





## **End of Phase 1 Implementation Questionnaire**

## TRANSLATING NEUROREHABILITATION RESEARCH INTO CLINICAL PRACTICE: THE SENSe IMPLEMENT PROJECT

Please take a moment to fill out this questionnaire. We are interested to find out about your experience with using SENSe assessment methods and your current approaches to treating somatosensory loss in your clinical setting. When you have finished, please return this survey to the Associate Researcher.

## Section A – Background Information

Therapist initia	als <u>LB</u>	Date 22/10/18
Gender:	☐ Male ☐ Female	
Discipline:	Cocupational Therapy	☐ Physiotherapy ☐ Other
Degree level:	☐ Bachelor's degree	☐ Coursework Masters ☐ Masters
	☐ Doctoral	Other
Years of OT/PT Experience:	T	Current Position: G3 OT Commundy Reliak
Years experier working with stroke clientel	e:18	Workplace (please specify): Austin Health:
		a typical work week? 20 hours-
Have you used	SENSe Assess with SENSe equ	sipment to measure upper limb sensory loss in your clients?
Yes 🗆	No	
If yes, please 6	estimate how many <b>stroke clie</b>	nts you have used SENSe assessment measures with:
GU	una termentaria disundonari	13 Ught touch (Rugertip, cotton wood La-corect
If yes, please	estimate how many <b>other clien</b>	its you have used SENSe assessment measures with:
5	- Barras a E. E. verramen 291	interest say the first term of the first say that the first say the firs







equipment?	sensory loss, would you use SENSe Assess measures and
√es □ No	
If yes, how often would you use SENSe Assess	measures and equipment with stroke clients?
my that content is set the	
Rarely	
□ Sometimes	
□ Often	
□ Always	
Comments:	
	referred to all service with
Cognitive Visial issues	referred to our service with and not us impairment - which is
reaces for seath us. A	was ver or impairment which is
proved 20 1	9
Section B- Somatosensory Assessm	ents
We are interested to find out about your practice in	n assessment of somatosensory loss since starting with the
SENSe Implement project. Please answer the follow	
SENSE Implement project. Fleuse unswer the joilor	wing questions.
1. How often do you assess for sensory loss for	or clients with stroke? <i>Please tick one only.</i>
Never	
Rarely	
Once a month	
☐ Once a fortnight	
☐ Once a week	
☐ 2-3 times a week	
☐ 4-5 times a week	
☐ Other (please specify)	
2. What clinical sensory assessments do you n	ormally use for clients with stroke? Please tick all that
apply.	ormany age for ellerto with stroke. Thease tick all that
□ None	☐ Two-point discrimination
Light touch (fingertip, cotton wool)	
☐ Pressure (fingertip)	Stereognosis/tactile object discrimination
프로그램 중에 가게 프로그램하다면 보고 있으면 되는데 모든데 모든데 모든데 모든데	Proprioception/kinesthesia (limb matching)
Hot-cold discrimination (e.g. test tubes)	☐ Proprioception/kinesthesia (thumb up/down)
☐ Vibration	Texture discrimination (3-5 textures)
Pain	Other (please specify)







