

SPLASH Study Questionnaire

Response ID	Start date	Completion date	
682252-682243-71041862	22 Jan 2021, 15:45 (GMT)	22 Jan 2021, 16:00 (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)	Father
12	How often/many hours per week do you care for them? (e.g. 37.5 hours per week, evenings and weekends, monthly visit)	5 hrs on a Sunday. [My son] lives in Supported Living with 24/7 Care except Sundays when we have him 2-7pm.
13	Age: (if you would prefer not to say, please type this in the box below)	31
14	Gender: (if you would prefer not to say, please type this in the box below)	Male
15	Diagnoses:	Cerebral palsy Moderate to severe LD Autistic tendencies
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 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)	Tilt to the left (has rods in spine for 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)	Legs unable to straighten unless well worked with all aspects of physio
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, Armchair, sleep system, hospital floor bed
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)	Communication Passport
24	What type of accommodation do they live in? (e.g. family home, supported living, residential care, unknown/unsure)	Housing Association Ground Floor Accessible Flat (Supported Living funded by CHC NHS)
25	What care packages are in place? (e.g. at home / day centre, unknown/unsure)	24/7 care at home. Day Centre Mon-Thu when not Pandemic
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?	Twice a week
28	Do they access hydrotherapy now?	No
29	How regularly did they used to access hydrotherapy as an adult?	Every other week before pandemic now none
30	When/why did they stop attending hydrotherapy?	March when 1st lockdown
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?	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?	Active movements (e.g. kicking, splashing, moving) with physical support
35.a	If you selected Other, please specify:	