

Cognitive Neuroimaging Laboratory TMS Screening

Administer this orally only. Do not present to the participant. Not to be filled out by the participant.

Ask Question 1 twice.

Any 'yes' is an automatic disqualification with the exception:

The medications listed are OTC with no bearing on TMS reactivity (e.g., Advil) or are being used for birth control in the correctly prescribed manner. Any other prescribed medication (e.g., for the treatment of diabetes, allergies) will be handled on a case by case basis. Any medication with targeted brain impact (e.g., for the treatment of depression, ADHD) will be disqualifying. The default for prescription is exclusionary.

The reason given for pregnancy potential fall below any reasonable risk. This would include a participants engaging in intercourse while on a traditional oral contraceptive taking as prescribed or the participant not understanding basic biology (e.g., we has sex 13 months ago).

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| (1) Do you have epilepsy or have you ever had a convulsion or a seizure? | Yes | No |
| (2) Have you ever had a fainting spell or syncope? If yes, please describe on which occasion(s)? | Yes | No |
| (3) Have you ever had a head trauma that was diagnosed as a concussion or was associated with loss of consciousness? | Yes | No |
| (4) Do you have any hearing problems or ringing in your ears? | Yes | No |
| (5) Do you have cochlear implants? | Yes | No |
| (6) Are you pregnant or is there any chance that you might be? | Yes | No |
| (7) Do you have metal in the brain, skull or elsewhere in your body (e.g., splinters, fragments, clips, etc.)? If so, specify the type of metal. | Yes | No |
| (8) Do you have an implanted neurostimulator (e.g., DBS, epidural/subdural, VNS)? | Yes | No |
| (9) Do you have a cardiac pacemaker or intracardiac lines? | Yes | No |
| (10) Do you have a medication infusion device? | Yes | No |
| (11) Are you taking any medications? (please list) | Yes | No |
| (12) Did you ever undergo TMS in the past? If so, were there any problems. | Yes | No |
| ASK AGAIN! Do you have epilepsy or have you ever had a convulsion or a seizure? | Yes | No |