that apply.	wing standardise	ed somatosensory assessments do	you <b>currentl</b>	<b>y</b> use? <i>Please tick all</i>
□ None				
	ment of Somato	sensory Performance (RASP)		
□ Nottingham Sense				
		ein or WEST hand monofilaments		
		in or WEST hand monomaments		
Wrist Position Ser				
Tactile Discrimina				
Functional Tactile		[12] 그렇게 20 - 15 20 전 IL 이 12 14(10) 12 Hell (12) 12 Hell (12) 2 Hell (12) 2 Hell (12) 2 Hell (12) 2 Hell (12)		
☐ Manual Form Per	ception Test (Ay	res)		
SENSe Assess Kit				
☐ Other (please spe	cify)	and of the transfer and the second	<del>hu mayayan</del>	Landido Artura M. 2
4. For what reasons v	would you condu	uct a sensory assessment? Please to	ick all that ap	oply.
			1095-407(8	
Diagnosis				
☐ Prognosis				
Treatment planni	ng			
☐ Discharge planning	ng			
Education				
☐ Other (please spe	cify)	The second secon	Sales Street Season	
		ment with the following statement ation of stroke clients in my clinic	trise analta s	e one number only)
"I believe it is my rol	le to assess sens	ation of stroke clients in my clinic	al practice"	ni nadsenarbiomos nemasik vienemic
		ation of stroke clients in my clinic	trise analta s	Strongly agree
"I believe it is my rol	le to assess sens	ation of stroke clients in my clinic	al practice"	ni nadsenarbiomos nemasik vienemic
"I believe it is my rol Strongly disagree	le to assess sens	ation of stroke clients in my clinic Neither agree nor disagree	al practice" Agree	ni nadsenastismos nemasti visconto
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"I believe it is my rol Strongly disagree	le to assess sens	ation of stroke clients in my clinic Neither agree nor disagree	al practice" Agree	ni nadsenastismos nemasti visconto
"I believe it is my rol Strongly disagree  1 Comments:	Disagree 2	Neither agree nor disagree  3	al practice" Agree 4	Strongly agree
"I believe it is my roll Strongly disagree  1 Comments:  Please answer the fo	Disagree 2	Neither agree nor disagree  3  as by indicating the level of importa	Agree 4 ance <u>by drawi</u>	Strongly agree
"I believe it is my rol Strongly disagree  1 Comments:	Disagree 2	Neither agree nor disagree  3  s by indicating the level of importa	al practice" Agree 4	Strongly agree
"I believe it is my roll Strongly disagree  1 Comments:  Please answer the found the line provided:	Disagree  2	Neither agree nor disagree  3  as by indicating the level of importa	Agree 4	Strongly agree
"I believe it is my roll Strongly disagree  1 Comments:  Please answer the found the line provided:	Disagree  2	Neither agree nor disagree  3  s by indicating the level of importa	Agree 4	Strongly agree
"I believe it is my roll Strongly disagree  1 Comments:  Please answer the found the line provided:  6. How important do	Disagree  2	Neither agree nor disagree  3  s by indicating the level of importa	Agree 4 ance by drawi	Strongly agree
"I believe it is my roll Strongly disagree  1 Comments:  Please answer the found the line provided:  6. How important do	Disagree 2  Illowing question Disagree	Neither agree nor disagree  3  s by indicating the level of importa	Agree 4 ance by drawi	Strongly agree  5  Ing a vertical line on







Not at a	ll skilled		Very s	skilled
Comments:				
3. How confident a	re you in your at	oility to detect sensory loss?		
			To a Cons	
Not at a Comments:	ll confident	1	Ver	y confident
				PIP III
		, please indicate your level of agr only)	eement with t	he following
Statements (please of Since starting in the somatosensation in	ircle one number	only) ent Project, I have gained knowle oke in a standardized way"		assess
tatements (please of	ircle one number  SENSe Impleme  a client with stro	only) ent Project, I have gained knowle oke in a standardized way"	edge in how to	
Statements (please of Since starting in the somatosensation in Strongly disagree	e SENSe Impleme a client with stro	ent Project, I have gained knowle oke in a standardized way" Neither agree nor disagree	edge in how to	assess Strongly agree
Statements (please of Since starting in the comatosensation in Strongly disagree  1 Comments:	e SENSe Impleme a client with stro Disagree	ent Project, I have gained knowle oke in a standardized way"  Neither agree nor disagree  3	Agree	Strongly agree
Since starting in the comatosensation in Strongly disagree  1  Comments:	e SENSe Implement a client with strong Disagree  2	ent Project, I have gained knowle oke in a standardized way"  Neither agree nor disagree  3	Agree 4	Strongly agree
Since starting in the comatosensation in Strongly disagree  1  Comments:	e SENSe Impleme a client with stro Disagree	ent Project, I have gained knowle oke in a standardized way"  Neither agree nor disagree  3	Agree	Strongly agree 5
Statements (please of Since starting in the comatosensation in Strongly disagree  1 Comments:	e SENSe Impleme a client with stro Disagree 2  SENSe Impleme Disagree	ent Project, I have gained knowle oke in a standardized way"  Neither agree nor disagree  3	Agree  Agree  Agree  Agree	Strongly agreed 5
Since starting in the comatosensation in Strongly disagree  1 Comments:	e SENSe Impleme a client with stro Disagree 2  SENSe Impleme Disagree	ent Project, I have gained knowle oke in a standardized way"  Neither agree nor disagree  3  ent Project, my method of assess  Neither agree nor disagree	Agree  Agree  Agree  Agree	Strongly agree







