

ENHANCING WHEELCHAIR EDUCATION IN CANADIAN OCCUPATIONAL THERAPY UNIVERSITY PROGRAMS

Objective 1: Sociodemographic Form

1. What is your gender?

- Man
- Woman
- Non-binary
- Prefer not to answer

2. What is your age? _____

3. What is your primary language?

- English
- French
- Other: _____

4. What is your level of education? (please check all that apply)

- Diploma (OT)
- Bachelors (OT)
- Bachelors (other)
- Masters (OT)
- Masters (other)
- Masters (research-based)
- PhD

5. What is your position within the occupational therapy program?

- Full-time faculty member
- Part-time faculty member
- Adjunct Faculty
- Invited Presenter
- Other: _____

6. For how many years have you been a professor, clinical faculty, adjunct faculty or an invited presenter, in this occupational therapy program? _____

7. Do you currently practice clinically?

- No
- Yes

In what area of practice? _____

Does your current practice include wheelchair service provision? Yes No

8. What role(s) do you currently play in the delivery of wheelchair content in your program?
(check all that apply)

- Coordinate a course that is exclusively wheelchair-specific
- Coordinate a course that includes wheelchair-specific content
- Teach within a course that is exclusively wheelchair-specific
- Teach wheelchair-specific content within a course
- Assist within a course that is exclusively wheelchair-specific
- Assist with wheelchair-specific content within a course
- Other wheelchair-relevant involvement (describe: _____)

9. For how many years have you been teaching wheelchair content in the occupational therapy program? _____

10. Have you developed, or contributed to the development, of a wheelchair-specific course or module for use within the occupational therapy program?

- No
- Yes

11. Since completion of your clinical degree, have you taken additional courses specific to wheelchair service provision?

- No
- Yes (please check all that apply)
 - Continuing Education offered through a university program
 - Conference workshop
 - Educational opportunity offered by a private organization
 - Online course (ex: MOOC)
 - Self-study
 - Other: _____

12. Do you have an additional certification related to wheelchair service provision? (Ex: RESNA Seating and Mobility Specialist Certification, ISWP certification)

- No
- Yes (please specify certification) _____

13. Are you a member of an organization or community of practice that is wheelchair-related?

- No
- Yes
 - RESNA
 - ISWP
 - ISPO
 - Other (describe: _____)
 - Other (describe: _____)