

# SPLASH Study Questionnaire

Response ID	Start date	Completion date	
682252-682243-71452903	29 Jan 2021, 12:27 (GMT)	29 Jan 2021, 12:45 (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)	physio at a Swimming Club for disabled people
12	How often/many hours per week do you care for them? (e.g. 37.5 hours per week, evenings and weekends, monthly visit)	45 mins
13	Age: (if you would prefer not to say, please type this in the box below)	40 ish
14	Gender: (if you would prefer not to say, please type this in the box below)	Male
15	Diagnoses:	not sure - no access to records at present as locked away at swimming pool and no access since March
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)	unsure

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)	unsureunsure
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)	probably a 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)	knees - probably elsewhere
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
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/onjects of reference, TaSSeLs, communication aids, unknown/unsure)	unsure
24	What type of accomodation do they live in? (e.g. family home, supported living, residential care, unknown/unsure)	residential care
25	What care packages are in place? (e.g. at home / day centre, unknown/unsure)	unsure
26	Who funds their care?	Unknown/unsure
26.a	If you selected Other, please specify:	

27	Did they access hydrotherapy as a child?	Yes
27.a	If yes, how often?	weekly
28	Do they access hydrotherapy now?	No
29	How regularly did they used to access hydrotherapy as an adult?	fairly regularly, once or twice a week but not since Covid
30	When/why did they stop attending hydrotherapy?	Covid
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?	<ul style="list-style-type: none"> <li>• Other</li> <li>• Unknown/unsure</li> </ul>
33.a	If you selected Other, please specify:	Swimming Club only requires a small membership fee - ? paid for by parents or residential setting
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?	Active movements (e.g. kicking, splashing, moving) with physical support
35.a	If you selected Other, please specify:	