

**Transcranial Electrical Stimulation (tES): Safety questionnaire.**

1. Have you ever:

a. Had an adverse reaction to tES/TMS? Yes  No

b. Had a seizure? Yes  No

c. Had an EEG for clinical purposes? Yes  No

d. Had a stroke? Yes  No

e. Had a head injury (include neurosurgery)? Yes  No

2. Do you have any metal in your head (outside of the mouth,) such as shrapnel, surgical clips, or fragments from welding or metalwork?

Yes  No

3. Do you have any implanted devices such as cardiac pacemakers, medical pumps, or intracardiac lines?

Yes  No

4. Do you suffer from frequent or severe headaches?

Yes  No

5. Have you ever had any other brain-related condition?

Yes  No

6. Have you ever had any illness that caused brain injury?

Yes  No

7. Are you taking any medications?

Yes  No

8. Is there a possibility that you could be pregnant?

Yes  No

9. Does anyone in your family have epilepsy?

Yes  No

10. Do you need further explanation of tDCS and its associated risks?

Yes  No