Supplementary Figure 1. The questionnaire distributed to all active members of the American Society for Surgery of the Hand
Demographic Questions
1. Do you have a current Subspecialty Certificate in Surgery of the Hand (formerly CAQ Hand)?
   Yes / No
2. Where do you practice?
   Northeast (Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont) / Mid-Atlantic
   (Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, West Virginia) / Southeast (Alabama,
   Florida, Georgia, North Carolina, Puerto Rico, South Carolina) / Midwest (Kansas, Illinois, Indiana, Iowa, Nebraska,
   Michigan, Minnesota, Missouri, Ohio, Wisconsin) / Mid-South (Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma,
   Tennessee, Texas) / Central (North Dakota, South Dakota) / Intermountain West (Arizona Colorado, Idaho, Montana,
   Nevada, New Mexico, Utah, Wyoming) / Pacific (Alaska, California, Hawaii, Oregon, Washington)
3. What describes your practice best? Academic Type:
   Academic institution / Non-academic institution
4. What describes your practice best? Practice Type:
   Solo practice / Group practice
5. What describes your practice best? Group Composition:
   All hand surgeons / Orthopedic surgery group practice / Plastic surgery group practice / Multispecialty
6. What is your specialty training?
   Orthopedic Surgery / Plastic Surgery / General Surgery
7. How many years have you been practicing Hand Surgery?
   < 5 years / 5-10 years / 10-20 years / 20-30 years / >30 years
Allograft Use
8. Have you used allograft tissue products in practice?
   Yes / No
9. Have you used allograft tissue products for upper extremity applications?
   Yes / No
10. If you have used allograft tissue products, which products have you used (Check all that apply)?
    Bone / Nerve / Dermis / Tendon / Ligament / Other (please specify)
11. Have you previously used a Hunter rod in practice?
    Yes / No
12. How many cases involving the use of a Hunter rod do you perform in a year?
    < 2 / 3-5 / 6-9 / 10-14 / >15
13. If you have NOT used allograft tissue products, what barriers, if any, stop you from utilizing them?
    Unfamiliarity with allograft tissue products / Require more data on outcomes with allograft tissue products / Poor previous
    experience with allograft tissue products / Increased cost of allograft tissue products / None. I am willing or have used
    allograft tissue products / Other (please specify)
14. How many cases involving allograft tissue products do you perform in a year?
    <9 / 10-24 / 25-49 / 50-99 / >100
Allograft Selection
15. What factors are important to you in selecting an allograft tissue product for the upper extremity? Rank in order of
    importance the following factors (1 = Most Important, 7 = Least Important).
    Sterility / Species of origin / Foreign body response / Biological compatibility / Peer reviewed publications / Previous
    experience during residency or fellowship training / Other
16. What factors would motivate you to selecting an allograft tissue product for the upper extremity for a procedure that
    could technically be performed without an allograft? Rank in order of importance the following factors (1 = Most
    Important, 7 = Least Important).
    Improved technical ease of procedure / Improved patient satisfaction rating / Reduced operative times / Reduced
17. What factors are concerning to you when performing flexor tendon reconstruction? Rank in order of importance the following factors (1 = Most Important, 7 = Least Important).

- Poor patient satisfaction
- Post repair adhesions
- Lack of suitable donor site material
- Rupture at the distal tenorrhaphy site
- Rupture at the proximal tenorrhaphy site
- Technical difficulties with pulley reconstruction

18. Would you consider using an allograft tissue product, if it offered the potential to improve outcomes of flexor tendon and pulley reconstruction?

- Yes
- No

**Interest in Allograft Tissue Product**

*Qualify your relative interest in using an allograft tissue product for the following upper extremity applications if a suitable allograft tissue product became clinically available in the future?*

19. Flexor tendon reconstruction

- Very Interested
- Interested
- Undecided
- Uninterested
- Very uninterested

20. Pulley reconstruction

- Very interested
- Interested
- Undecided
- Uninterested
- Very uninterested

21. Small joint reconstruction

- Very interested
- Interested
- Undecided
- Uninterested
- Very uninterested

22. Articular cartilage reconstruction

- Very interested
- Interested
- Undecided
- Uninterested
- Very uninterested