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): _____

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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): _____

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Comments: _______________________________________________________

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

II. Demographic Data

Name, degree(s): ________________________________________________
Sex:  male O   female O
Age: 
____________________
Country of origin: 
____________________
Ethnicity: 
____________________
Educational program: 
____________________
Member of professional organization: yes O  no O
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!