

TMS Screener for adults

Questionnaire	Yes	No
1.) Have you ever been exposed to TMS?		
2.) Have you ever had an adverse reaction to TMS application?		
3.) Have you ever suffered a seizure?		
4.) Have you ever suffered a stroke?		
5.) Have you ever had a head injury or a head / brain operation?		
6.) Do you wear metal, e.g. in the form of clips or splinters, somewhere in the head area? (outside of your mouth)		
7.) Wear implanted devices such as pacemakers, insulin or medical pumps?		
8.) Do you have frequent and / or severe headaches?		
9.) Have you ever had a disease of the brain or the meninges?		
10.) Have you ever had another condition or disease that cause brain injury		
11.) Have you ever had unstable severe disease such as cardiologic, pulmonary, renal, endocrinal (hyperthyroidism or hypothyroidism)		
12.) Do you take medication?		
13.) For women of childbearing age: use a safe contraception method? Do you suspect that you might be pregnant?		
14.) Are there any cases of epilepsy / cramps in your family?		
15.) Do you have any questions about Transcranial Magnetic Stimulation?		

If you have answered one or more questions with "yes", that does not mean that you can not participate in the study. The study doctor will discuss these questions with you in detail and then decide if you can be included in the study.