

Questionnaire of the survey

I. Indications and Contraindications in DMT

Population 1: _____ Ages of population: _____

Setting 1: _____

DMT-method(s) (you use with this particular population): _____

DMT's years of experience (with this particular population): _____

Does	Why?	Don'ts	Why?
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

Comments: _____

Population 2: _____ Ages of population: _____

Setting 2: _____

DMT-method(s) (you use with this particular population): _____

DMT's years of experience (with this particular population): _____

Does	Why?	Don'ts	Why?
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

Comments: _____

If you work with more than two populations, you may ask for an extra questionnaire

II. Demographic Data

Name, degree(s): _____

Sex: male female

Age: _____

Country of origin: _____

Ethnicity: _____

Educational program: _____

Member of professional organization: yes no

If you are a member of professional organization, name of the organization:

Clinical experience: _____ Years: _____

Email-Address for further contact: _____

Comments: _____

Thank you for your support!