## Questionnaire of the survey

I. Indications	and Contraindicatio	ns in DMT		
Population 1:	Ages of population:			
Setting 1:				
DMT-method(s) (yo	u use with this particu	ılar population):		
DMT's years of exp	erience (with this part	icular population):		
Does	Why?	Don'ts	Why?	
1.		1.		
2.		2.		
3.		3.		
4.		4.		
5.		5.		
DMT-method(s) (yo	u use with this particu	ılar population):icular population):		
Does	Why?	Don'ts	Why?	
1.		1.		
2.		2.		
3.		3.		
4.		4.		
5.		5.		
Comments:				
If you work with mo	re than two population	ns, you may ask for an ext	ra questionnaire	
II. Demographic Da	ata			
Name, degree(s):				
Sex:	male O female O			

Attachment 1 to: Koch SC. Indications and contraindications in dance movement therapy. Learning from practitioners' experience. GMS J Art Ther. 2020;2:Doc02. DOI: 10.3205/jat000006

Online available from: https://www.egms.de/en/journals/jat/2020-2/jat000006.shtml

1

Age:		
Country of origin:		<u></u>
Ethnicity:		
Educational program:		
Member of professional o	rganization: yes O	no O
If you are a member of pre	ofessional organiza	tion, name of the organization:
Clinical experience:		 Years:
Email-Address for further	contact:	
Comments:		
Thank you for your suppo	rt!	