

Core demographics questions for hand therapy surveys

There are 21 questions in this survey.

Demographics

Tell us about yourself and your practice.

What is your current age? *

❗ Choose one of the following answers

Please choose **only one** of the following:

Prefer not to answer

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- 100

With what gender do you most closely identify? *

❗ Choose one of the following answers

Please choose **only one** of the following:

- Male
- Female
- Non-binary
- Fluid
- Prefer not to answer
- Prefer to self-identify as

Please select any that apply

What is your profession? *

❗ Check all that apply

Please choose **all** that apply:

- Occupational therapist
- Physical therapist or Physiotherapist
- Kinesiologist
- Athletic therapist or trainer
- Orthopedic surgeon
- Plastic surgeon
- Other Physician
- Registered nurse
- Occupational Therapy Assistant / Occupational Therapist Assistant
- Physical Therapy Assistant / Physiotherapist Assistant

Other:

What is/was your entry-level professional degree? *

❗ Choose one of the following answers

Please choose **only one** of the following:

- Assistant diploma/certificate
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- N/A: I am an entry-level student

Other

What is the highest level of education you have completed? Please list degrees earned in addition to your entry-level professional degree. Choose all that apply. *

❗ Check all that apply

Please choose **all** that apply:

- Bachelor's degree (select only if entry-level professional degree was an associate's)
- Post-professional Masters degree in occupational therapy or physical therapy
- Masters degree in another field (e.g. MBA, MEd, MPH, MSc)
- Post-professional clinical doctorate degree in occupational or physical therapy (e.g. OTD, DPT)
- Clinical doctoral degree in another field (e.g. DrPH)
- Academic doctoral degree (e.g. PhD, EdD, ScD)
- N/A - I am an entry-level student

Other:

How many years have you been licensed/registered as a health care professional? *

❗ Choose one of the following answers

Please choose **only one** of the following:

less than one year

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- 50+
- Not Applicable

How many years have you practiced in a hand therapy role or identified as a hand therapist? *

🗳️ Choose one of the following answers

Please choose **only one** of the following:

less than one year

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- 50+
- Not applicable

Are you a certified hand therapist (CHT)? *

🗳️ Choose one of the following answers

Please choose **only one** of the following:

- Yes, current certification through the Hand Therapy Certification Commission
- Yes, certified through another organization outside North America
- No, but am pursuing certification
- Not currently, but held previously
- No
- Not endorsed as a qualification in my jurisdiction

What year did you become a CHT? *

Please write your answer here:

Do you practice in the United States? *

🗳️ Choose one of the following answers

Please choose **only one** of the following:

- Yes
- No

In which states and territories are you currently licensed to practice? *

🗨 Check all that apply

Please choose **all** that apply:

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada

- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- District of Columbia
- Puerto Rico
- Guam
- American Samoa
- U.S. Virgin Islands
- Northern Mariana Islands

Do you practice in Canada? *

❗ Choose one of the following answers

Please choose **only one** of the following:

Yes

No

In which provinces or territories are you currently licensed to practice? *

❗ Check all that apply

Please choose **all** that apply:

Alberta

British Columbia

Manitoba

New Brunswick

Newfoundland and Labrador

Northwest Territories

Nova Scotia

Nunavut

Ontario

Prince Edward Island

Quebec

Saskatchewan

Yukon

In what country or countries do you currently practice outside of the United States or Canada? *

Please write your answer here:

How would you classify the geographic setting of your primary practice? *

🗨 Check all that apply

Please choose **all** that apply:

- Urban
- Suburban
- Rural
- Remote

Other:

Demographic Questions (Practice)

What is your current primary practice setting? Please choose one answer only.

Please choose **only one** of the following:

- Hospital-based outpatient clinic
- Academic-based hospital clinic setting (outpatient)
- Physician-owned outpatient clinic
- Therapist-owned outpatient clinic
- Corporate-owned freestanding outpatient clinic
- Private practice, independent contractor
- Inpatient: Hospital
- Inpatient: Rehabilitation or skilled nursing facility
- Home health care system
- Military Health System
- Veterans Health Administration System
- Academia
- Research
- Industry
- Other

The position where you spend most of your time. Please note: if you work equally in 2 settings, please record this under 'Other'

Do you practice as a hand therapist in this setting?

Please choose **only one** of the following:

- Yes
- No

Of the hours you worked in the past month, what best describes the percentage of time spent on direct or indirect patient care (not teaching or administration) across all worked hours?

Please choose **only one** of the following:

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%

Approximately how many hours per week in the past month did you engage in direct clinical care with patients with upper extremity conditions across your practice settings?

Please choose **only one** of the following:

- 0-9 hours per week
- 10-19 hours per week
- 20-29 hours per week
- 30-40 hours per week
- More than 40 hours per week

In an average month, how often do you treat these age groups across your practice settings?

Please choose the appropriate response for each item:

	Never (0%)	Rarely (1- 25%)	Occasionally (26-50%)	Often (51%-75%)	Routinely (76- 100%)
Pediatrics (0-17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults (18-64)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors / Older Adults (65+)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your answers do not need to add up to 100%

In an average month, how often do you treat these conditions as the primary diagnosis across your practice settings?

Please choose the appropriate response for each item:

	Never (0%)	Rarely (1-25%)	Occasional (26-50%)	Often (51-75%)	Routinely (76-100%)	
Amputations (including fingertip amputations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis and rheumatic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congenital anomalies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crush injuries / multi- tissue trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cumulative trauma disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dupuytren's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fractures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General neurological conditions (e.g. stroke, Parkinson disease, multiple sclerosis, amyotrophic lateral sclerosis, spinal cord injuries, cerebral palsy, muscular dystrophy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ligamentous injury or instability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lymphedema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never (0%)	Rarely (1-25%)	Occasional (26-50%)	Often (51-75%)	Routinely (76-100%)	
Muscle strains or tears or avulsions (acute)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nerve injuries (including compressions, palsies, repairs, grafts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain syndromes (e.g. complex regional pain syndrome, fibromyalgia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Replantation, revascularization or transplantation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tendon injuries or surgeries (e.g. lacerations, transfers, ruptures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thermal and electrical injuries (burns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your answers do not need to add up to 100%

Submit your survey.

Thank you for completing this survey.