

# SPLASH Study Questionnaire

Response ID	Start date	Completion date
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**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
12	How often/many hours per week do you care for them? (e.g. 37.5 hours per week, evenings and weekends, monthly visit)	37.5
13	Age: (if you would prefer not to say, please type this in the box below)	23
14	Gender: (if you would prefer not to say, please type this in the box below)	Male
15	Diagnoses:	Quadriplegic cerebral palsy with anarthria
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)	Spasticity

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/bend left knee specially
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 ,comfy chair , special shoes , splint, walking aid .
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)	None
24	What type of accomodation do they live in? (e.g. family home, supported living, residential care, unknown/unsure)	Leaves with 24/7 support in his home
25	What care packages are in place? (e.g. at home / day centre, unknown/unsure)	24/7 support in his home
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?	Unknown
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?	Twice 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?	Once a week ,increase to twice a week due to increase spasticity. Due curent situation covid 19 he missed few session .
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?	<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:	