technique preferences: _____

Chapter 6: Tingly Tools

- Toolbox favorites: _____
- Technique preferences: _____

Chapter 7: Tranquil Treasures

- Toolbox favorites: _____
- Technique preferences: _____

Chapter 8: Assuaging Activities

- Toolbox favorites: _____
- Technique preferences: _____

Chapter 9: Hands-On Role-Plays

- Toolbox favorites: _____
- Technique preferences: _____

Chapter 10: Hands-Off Role-Plays

- Toolbox favorites: _____
- Technique preferences: _____

Known Allergies and Sensitivities

Latex allergy? Yes/No

Notes: _____

Animal allergy? Yes/No

Notes: _____

Metal allergy? Yes/No

Notes: _____

Fragrance sensitivity? Yes/No

Notes: _____

Other allergy or sensitivity? Yes/No

Notes: _____

ADDITIONAL IMPORTANT INFORMATION
