

Trail-Making Test

Variable	Task Type	Task Version	Scoring Metric	Unit
ptmt_a_error	Proprioceptive	Part A	Total number of errors	Count
dtmt_a_error	Digital	Part A	Total number of errors	Count
ptmt_b_error	Proprioceptive	Part B	Total number of errors	Count
dtmt_b_error	Digital	Part B	Total number of errors	Count
ptmt_a_time	Proprioceptive	Part A	Total time to completion	Seconds
dtmt_a_time	Digital	Part A	Total time to completion	Seconds
ptmt_b_time	Proprioceptive	Part B	Total time to completion	Seconds
dtmt_b_time	Digital	Part B	Total time to completion	Seconds

Questionnaire

Item	Variable	Label	Value	Response Option
	group	Group Assigned	1	Dancer
			2	Non-dancer

Demographics

Item	Variable	Label	Value	Response Option
<i>How old are you?</i>	age	Age	# in Years	Open response

Item	Variable	Label	Value	Response Option
<i>What is your biological sex?</i>	sex	Biological sex	1	Cisgender: gender is the same as what I was assigned at birth
			2	Transgender: gender is different from what I was assigned at birth
			3	Prefer not to say

Item	Variable	Label	Value	Response Option
<i>How do you identify yourself as?</i>	gend	Gender Identity	1	Female
			2	Male
			3	Other, please specify:

Item	Variable	Label	Value	Response Option
<i>Indicate what you consider your race/ethnicity:</i>	eth	Race/Ethnicity	1	Caucasian
			2	Hispanic
			3	African American
			4	Asian American
			5	Native American
			6	Middle Eastern
			7	Other

Item	Variable	Label	Value	Response Option
<i>Are you fluent in English?</i>	lang	Language	1	Yes
			2	No

Item	Variable	Label	Value	Response Option
<i>Do you have correct or corrected to normal vision?</i>	vis	Vision	1	Yes
			2	No

Item	Variable	Label	Value	Response Option
<i>Are you a person with a physical disability in which walking may be a difficult task to perform?</i>	dis	Movement Disability	1 2	Yes No
<i>Are you left-handed or right-handed?</i>	handedness	Dominant Hand Used	1 2 3	Right Left Ambidextrous
<i>Have you ever had a serious head injury in which you blacked out and/or required hospitalization?</i>	head_Inj	Head Injury	1 2	Yes No
<i>Have you had a diagnosis of epilepsy or have been treated for seizures?</i>	seizure	Epilepsy	1 2	Yes No
<i>Have you ever had brain surgery?</i>	brain_surg	Brain Surgery	1 2	Yes No
<i>Do you have a history of problems with your memory?</i>	memory	Memory Difficulties	1 2	Yes No
<i>Have you ever been diagnosed with a major mental health disorder, such as major depression, anxiety, or bipolar disorder?</i>	mhd	Mental Health Disorder	1 2	Yes No
<i>Have you ever been prescribed psychiatric medication like antidepressants or anxiety medication?</i>	prescrip	Prescription	1 2	Yes No
<i>Have you ever been hospitalized for a psychiatric, psychological, or emotional issue?</i>	mhd_hosp	Mental Health Hospitalization	1 2	Yes No
<i>Have you ever been evaluated for Attention-Deficit/Hyperactivity Disorder (ADHD)?</i>	eval_adhd	Evaluated for ADHD	1 2	Yes No

Item	Variable	Label	Value	Response Option
<i>Have you ever been diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD)?</i>	diag_adhd	Diagnosed with ADHD	1	Yes
			2	No

Dance Training Experience Questionnaire (DTEQ)

Item	Variable	Label	Value	Response Option
<i>On a scale of 1 to 5, How would you rate your bodily awareness? (how well you can sense, or understand, where your body is in space and how your body moves concerning your environment)</i>	bodily_aware	Bodily Awareness Score	1	Not in sync or connected at all
			2	-
			3	Being comfortable or familiar
			4	-
			5	Being exceptional synchrony

Item	Variable	Label	Value	Response Option
<i>Do you have formal dance training experience? Formal dance training: participating in a dance class to learn a dance style or technique</i>	dan_xp	Dance Experience	1	None
			2	Some, recreationally as a child
			3	Competitive or 15 hours+ a week as a child
			4	Yes, not in the last 10+ years
			5	Yes, not in the last 3-8 years
			6	Yes, not in the last 1-2 years
			7	Yes, actively

