



UNIVERSITY OF BIRMINGHAM

Motor Control & Rehabilitation Group
School of Sport, Exercise & Rehabilitation Sciences
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Participant ID:	
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TDCS, TACS & TMS Safety Questionnaire

If you agree to take part in this study, please answer the following questions. The information you provide is for screening purposes only and will be kept completely confidential.

Please tick the following information where it applies to you:

- Gender:** Male Female Non-binary Prefer not to say
Dominant Hand: Right Left
Fluent English Speaker: Yes No
Age (please specify) ___yrs.

	Yes	No
1) Have you ever suffered from any neurological or psychiatric conditions? If YES please give details (nature of condition, duration, current medication, etc)		
2) Have you ever suffered from epilepsy, febrile convulsions in infancy or had recurrent fainting spells?		
3) Does anyone in your immediate or distant family suffer from epilepsy? If YES please state your relationship to the affected family member.		
4) Do you suffer from migraine or reoccurring headaches?		
5) Have you ever suffered from brain injury or brain trauma?		
6) Have you ever undergone a neurosurgical procedure (including eye surgery)?		
7) Have you ever lost consciousness or fainted? If YES (to any of the above four Questions above) please give details:		
8) Do you currently have any of the following fitted to your body?		
Cochlear implant		
Heart pacemaker		

Medication pump	
Surgical clips	
If YES please give details:	
9) Do you suffer from any chronic skin disorders?	
If YES please give details:	
10) Are you currently taking any unprescribed or prescribed medication?	
If YES please give details:	
11) Is there any chance you could be pregnant?	
12) Are you currently undergoing anti-malarial treatment?	
13) Have you drunk more than 3 units of alcohol in the last 24 hours?	
14) Have you drunk alcohol already today?	
15) Have you had more than one cup of coffee, tea, or other sources of caffeine, in the last hour?	
16) Have you used recreational drugs in the last 24 hours?	
17) Did you get significantly less sleep than usual last night?	
18) Have you ever participated in a TMS, TDCS or TACS experiment before?	
If YES please outline when and state if there were any issues:	

I confirm that the above information is accurate to the best of my knowledge.

Print Name: Signature:	Date:
This form has been verified by (researcher only): Print Name: Signature:	Date: