

TMS Adverse Event Reporting Form

Subject ID: _____

Date: _____

Notes on TMS protocol:

- | | |
|------------|------------|
| 1-Absent | 1-None |
| 2-Mild | 2-Remote |
| 3-Moderate | 3-Possible |
| 4- Severe | 4-Probable |
| 5-Definite | |

Did you experience any of the following symptoms/side effects?	Severity	Relationship	Notes
Headache			
Neck Pain			
Scalp Pain			
Tingling			
Burning sensation			
Skin redness			
Sleepiness			
Trouble concentrating			
Acute Mood Changes (Indicate Direction)			
Other (specify)			