***Appendix C: TMS Screening Form***

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

**Name of TMS Subject** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your head will be exposed to a strong magnetic pulse. To maximize safety, please answer the questions below. Please note that the questions below main contain unfamiliar medical terminology**. If you are unsure of how to answer any of these questions or would like a more detailed explanation of the terms, please do not hesitate to ask one of the primary investigators (Raymond Butts / Roger Newman-Norlund)**

Do you have, or have you ever had, any of the following? If Yes, please explain on back

**Y/N** 1. Metallic hardware on the scalp

**Y/N** 2. Cardiac pacemaker

**Y/N** 3. Implanted medication pumps, intracardial lines, or central venous catheter

**Y/N** 4. History of cortical stroke or other cortical lesion such as brain tumor

**Y/N** 5. Prior diagnosis of seizure or epilepsy

**Y/N** 6. Previous brain neurosurgery

**Y/N** 7. Are you pregnant or is there a chance you could be pregnant? **(Magnetic fields strength decreases quickly with distance, and it is therefore highly unlikely that a fetus would be affected by TMS. TMS has never shown to be harmful to a fetus. However, in order to maximize safety, women that are pregnant or could be pregnant WILL BE excluded from this study.)** Date of last menstrual period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Y/N** 8. Any electrical, mechanical, or magnetic implants?

**Y/N** 9. Migraine headaches – if yes, are they controlled?

**Y/N** 10. List current medications on back of form (we are particularly interested in medicines used to treat depression and psychotic conditions such as (but not limited to) delusions, hallucinations, and disordered thought)

**Y/N** 11. Unstable medical conditions

**Y/N** 12. Any body or clothing metal above your shoulders? If so, please remove.

**Y/N** 13. Any metal on your body (i.e. watch or jewelry, hair holders or pins, eye glasses, body piercings, wallet, keys)? If so, please remove.

I have read and understand all questions in this document. My signature below indicates that I have accurately and completely answered all questions in this document.

Signature of TMS Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Signature of investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_