The document provides a questionnaire survey addressing various demographic and practice-related questions. The questions are divided into two sections: Demographics and Carpal Tunnel Release in Distal Radius Fractures.

### Demographics

1. What is your age?
2. What is your sex?
   - Male/Female
3. How many years have you been in practice since board qualification?
4. In what country did you complete your residency?
   - If United States, what was the region of training?
     - Northeast/Southeast/Midwest/Southwest/Northwest
5. In what country do you practice medicine?
6. What is your position?
   - Surgeon/fellow/other
     - If other, please specify:
     - If fellow, do you perform surgery independently?
       - Yes/no
7. Are you a supervising surgeon?
   - Yes/no
8. What is your surgical specialty?
   - General orthopaedic surgery/orthopaedic traumatology/hand and upper extremity surgery
9. What is your work status?
   - Full time/part time/retired
10. What is your institution/hospital status?
    - Level I trauma center/community hospital/non-level I trauma center/private practice

### Carpal Tunnel Release in Distal Radius Fractures

1. In your practice, is open reduction and internal fixation of a distal radius fracture a day surgery?
   - Yes/no
2. As part of your practice, do you do elective open carpal tunnel release in patients with carpal tunnel syndrome?
   - Yes/no
3. Have you released a carpal tunnel, for any reason, electively or acutely, within the past 4 weeks?
   - Yes/no
4. Do you believe that patients with displaced distal radius fractures are at a risk of acute carpal tunnel syndrome?
   - Yes/no
5. Do you or your institution have a set of clinical or radiographic guidelines that you use to decide which distal radius fractures are at a risk to develop carpal tunnel syndrome?
   - Yes/no
6. Are you more or less likely to perform a carpal tunnel release at the same time as the distal radius open reduction and internal fixation if there is radiographic displacement of the distal radius?
   - More likely/less likely/this does not affect my decision-making
7. Have you ever treated a patient with a displaced distal radius fracture who also developed preoperative acute carpal tunnel syndrome?
   - Yes/no
8. Have you ever treated a patient with a displaced distal radius fracture who also developed acute postoperative carpal tunnel syndrome after open reduction and internal fixation of a distal radius fracture?
   - Yes/no
9. Do you routinely allow for preoperative peripheral nerve block placement for distal radii you plan to operate upon?
   - Yes/no
10. Do you consider persistent paresthesias in the median nerve distribution after performing a closed reduction of a distal radius fracture to be a surgical emergency?
    - Yes/no
11. Do you routinely (>50% of the time) perform a carpal tunnel release at the same time as distal radius open reduction and internal fixation?  
  Yes/no
12. Are you more or less likely to perform a carpal tunnel release on a patient with an open distal radius fracture?  
  More likely/less likely/this does not affect my decision-making
13. Are you more or less likely to perform a carpal tunnel release in a patient with contiguous fractures of the carpus and distal radius?  
  More likely/less likely/this does not affect my decision-making
14. Are you more or less likely to perform a carpal tunnel release in a patient with a high-energy distal radius fracture (e.g., fall from a height, motor vehicle accident, polytrauma) compared with patients with a distal radius fracture resulting from a low-energy setting?  
  More likely/less likely/this does not affect my decision-making
15. Are you more or less likely to perform a carpal tunnel release at the same time as open reduction and internal fixation of a distal radius fracture in a patient that is older than 55 years when compared with patients younger 55 years?  
  More likely/less likely/this does not affect my decision-making
16. Are you more or less likely to perform a carpal tunnel release during open reduction and internal fixation of a distal radius fracture in females when compared with males?  
  More likely/less likely/this does not affect my decision-making
17. Are you more or less likely to perform a carpal tunnel release in a patient older than 55 years undergoing open reduction and internal fixation of a distal radius fracture who also has other comorbidities like diabetes or end-stage renal disease?  
  More likely/less likely/this does not affect my decision-making
18. Have you ever had to return to the operating room with a patient after distal radius open reduction and internal fixation for subsequent carpal tunnel release?  
  Yes/no
19. Does concurrent carpal tunnel release during open reduction and internal fixation of a distal radius fracture influence your postoperative rehabilitation of the wrist and hand?  
  Yes/no
20. Are you more or less likely to perform a carpal tunnel release during open reduction and internal fixation of a distal radius fracture on a Friday compared with Monday to Thursday?  
  More likely/less likely/this does not affect my decision-making
21. A patient sustains a displaced distal radius fracture and has prereduction median nerve paresthesias. After closed reduction, do you believe that open reduction and internal fixation of the patient’s distal radius is still indicated?  
  (a) If median nerve paresthesias resolved following closed reduction, would you perform a carpal tunnel release at the same time as distal radius open reduction and internal fixation?  
    Yes/no  
  (b) If median nerve paresthesias did not resolve following closed reduction, would you perform a carpal tunnel release at the same time as distal radius open reduction and internal fixation?  
    Yes/no