

SPLASH Study Questionnaire

Response ID	Start date	Completion date	
682252-682243-75025854	23 Mar 2021, 09:26 (GMT)	23 Mar 2021, 09:36 (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
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 hours per week
13	Age: (if you would prefer not to say, please type this in the box below)	25
14	Gender: (if you would prefer not to say, please type this in the box below)	Male
15	Diagnoses:	PMLD Cerebral Palsy Sandifers syndrome
16	Level of Learning Disability:	Profound and Multiple
17	Thinking about their muscles, how might you describe their tone? (e.g. high (hypertonic), low (hypotonic), spasticity, rigidity, variable, unknown/unsure)	high (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)	increased tone in both arms and both legs (more on left side)
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)	left side scoliosis thoracic kyphosis
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)	full extend both legs, extend both upper limbs
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 wheelchair, 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/objects of reference, TaSSeLS, communication aids, unknown/unsure)	no
24	What type of accomodation do they live in? (e.g. family home, supported living, residential care, unknown/unsure)	family home
25	What care packages are in place? (e.g. at home / day centre, unknown/unsure)	Domiciliary care
26	Who funds their care?	Health / Continuing Health Care (CHC)
26.a	If you selected Other, please specify:	

27	Did they access hydrotherapy as a child?	Yes
27.a	If yes, how often?	once / week ?
28	Do they access hydrotherapy now?	No
29	How regularly did they used to access hydrotherapy as an adult?	6-8 sessions once in 6 months
30	When/why did they stop attending hydrotherapy?	increased service needs, hydrotherapy pool not available
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?	Health / Continuing Health Care (CHC)
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?	Passive stretching (e.g. someone giving hands on stretches) from caregiver in the water
35.a	If you selected Other, please specify:	