

## Questionnaire for personalized NIBS during L2 learning

Subject Identifier: \_\_\_\_\_

Session: \_\_\_\_\_

Date: \_\_\_\_\_

Experimenter: \_\_\_\_\_

Do you experience any of the following symptoms or side-effects	Enter a value (1–4) in the space below (1, absent ; 2, mild ; 3, moderate; 4, severe)	If present : Is this related to tACS? (1, none; 2, remote; 3, possible ; 4, probable ; 5, definite)	Notes
Headache			
Neck pain			
Scalp pain			
Tingling			
Itching			
Burning sensation			
Skin redness			
Sleepiness/Drowsiness			
Trouble concentrating			
Acute mood change			
Fatigue/Exhaustion			
Do you think you were stimulated in today's session? (Yes/No)			
Other comments/suggestions			