

SPLASH Study Questionnaire

Response ID	Start date	Completion date
682252-682243-73588739	3 Mar 2021, 18:52 (GMT)	3 Mar 2021, 19:33 (GMT)

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

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)	Physiotherapist in community adult LD Team
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12	How often/many hours per week do you care for them? (e.g. 37.5 hours per week, evenings and weekends, monthly visit)	30 mins
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13	Age: (if you would prefer not to say, please type this in the box below)	56
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14	Gender: (if you would prefer not to say, please type this in the box below)	Female
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15	Diagnoses:	Cerebral palsy Dislocated right hip Osteoporosis Epilepsy
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16	Level of Learning Disability:	Profound and Multiple
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17	Thinking about their muscles, how might you describe their tone? (e.g. high (hypertonic), low (hypotonic), spasticity, rigidity, variable, unknown/unsure)	High tone
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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 4 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)	Kyphosis, 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 fully bend and straighten Right hip and both elbows
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)	Specialist supportive wheelchair Sleep system Specialist Armchair
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/objects of reference, TaSSeLS, communication aids, unknown/unsure)	Objects/pictures of reference
24	What type of accomodation do they live in? (e.g. family home, supported living, residential care, unknown/unsure)	living in family home
25	What care packages are in place? (e.g. at home / day centre, unknown/unsure)	Attends day centre x5week. Carers attending morning and evening
26	Who funds their care?	<ul style="list-style-type: none"> • Health / Continuing Health Care (CHC) • 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?	Unsure but probably weekly x 6 hydro courses
28	Do they access hydrotherapy now?	Yes
29	How regularly did they used to access hydrotherapy as an adult?	
30	When/why did they stop attending hydrotherapy?	
31	How regularly do they access hydrotherapy now?	Hydro course x 8 sessions approx 2/3 year
32	Have they ever accessed hydrotherapy more or less often than they currently do?	Yes
32.a	If yes, could you explain how often they used to access hydrotherapy and the cause for this change?	Not all sessions of the course can be attended due to health reasons or problems with support staff/ carers, transport
33	Who pays for their access to hydrotherapy as an adult?	<ul style="list-style-type: none"> • Social Care / Local Authority / Council • Self-funded
33.a	If you selected Other, please specify:	
34	When they last accessed hydrotherapy, was the water:	Hydrotherapy pool temperature (e.g. hotter than a public swimming pool)
35	What did they do during the hydrotherapy session?	<ul style="list-style-type: none"> • Passive movements (e.g. swishing in the water/sea weeding) from caregiver in the water • Passive stretching (e.g. someone giving hands on stretches) from caregiver in the water
35.a	If you selected Other, please specify:	