**Appendix D: tDCS Safety Screening Form**

Study Subject ID#\_\_\_\_\_\_\_\_

For safety reasons, it is important that you answer all of the following questions carefully.

**If any of the questions / terms on the this form are unclear, please do not hesitate to ask one of the primary investigators of the study (Raymond Butts / Roger Newman-Norlund)**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Have you ever had an adverse reaction to tDCS? |  |  |
| 2. Have you ever had a seizure? |  |  |
| 3. Have you ever had a head injury (including neurosurgery)? |  |  |
| 4. Have you ever had any illness that caused brain injury? |  |  |
| 5. Have you ever had any other brain-related condition? |  |  |
| 6. Have you ever been diagnosed with a neurological or psychiatric disorder? |  |  |
| 7. Do you have any metal in your head (outside of the mouth) such as  shrapnel, surgical clips, or fragments from welding or metalwork? |  |  |
| 8. Do you have a sensitive scalp (is your skin very dry, or do you use products designed for people with a sensitive scalp)? |  |  |

9. If any item above was marked ‘yes’, please provide a comment here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Please list all medications you are currently taking:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The possible hazards of tDCS have been explained to me, and I understand that I can withdraw at this point for any reason, and that I do not have to disclose the reason to the experimenter. Your signature below indicates that you understand this screening form and attest to its accuracy.

|  |  |  |
| --- | --- | --- |
| **Volunteer's signature** | **Researcher's signature** | **Date** |
|  |  |  |