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# The Effects of Transcranial Direct-Current Stimulation on Motor Learning, Motor Maps, and Functional Networks in Children

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Giuffre, A. (2022). The effects of transcranial direct-current stimulation on motor learning, motor maps, and functional networks in children (Doctoral thesis, University of Calgary, Calgary, Canada). Retrieved from <https://prism.ucalgary.ca>.

<http://hdl.handle.net/1880/115153>

*Downloaded from PRISM Repository, University of Calgary*

## Appendix D: TMS Safety and Tolerability Questionnaire

TMS TOLERABILITY QUESTIONNAIRE		
Staff name:	Date:	
<b>Subject ID:</b>	Study ID:	
<b>Time of Session:</b>	RMT % _____ Mapping Intensity % _____	
To be completed by staff <i>prior</i> to starting TMS session:		
Previous night's sleep: How tired are you feeling? If tired, why? ( <i>i.e. exam, ran 12km this morning</i> ) Have you exercised today?	Duration: _____ <i>hours</i> Quality: _____ (1-5) (Not at all)    1    2    3    4    5    (Very)	
Have you consumed caffeine today?	No <input type="checkbox"/> Yes <input type="checkbox"/> How long ago? _____ Type _____    Amount _____	
Have you used any drugs or alcohol in the past 24 hours? ( <i>Include medication</i> )	No <input type="checkbox"/> Yes <input type="checkbox"/> How long ago? _____ Type _____    Amount _____	
<i>Please indicate the presence/absence of the following (✓= Yes), and rate Severity from mild (1) to severe (5)</i>		
Headache <i>Are headaches common for you?</i> _____ <i>times/week</i>	Neck pain	Nausea
	Other: _____	
To be completed by staff <i>after</i> TMS session:		
<i>Please indicate the presence/absence of the following (✓= Yes), and rate Severity from mild (1) to severe (5)</i>		
Headache	Neck pain	Ringing in ears
Lightheadedness	Nausea	Hearing problems
Unpleasant tingling	Toothache	Vision problems
Other: _____		
<i>Ask participant, "What did the pulses feel like?"</i>		
<b>Interactivity:</b>		
Conversation: (None) 1    2    3    4    5 (Lots) <i>Did participant initiate conversations?</i> Yes No	Activity: ( <i>type and genre, i.e. Movie, Comedy</i> ) _____	
How fidgety/active was participant during session? (Still) 1    2    3    4    5 (Active)	How frequently did staff countdown to stimulation? (Never) 1    2    3    4    5 (Always)	