10. How satisfied are you with SENSe Assess measures overall?

Not at a	II satisfied	De tenta uni disconspersionali a dis-	Ver	 y satisfied
Comments:	ors inethide	partability (ie to		program districtly
accessa	ability (ie	portability (ie to not at both RT+	MAC ( Rey	26t).
		The state of the s		2 N. S. S. C. W. L. L. L.
<b>11.</b> Please indicate y only)	our level of agre	eement with the following staten	nents (please c	ircle one number
" I find the Tactile D	iscrimination Te	st (TDT) useful in my clinical pra	ctice"	
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	. No do resekti lubu 3 estepiliyu wasada	4	5
" I find the Wrist Pos	sition Test (WPS	T) useful in my clinical practice"		e retu tig XXII Salet Lidmë pesist
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
" I find the function	al Tactile Object	Recognition Test (fTORT) useful	in my clinical	practice"
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
"Overall, I find the S	ENSe_assess me	easures useful in my clinical prac	tice"	
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1000 - 1000 - 100	2	over provided 3.h of we may be	2014 4	5
"SENSe_assess is a g	ood fit with my	clinical approach to assessment	n You to a star sa	
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5







12. Please indicate your level of agreement with the following statement (please circle one number only)

"I am av	are of the pub	olished research o	on assessments for somatosen	sation following	ng stroke"
Strongly	disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1		2	3	4	5
Please li	st the types of	resources you are	aware of: Stroke Gu	delines	
			1 to Sorge shay.		,
		icae)	3, 3, 29		
Section	n C - Somato	osensory Trea	atment		
<b>13.</b> Do y	ou currently tre	eat sensory loss fo	or clients with stroke? <i>Please ti</i>	ick one only.	
	Yes				
	No				
Please ti	u do treat for s ck all that appl Lower limb (leg	y.	e indicate body areas that you	typically focus	on
arm to come	, ,	oulder, arms, han	d)		
	Γrunk				
	Other (please s	pecify):			
Please ti	troke client has ck one only. Always Frequently	s impaired body s	ensation, how often do you tre	eat sensory imp	pairment?
	Occasionally				
	Rarely				
	Vever				
Commer	nts:				
	7917775				11.2
16. Pleas	se indicate you	r level of agreem	ent with the following stateme	nt ( <i>please circle</i>	e one number only)
"I believ	e it is my role t	to treat somatos	ensory impairments of stroke	clients in my cl	inical practice"
Strongly	disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1		2	3	4	5
Commer	nts:		:		



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		ch sensory modalities do you think are important to treat in your clinical setting	g:
	Please	rick all that apply.	
		None	
		Pain	
		Touch detection	
		Proprioception discrimination (position sense)	
		Hot Cold detection /discrimination	
		Tartana Partata Maria	
		Vibration conce	
		Sustained pressure	
		Grand Control (Control (Contro	dhuseki 🕮
		Kinesthesia (detection of bodily position, weight, or movement of the muscles, tendons, and	
		Stereognosis/object discrimination (recognition or identification of objects by use of tou	ch)
		Graphesthesia (recognition of writing on the skin by the sensation of touch)	
		Other (please specify)	
		what reasons would you treat somatosensory impairments of the <u>upper limb</u> ?	
		tick all that apply	
		Impact on a client's independence in activities of daily living	
	<u>i</u>	Impact on a client's life roles	
	·	Client safety	
		Impact on sensory capacity	
		Impact on motor function	
		Learned non-use	
		Other (please specify)	
		at types of somatosensory rehabilitation approaches do you currently use?	
	Please	tick all that apply.	
		None	
	9	Compensatory strategies (e.g. education regarding hazards)	
		Repeated exposure to sensory stimuli	
	9	Sensory re-education (i.e. including feedback through vision, subjective grading of stimuli, v	verbalization of
		sepsation between both hands)	
eno	(Down)	Somatosensory discrimination training ·	
		Bombardment (e.g. vibration or hot/cold)	
		Finding objects in medium such as sand or rice	
		Structured activities/games (e.g. ball work, blind dominoes)	
	9	Structured activities/games (e.g. ball work, blind dominoes) Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking)	
		Structured activities/games (e.g. ball work, blind dominoes) Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking) Desensitization	
		Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking) Desensitization	
		Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking) Desensitization Light touch stimulation Match or identify textures, shapes and/or objects	Market District Distr
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		Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking) Desensitization Light touch stimulation Match or identify textures, shapes and/or objects Discrimination of limb positions and movement	C. Plusse sation
		Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking) Desensitization Light touch stimulation Match or identify textures, shapes and/or objects Discrimination of limb positions and movement Joint approximation	C. Plusse sation
		Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking) Desensitization Light touch stimulation Match or identify textures, shapes and/or objects Discrimination of limb positions and movement Joint approximation Weekly retesting with feedback General stimulation using sensory stimuli	Construction of the second of the construction
		Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking) Desensitization Light touch stimulation Match or identify textures, shapes and/or objects Discrimination of limb positions and movement Joint approximation	C. Plusse sation
		Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking) Desensitization Light touch stimulation Match or identify textures, shapes and/or objects Discrimination of limb positions and movement Joint approximation Weekly retesting with feedback General stimulation using sensory stimuli	Construction of the second of the construction
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		Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking) Desensitization Light touch stimulation Match or identify textures, shapes and/or objects Discrimination of limb positions and movement Joint approximation Weekly retesting with feedback General stimulation using sensory stimuli	Construction of the second of the construction







