

HCPs Demographic Questionnaire

Participant ID: HCP#_____

Date:_____

1. Assigned Sex at Birth:

- ☐ Male
- ☐ Female
- ☐ Prefer Not to Answer

2. Current Gender Identity: How do you describe yourself?

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Genderfluid or genderqueer
- ☐ Two-Spirit
- ☐ Questioning or unsure
- ☐ Another Gender Identity (Please Specify):_____
- ☐ Do not know
- ☐ Prefer not to answer

3. Do you identify as transgender? Transgender is an umbrella term used to describe people whose gender identity or gender expression differs from the sex they were assigned at birth

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

4. Age: _____ Years

5. In which country were you born? _____

6. Ethnicity/background:

- ☐ Asian – East (e.g., Chinese, Japanese, Korean)
- ☐ Asian – South (e.g., Indian, Pakistani, Sri Lankan)
- ☐ Asian – South East (e.g., Malaysian, Filipino, Vietnamese)
- ☐ Black – African (e.g., Ghanaian, Kenyan, Somali)
- ☐ Black – Caribbean (e.g., Barbadian, Jamaican)
- ☐ Black – North American (e.g., Canadian, American)
- ☐ First Nations
- ☐ Indigenous/Aboriginal – not included elsewhere
- ☐ Inuit
- ☐ Métis
- ☐ Indian – Caribbean (e.g., Guyanese with origins in India)
- ☐ Latin American (e.g., Argentinean, Chilean, Salvadoran)

- ☐ Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
- ☐ White – European (e.g., English, Italian, Portuguese, Russian)
- ☐ White – North American (e.g., Canadian, American)
- ☐ Mixed Heritage (e.g., Black – African & White – North American)

Please specify_____

- ☐ Other(s): Please specify_____
- ☐ Do not know
- ☐ Prefer not to answer

7. **Languages spoken in addition to English:**_____

8. Profession:

- ☐ Physician; Specialty:_____
- ☐ Nurse
- ☐ Nurse Practitioner
- ☐ Occupational therapist
- ☐ Physiotherapist
- ☐ Social Worker
- ☐ Dietician
- ☐ Nutritionist
- ☐ Pharmacist
- ☐ Recreational therapist
- ☐ Spiritual care provider
- ☐ Researcher
- ☐ Government official
- ☐ Other:_____

9. **How many years have you been practicing?:**_____ Years

10. **How many years have you worked specifically with traumatic injury survivors?:**
_____ Years

11. **First three characters of your work postal code:** _____

12. Primary Practice Setting(s):

- ☐ Acute Care Facility
- ☐ Specialist Inpatient Rehabilitation Hospital
- ☐ Long-Term Care or other Congregate Care Setting
- ☐ Community-Based
- ☐ Private Practice
- ☐ Other: _____

13. Which of the following modalities have you used to work with Trauma Patients?
[Select all that apply]

☐ In person

☐ In a hospital

☐ In a rehabilitation facility

☐ In a community location;

Specify:

☐ In PWLC's home Telephone Call

☐ Text Messaging

☐ Email

☐ Video Chat

Specify:

☐ Skype

☐ Zoom

☐ FaceTime

☐ WhatsApp

☐ Microsoft Teams

☐ Provincial Telemedicine Network

☐ Legislated Web Platform

Please specify:_____

☐ Other: Please specify:_____