



# UNIVERSITY OF BIRMINGHAM

**Behavioural Brain Science Centre**  
 Hills Building - School of psychology  
 The University of Birmingham  
 Edgbaston, Birmingham B15 2TT, UK  
 Tel: 44 (0)121 414 4932  
 Fax: 44 (0)121 414 4897

## TDCS and TACS 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  
**Dominant Hand:**  left  right  
**Fluent English Speaker:**  yes  no  
**Age** (please specify) \_\_\_yrs.

	Yes	No
Have you ever suffered from any neurological or psychiatric conditions?		
If YES please give details (nature of condition, duration, current medication, etc)		
Have you ever suffered from epilepsy, febrile convulsions in infancy or had recurrent fainting spells?		
Does anyone in your immediate or distant family suffer from epilepsy?		
If YES please state your relationship to the affected family member.		
Do you suffer from migraine?		
Have you ever undergone a neurosurgical procedure (including eye surgery)?		
Do you currently have any of the following fitted to your body?		
Cochlear implant		
Heart pacemaker		
Medication pump		
Surgical clips		
Did you ever suffer from brain injury or brain trauma?		
Did you ever lose consciousness or fainted?		
Do you suffer any chronic skin disorders?		
If YES (to either of the three Q above) please give details:		
Are you currently taking any unprescribed or prescribed medication?		
If YES please give details:		



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	Yes	No
Are you currently undergoing anti-malarial treatment?		
Have you drunk more than 3 units of alcohol in the last 24 hours?		
Have you drunk alcohol already today?		
Have you had more than one cup of coffee, or other sources of caffeine, in the last hour?		
Have you used recreational drugs in the last 24 hours?		
Did you have very little sleep last night?		
Have you ever participated in a tDCS/TMS experiment before?		
If yes please indicate when was the last time you participated in a TDCS/TACS or TMS study?		
Have you participated in more than 1 TMS, TDCS or TACS experiment in the last 6 months?		
Please also tell us how you felt during and after the experiment.		

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

Name in capital letters:	
Signature:	<b>Date:</b>
This form has been verified by (Staff only):	<b>Date:</b>
Print Name:	
Signature:	



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## **TDCS or TACS Safety Questionnaire** **Session by session checklist**

**THIS FORM SHOULD BE USED FOR SECONDARY SESSIONS; ALL PARTICIPANTS MUST COMPLETE THE LONGER TDCS/TACS SAFETY QUESTIONNAIRE AT THE PRIMARY SESSION.**

Please answer the following questions

**Session number:**

**Date:**

	<b>Yes</b>	<b>No</b>
<b>Are you currently taking any unprescribed or prescribed medication?</b>		
<b>If YES please give details:</b>		
<b>Are you currently undergoing anti - malarial treatment?</b>		
<b>Have you drunk more than 3 units of alcohol in the last 24 hours?</b>		
<b>Have you drunk alcohol already today?</b>		
<b>Have you had more than one cup of coffee, or other sources of caffeine, in the last hour?</b>		
<b>Have you used recreational drugs in the last 24 hours?</b>		
<b>Did you have very little sleep last night?</b>		
<b>Have you already participated in a TMS, TDCS or TACS experiment today?</b>		
<b>When was the last time you participated in a TMS, TDCS or TACS experiment?</b>		

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

Name in capital letters:	
Signature:	<b>Date:</b>
This form has been verified by (qualified researcher only): Print Name:  Signature:	<b>Date:</b>



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## Participant Consent Form

**Please circle the following answers that apply to you:**

Have you read the information sheet?		YES	NO
Have you had an opportunity to ask questions and discuss this study?		YES	NO
Have you received satisfactory answers to your questions?		YES	NO
Have you received enough information about the study?		YES	NO
Have you completed the screening questionnaire?		YES	NO
Who have you spoken to?	Name: _____ Prof / Dr / Mr / Mrs / Miss / Ms		
Do you understand that your are free to leave the study: <ul style="list-style-type: none"> <li>• at any time ?</li> <li>• without having to give a reason for leaving ?</li> </ul>		YES	NO

I confirm that I have read the consent form and have completed the above questionnaire. The nature, purpose and possible consequences of the procedures have been explained. I understand that I may withdraw from the study at any time. I confirm that I have been through the TDCS screening procedures, and that I am happy to participate in this study.

Please note: All data arising from this study will be held and used in accordance with the Data Protection Act (1984). The results if the study will not be made available in a way which could reveal the identity of individuals.

Name in capital letters:	
Signature:	Date:
Researcher witness: Print Name: _____ Signature: _____	Date: