

NAME _____

Appalachian State University
Transcranial Magnetic Stimulation Screening Questionnaire

1. Do you have **epilepsy** or have you ever had a convulsion or seizure? Yes No
2. Do you have any *immediate* family members with a history of epilepsy? Yes No
3. Have you ever had a fainting spell or syncope? If yes, please describe on which occasion(s)? Yes No
4. Have you ever had head trauma that was diagnosed as a concussion or was associated with loss of consciousness? If yes, how long ago was your most recent concussion? Yes No
5. Do you have any hearing problems or ringing in your ears? Yes No
6. Do you have cochlear implants? Yes No
7. Are you pregnant or is there a chance you might be? Yes No
8. Do you have metal in the brain, skull, or elsewhere in your body (e.g., splinters, fragments, clips, etc.)? If so, specify the type of metal. Yes No
9. Do you have an implanted neurostimulator (e.g. DBS, epidural/subdural, VNS)? Yes No
10. Do you have a cardiac pacemaker or intracardiac lines? Yes No
11. Do you have a medication infusion device? Yes No
12. Do you frequently suffer from migraine headaches? Yes No
13. Do you have a history of skull fracture or any present skull abnormalities? Yes No
14. Have you ever had surgery to the brain or heart? Yes No
15. Are you taking any medications? Yes No
If so, do they match any of the medications listed on the opposite side of this page? Yes No
16. Did you ever undergo TMS in the past? Yes No
If so, were there any problems? Yes No
17. Did you ever undergo MRI in the past? Yes No
If so, were there any problems? Yes No

SIGNATURE _____

DATE _____

List of Potentially Hazardous Drugs for TMS

CLASS A

Imipramine	Amitriptyline	Doxepine	Nortriptyline
Maprotiline	Chlorpromazine	Clozapine	Foscarnet
Ganciclovir	Ritonavir	Amphetamines	Cocaine
MDMA (ecstasy)	Phencyclidine (PCP, angel dust)	Ketamine	Alcohol
Theophylline	Gamma-Hydroxybutyrate (GHB)		

CLASS B

Mianserin (Bolvidon, Norval, Tolvon)	Fluvoxamine (Luvox)	Paroxetine (Aropax, Paxil)	Sertraline (Zoloft)
Citalopram (Celexa, Cipramil)	Reboxetine (Edronax, Vestra)	Venlafaxine (Effexor)	Duloxetine (Cymbalta, Yentreve)
Bupropion (Wellbutrin, Aplenzin)	Mirtazapine (Remeron, Avanza, Zispin, Reflex)	Fluphenazine (Prolixin)	Pimozide (Orap)
Haloperidol (Haldol)	Olanzapine (Zyprexa, Zydys, Relprevv)	Quetiapine (Seroquel)	Aripiprazole (Abilify)
Ziprasidone (Geodon)	Risperidone (Risperdal)	Chloroquine (Aralen)	Mefloquine (Lariam)
Imipenem (Primaxin)	Penicillin	Cephalosporins (Cephalosporium)	Metronidazole (Flagyl)
Isoniazid (Laniazid, Nydrazid)	Levofloxacin (Levaquin)	Cyclosporin (USAN, BAN)	Chlorambucil (Leukeran)
Vincristine (Oncovin)	Methotrexate (Trexall, Rhumatrex)	BCNU (Carmustine)	Lithium (Lithobid, Eskalith)
Anticholinergics (i.e. Atrovent, Albuterol, Combivent, DuoNeb)	Antihistamines (i.e. Allegra, Claritin, Benadryl)	Sympathomimetics (i.e. ephedrine, amphetamine, Ritalin)	Ampicillin (Ominpen, Polycillin, Principen)
Cytosine arabinoside (Cytarbine)	Fluoxetine (Prozac)		

Additionally, you should *not* participate in this study if you are undergoing **withdrawal** from *alcohol, barbiturates, benzodiazepines, meprobamate, or chloral hydrate*

<p>For Investigator Use Only: <i>If subject answered yes for any question, explain below:</i></p> <hr/> <hr/> <hr/> <hr/> <hr/>
