

SPLASH Study Questionnaire

Response ID	Start date	Completion date
682252-682243-73207265	26 Feb 2021, 12:10 (GMT)	4 Mar 2021, 12:06 (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
12	How often/many hours per week do you care for them? (e.g. 37.5 hours per week, evenings and weekends, monthly visit)	varies
13	Age: (if you would prefer not to say, please type this in the box below)	38
14	Gender: (if you would prefer not to say, please type this in the box below)	male
15	Diagnoses:	Learning disability
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 tone

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)	both upper limbs and lower 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)	unsure, but has moulded wheelchair?
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 his wrists, elbows, hips and knees. Limited ROM in ankles
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)	?moulded 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)	unable to communicate verbally or follow instructions
24	What type of accomodation do they live in? (e.g. family home, supported living, residential care, unknown/unsure)	family home, lives with his mother
25	What care packages are in place? (e.g. at home / day centre, unknown/unsure)	day centre 5 days/week, unsure about POC at home
26	Who funds their care?	Unknown/unsure
26.a	If you selected Other, please specify:	

27	Did they access hydrotherapy as a child?	
27.a	If yes, how often?	unsure
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?	weekly or fortnightly, depends on the day centre
32	Have they ever accessed hydrotherapy more or less often than they currently do?	No
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?	Unknown/unsure
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"> • Active movements (e.g. kicking, splashing, moving) with physical support • 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:	