

# SPLASH Study Questionnaire

Response ID	Start date	Completion date	
682252-682243-70729644	18 Jan 2021, 09:22 (GMT)	18 Jan 2021, 10:02 (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 in community ALD Service
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 hours per week
13	Age: (if you would prefer not to say, please type this in the box below)	53
14	Gender: (if you would prefer not to say, please type this in the box below)	Female
15	Diagnoses:	Cerebral Palsy Spastic Quadriplegia Learning Disability Epilepsy Asthma
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)	high and 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)	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)	kyphosis and scoliosis concave right
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 both knees, unable to straighten both elbows fully, fixed planterflexion, chin protraction, unable to extend hips, limited external rotation and abduction at hips.
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 specialist armchair Did have a rifton pacer but due to postural deterioration no longer appropriate Sara Stedy for transfers
22	Can they walk or transfer at all? (Please select the answer which best fits)	Yes, but - only using a full pacer/body support walker, or with a lot of physical assistance.
23	Do they have any specific communication support needs? (e.g. easy read, pictures/onjects of reference, TaSSeLS, communication aids, unknown/unsure)	pictures, objects of reference
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)	24hr support at home and 2 days at day centre (currently not available due to pandemic)
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?	No
27.a	If yes, how often?	
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?	none
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?	<p>since April 2020 - start of the pandemic hydro has been unavailable to all.</p> <p>was accessing 8 week course of one 30min session once per week.</p> <p>No more than twice a year</p>
33	Who pays for their access to hydrotherapy as an adult?	Social Care / Local Authority / Council
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>• Active movements (e.g. kicking, splashing, moving) with physical support</li> <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:	