

# SPLASH Study Questionnaire

Response ID	Start date	Completion date	
682252-682243-75664640	1 Apr 2021, 12:15 (BST)	1 Apr 2021, 12:29 (BST)	

**Answers to Questions 1-10 (Participant Agreement Form, Screening and Contact Details sections) removed as these contained non-anonymised participant information.**

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|----|---|---|
| 11 | What is your relationship with the person/people with Severe LD/PMLD you care for? (e.g. son, daughter, sister, brother, 1:1 support worker, or physiotherapist in community adult LD team) | Support Worker                          |
| 12 | How often/many hours per week do you care for them? (e.g. 37.5 hours per week, evenings and weekends, monthly visit)  | 15-20 hours a week rota basis           |
| 13 | Age: (if you would prefer not to say, please type this in the box below)  | 37                                      |
| 14 | Gender: (if you would prefer not to say, please type this in the box below)   | Male                                    |
| 15 | Diagnoses:  | Cerebral Palsy<br>Chromasone 8 Disorder |
| 16 | Level of Learning Disability:   | Severe                                  |
| 17 | Thinking about their muscles, how might you describe their tone? (e.g. high (hypertonic), low (hypotonic), spasticity, rigidity, variable, unknown/unsure)                                  | Hypertonic                              |

18	Which limbs are affected by altered tone and how? (e.g. increased tone in both arms / both legs / left side / right side, unknown/unsure)	All four limbs
19	Do they have any issues affecting the position/posture of their trunk? (e.g. bent forwards (kyphosis), bent to their left / right (scoliosis), unknown/unsure)	Scoliosis
20	Do they have any contractures (unable to fully bend or straighten any joints)?	Yes
20.a	If yes, where and what movement are they unable to do? (e.g. unable to straighten their right elbow, unable to bend either knee)	Unable to straighten both legs, Right arm
21	What postural equipment do they have in place at home or use at day centre? (e.g. wheelchair, armchair, sleep system, pacer/body support walker, unknown/unsure)	Wheelchair, Symetrikkit Adjustable Comfy chair, Posture Wedge, Sleep system.
22	Can they walk or transfer at all? (Please select the answer which best fits)	No - they are unable to weight bear and need equipment to sit/stand upright.
23	Do they have any specific communication support needs? (e.g. easy read, pictures/onjects of reference, TaSSeLs, communication aids, unknown/unsure)	We have our own communication through noises, and facial expression
24	What type of accomodation do they live in? (e.g. family home, supported living, residential care, unknown/unsure)	Supported Living
25	What care packages are in place? (e.g. at home / day centre, unknown/unsure)	Shared support with one to one hours included 24 hours 7 days a week- 24 hours 7days a week.
26	Who funds their care?	Social Care / Local Authority / Council
26.a	If you selected Other, please specify:	

27	Did they access hydrotherapy as a child?	Yes
27.a	If yes, how often?	not sure - but accessed through [local special] School
28	Do they access hydrotherapy now?	No
29	How regularly did they used to access hydrotherapy as an adult?	we mainly just use public teaching pools
30	When/why did they stop attending hydrotherapy?	March 2020
31	How regularly do they access hydrotherapy now?	
32	Have they ever accessed hydrotherapy more or less often than they currently do?	
32.a	If yes, could you explain how often they used to access hydrotherapy and the cause for this change?	
33	Who pays for their access to hydrotherapy as an adult?	Self-funded
33.a	If you selected Other, please specify:	
34	When they last accessed hydrotherapy, was the water:	Warm but not hydro pool temperature (e.g. about the same as a public pool)
35	What did they do during the hydrotherapy session?	<ul style="list-style-type: none"> <li>• Passive movements (e.g. swishing in the water/sea weeding) from caregiver in the water</li> <li>• Passive stretching (e.g. someone giving hands on stretches) from caregiver in the water</li> </ul>
35.a	If you selected Other, please specify:	