

S1 Appendix

Adverse Events and Symptom Reporting Questionnaire

| Absent = Not present | | | |
|--|----------------------|-----------------------------|------------------------|
| Mild = Present but not bothersome | | | |
| Moderate = Tolerable - required some intervention/medication, but did not interfere with day-to-day activities | | | |
| Severe = Intolerable - required contact with a GP or hospital A&E | | | |
| Use the middle box to specify whether you think it might be related to the stimulation. | | | |
| Use the box to the right of each symptom to provide details. e.g. describe what you felt, how long it lasted, medication you took to relieve the symptoms. | | | |
| Since your stimulation, have you had...? | Intensity of symptom | Relationship to stimulation | Please provide details |
| a headache | absent | unrelated | |
| neck pain | mild | unlikely | |
| tooth pain | moderate | possible | |
| unusual feelings on your head or scalp | severe | probable | |
| itchiness | | definite | |
| changes to your hearing | | | |
| speech problems | | | |
| vision problems (e.g. double vision) | | | |
| unusual twitching or muscle movement | | | |
| difficulties in balance | | | |
| changes in the movement of your strongest hand | | | |
| numbness or tingling sensations | | | |
| muscle tightness of the face or arm | | | |
| unusual feelings, attitudes or emotions | | | |
| anxiety, worried thoughts or nervousness | | | |
| increased sleepiness | | | |
| changes to your sleep pattern | | | |
| difficulty paying attention | | | |
| increased forgetfulness | | | |
| nausea or sickness to the stomach | | | |
| dizziness or light-headedness | | | |
| a seizure within the last 24 hours | | | |
| other symptom: | | | |
| other symptom: | | | |
| Do you have anything else to report? | | | |