**Transcranial Direct Current Stimulation (tDCS) Adult Safety Screen**

Please indicate if any of the following applies to you:

**Have you ever:**

Had an adverse reaction to tDCS? Yes No

Had a seizure (even as a child) or have an immediate
family member who has had a seizure? Yes No

Had an electro encephalogram (EEG)? Yes No

Had a stroke? Yes No

Had a serious head injury (including brain surgery)? Yes No

Lost consciousness for more than 5 minutes because of
head trauma or other neurological condition? Yes No

Do you have any metal in your head or neck (outside the mouth),

such as shrapnel, surgical clips, tattoos, or fragments from welding

or metalwork? Yes No

Do you have any implanted devices such as cardiac

pacemakers, medical pumps, or intracardiac lines? Yes No

Do you suffer from frequent or severe headaches? Yes No

Have you ever had an infection of the brain? Yes No

Have you ever had any illness that caused brain injury? Yes No

Have you ever had any other brain-related conditions? Yes No

Are you allergic to lidocaine (local anesthetic, numbing medication)? Yes No

**For female subjects**:

Are you pregnant or experiencing a late

menstrual period? Yes No