

# SPLASH Study Questionnaire

Response ID	Start date	Completion date	
682252-682243-71227032	26 Jan 2021, 14:28 (GMT)	26 Jan 2021, 14:38 (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)	sister
12	How often/many hours per week do you care for them? (e.g. 37.5 hours per week, evenings and weekends, monthly visit)	regular visits (except during lockdown)
13	Age: (if you would prefer not to say, please type this in the box below)	32
14	Gender: (if you would prefer not to say, please type this in the box below)	Female
15	Diagnoses:	Microcephaly
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)	low,

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)	low tone in both arms and both legs
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)	unknown
20	Do they have any contractures (unable to fully bend or straighten any joints)?	No
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)	
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/ 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)	can only communicate by noises
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)	full care package
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?	twice a week
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?	before lockdown it was swimming once a week
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?	Access to heated swimming area in [place] which was shut down
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:	