	Sensorimotor exercises (Byl et al., 2003) Stimulus specific sensory training (e.g. of touch sensation) (Carey et al., 1993) Stimulus generalization training to enhance transfer (Carey et al., 2005; 2011) SENSe sensory discrimination training (Carey et. al., 2011).  approaches for sensory rehabilitation:						
Other o	Cutaneous e Intermittent Thermal stir	electric stimulation t pneumatic compr mulation (via hot ar essure splint (Pool	ression (Cambie nd cold packs) ((				
	Other	Please indicate n	nethod/s in briej	f detail within th	is box		
20. Hov	w often would Never Rarely Once a mon Once a fortr Once a weel 2-3 times a v 4-5 times a v Other (pleas	night k — Cf see week week	se treatments? F				1.0
	tick one only.  Never  Once only  ≤ 1 week  1-2 weeks  3-4 weeks	rame would you ty			ts with a strok	e client?	
<b>22.</b> Ple		our level of agreer			ent ( <i>please circ</i>	cle one numbe	r only)
"The cu	urrent somat	osensory rehabilita	ation approache	es I use are gene	erally effective	e for most clie	nts"
Strongl	ly disagree	Disagree	Neither agree	e nor disagree	Agree	Strongly a	agree
1	L	2	3		4	5	M. II







Comments:	
I am following quidelines I have on have not been specificary trains	a handout by Carry hove
in this area.	ed and so greation my skill
in his area.	TE NEW YORK STREET, THE STREET
23. Please indicate your level of agreement with the following	ng statement (nlegge circle one number only)
reasonnated your level of agreement with the following	ing statement (pieuse circle one number only)
"There is a need to change the current method of treating	somatosensory impairments in my
practice"	somatosensory impairments in my
Strongly disagree Disagree Neither agree nor	disagree Agree Strongly agree
on one, a subject bisagive Neither agree nor t	disagree Agree Strongly agree
1 2 3	5
1 wollet an armogen 2	and the passes (12) seemed and the seemed well.
Comments:	
Please indicate your response by drawing a vertical line on the	he line provided for Q24-Q27
24. How important do you consider treating somatosensory	impairments in your practice?
Not at all important	Very important
	Description in account of the contribute account of the
Comments:	News Country and South Season Season News
	AND THE RESIDENCE STOP IN SITE OF STREET
Sign 20 40 101 25110 25110 25110 25121 25121	
25. How would you rate your skill level in treating sensory lo	oss?
	CTANNIA HTTOPAN
Not at all skilled	Very skilled
Comments:	
26. How confident are you in your ability to treat sensory los	ss?
1 1	and the same contracts and appropriate for the same same same same same same same sam
Not at all confident	Very confident
Comments:	