Item	Variable	Label	Value	Response Option
<i>Provide the total number of years you participated in dance training.</i>	dan_xp_yrs	Dance Experience Years	# in Years	Open response

Item	Variable	Label	Value	Response Option
<i>Indicate what type of setting you received dance training.</i>	dan_xp_enviro	Dance Experience Environment	1	None
			2	Middle School or High School
			3	College/University
			4	Dance Studio
			5	Recreational Center
			6	Community Class or Collaborative Setting
			7	Other

ms_hs	Middle School or High School	1	Yes
		2	No

college	College/University		
studio	Dance Studio		
rec_center	Recreational Center		
community	Community Class or Collaborative Setting		

ms_hs_yrs	Middle School or High School years	# in Years	Open response
college_yrs	College/University years		
studio_yrs	Dance Studio years		
rec_center_yrs	Recreational center years		
community_yrs	Community-led class or collaboration setting years		

Item	Variable	Label	Value	Response Option
<i>How old were you when you began dance training?</i>	age_start_dan	Age Started Dance	# in Years	Open response
<i>Do you have experience in other activities related to dance?</i>	dan_relate_activ	Dance-Related Activity	1 2 3 4 5 6	None Cheerleading Drill team Gymnastics Musical Theater Other
<i>Do you regularly participate in aerobic exercise such as martial arts, tai chi, calisthenics, yoga, pilates, barre, etc...?</i>	aerobic_exr	Aerobic Exercise	1 2	Yes No
<i>Do you regularly participate in anaerobic exercise such as running, swimming, bicycling, weightlifting, etc...?</i>	anaerobic_exr	Anaerobic Exercise	1 2	Yes No
<i>Indicate what style of dance training you have experience in.</i>	ballet_xp pointe_xp pas_xp modern_xp classical_jazz_xp lyrical_jazz_xp tap_xp hiphop_xp african_xp latin_xp ballroom_xp indian_xp arial_silk_xp rhythmic_gym_xp folk_xp oth_style_xp	Ballet Pointe Pas de Deux Modern Classical Jazz Lyrical Jazz Tap Dance Hip Hop African Dance Latin Dance Ballroom Indian Arial Silks Rhythmic Gymnastics Folk or Line Dancing Other dance styles not listed:	1 2	Yes No

Item	Variable	Label	Value	Response Option
<i>Enter the total number of years participated in the style of training you have experience in.</i>	ballet_yrs	Years of Ballet	# in Years	Open response
	pointe_yrs	Years of Pointe		
	pas_yrs	Years of Pas de Deux		
	modern_yrs	Years of Modern		
	classical_jazz_yrs	Years of Classical Jazz		
	lyrical_jazz_yrs	Years of Lyrical Jazz		
	tap_yrs	Years of Tap Dance		
	hiphop_yrs	Years of Hip Hop		
	african_yrs	Years of African Dance		
	latin_yrs	Years of Latin Dance		
	ballroom_yrs	Years of Ballroom		
	indian_yrs	Years of Indian		
	arial_silk_yrs	Years of Arial Silks		
rhythmic_gym_yrs	Years of Rhythmic Gymnastics			
folk_yrs	Years of Folk or Line Dancing			

Item	Variable	Label	Value	Response Option
<i>If you currently participate in dance training, indicate which dance styles.</i>	ballet_current	Currently taking: Ballet	1	Yes
			2	No
	pointe_current	Currently taking: Pointe		
	pas_current	Currently taking: Pas de Deux		
	modern_current	Currently taking: Modern		
	classical_jazz_current	Currently taking: Classical Jazz		
	lyrical_jazz_current	Currently taking: Lyrical Jazz		
	tap_current	Currently taking: Tap Dance		
	hiphop_current	Currently taking: Hip Hop		
	african_current	Currently taking: African Dance		
	latin_current	Currently taking: Latin Dance		
	ballroom_current	Currently taking: Ballroom		
	indian_current	Currently taking: Indian		
	arial_silk_current	Currently taking: Arial Silks		
	rhythmic_gym_current	Currently taking: Rhythmic Gymnastics		
	folk_current	Currently taking: Folk or Line Dancing		
	oth_style_current	Currently taking: Other		