Subject ID_____
Researcher_____
Date___/___/____

Questionnaire

Name _____

Gender _____

Race_____

Ethnicity_____

DOB_____/____/_____

Your information will only be seen by researchers at Johns Hopkins. We ensure that the information we collect from you is kept private and used only for the research study we are discussing.

Which hand do you normally use to write with ?

Right hand O *Left hand* O *Both hands* O

Do you have normal or corrected to normal vision ?

Yes O *No* O

Do you suffer from or have you ever had:

Severe headaches
Yes O *No* O

Diabetes
Yes O *No* O

A seizure
Yes O *No* O

Any brain or peripheral nerve disease
Yes O *No* O

Are you currently taking any prescribed or unprescribed medication ? If yes, please write drug name.

Yes O *No* O

Do you have any metal implant in the body ?

Yes O *No* O

Do you have a cardiac pacemaker ?

Yes O *No* O

Are you pregnant ?

Yes O *No* O

Have you drunk more than 3 units of alcohol in the last 24 hours?

Yes O *No O*

Have you drunk alcohol today?

Yes O *No* O

Have you had more than three cups of coffee, or other sources of caffeine, in the last hour?

Yes O *No* O

Have you used recreational drugs in the last 24 hours?

Yes O *No* O

Did you have less than 4 hours of sleep last night?

Yes O *No* O

Have you already participated in a tDCS and/or TMS experiment today?

Yes O *No O*

Signature Date

_____ _____/_____/_____