27. How satisfied are you with the sensory rehabili	tation a	pproache	es you are cur	rently co	nducting?
Not at all satisfied	1			 Very sati	cfied
				very sati	siled
Comments:					
28. Please indicate your level of agreement with th	e follow	ing state	ment (please	circle on	e number only)
"I am aware of the published research on interver stroke"	ntions fo	or somat	osensory imp	airments	following
Strongly disagree Disagree Neither a	gree no	r disagre	e Agree	S	trongly agree
1 2	3		4		5
Please list the types of resources you are aware of:					
Carey et al articus ( for sensation).	nama	ling	handout	on.	veryday Varening
29. Please indicate what source of information info					
Please circle one number in each row	Never	Rarely	Sometimes	Often	All of the time
Experience with similar clients in the past	1	2	3	4	5
Colleagues opinion	1	2	3	4	5
Research literature	1	2	3	4	5
Short courses/continuing professional developmen	nt 1	2	3	4	5
Text books	1	2	3	4	5
Undergraduate course materials	1	2	3	4	5
Other (please specify):			l au An		







## Section D - Experience of using SENSe Assess

	ave you experienced any barriers to adopting or implementing the use	
	tosensory assessments with stroke clients?	
	No	
f Yes	, please tick all that apply:	
	Unsure of how to conduct assessments	
	The control of the co	
	Unable to access equipment in my working area / - C	(Repat)
	Lack of time	dat the with the
	Unable to access equipment in my working area ( if base) Lack of time Lack of interest	chent
	Large good and	,
	Large caseload	
	Difficulty in setting up assessment equipment	
2	Difficulty engaging clients in the SENSe Assess assessment process	- mostly relates to
	Faults with SENSe Assess Equipment	Cognitive del-
	Limited resources to support change in this area	J The diction
	Lack of support from colleagues	
	Lack of support from my supervisor or management	
	Lack of support from research team	
	Other (please specify)	
	Tarson Colonia to grandow an Valgmon of each to syngab	
	ave you experienced any <b>enablers</b> to adopting or implementing the use	
oma	ave you experienced any <b>enablers</b> to adopting or implementing the use tosensory assessments with stroke clients?	
oma	ave you experienced any <b>enablers</b> to adopting or implementing the use tosensory assessments with stroke clients?  Yes	e of SENSE Assess to conduct
oma	ave you experienced any <b>enablers</b> to adopting or implementing the use tosensory assessments with stroke clients?	
oma	ave you experienced any <b>enablers</b> to adopting or implementing the use tosensory assessments with stroke clients?  Yes  No	e of SENSE Assess to conduct
f Yes,	ave you experienced any <b>enablers</b> to adopting or implementing the use tosensory assessments with stroke clients?  Yes  No  , please tick all that apply:	e of SENSE Assess to conduct
f Yes,	ave you experienced any <b>enablers</b> to adopting or implementing the use tosensory assessments with stroke clients?  Yes  No  , please tick all that apply:  Ability to refer to training manual when conducting assessments	e of SENSE Assess to conduct
f Yes	ave you experienced any <b>enablers</b> to adopting or implementing the use tosensory assessments with stroke clients? Yes No  please tick all that apply: Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments	e of SENSE Assess to conduct
f Yes,	ave you experienced any enablers to adopting or implementing the use tosensory assessments with stroke clients?  Yes No  please tick all that apply: Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments Ease of access to equipment in my working area	e of SENSE Assess to conduct
f Yes,	ave you experienced any enablers to adopting or implementing the use tosensory assessments with stroke clients?  Yes No  please tick all that apply: Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments Ease of access to equipment in my working area Designated time to practise assessment skills	e of SENSE Assess to conduct
f Yes,	ave you experienced any enablers to adopting or implementing the use tosensory assessments with stroke clients?  Yes No  , please tick all that apply: Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments Ease of access to equipment in my working area Designated time to practise assessment skills Interest in somatosensory assessment	e of SENSE Assess to conduct
f Yes,	ave you experienced any enablers to adopting or implementing the use tosensory assessments with stroke clients?  Yes No  , please tick all that apply: Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments Ease of access to equipment in my working area Designated time to practise assessment skills Interest in somatosensory assessment Manageable caseload	e of SENSE Assess to conduct
f Yes,	ave you experienced any enablers to adopting or implementing the use tosensory assessments with stroke clients? Yes No  , please tick all that apply: Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments Ease of access to equipment in my working area Designated time to practise assessment skills Interest in somatosensory assessment Manageable caseload Availability of instructions to set up assessment equipment	e of SENSE Assess to conduct
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f Yes,	ave you experienced any enablers to adopting or implementing the use tosensory assessments with stroke clients?  Yes No  Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments Ease of access to equipment in my working area Designated time to practise assessment skills Interest in somatosensory assessment Manageable caseload Availability of instructions to set up assessment equipment Interest of clients in the SENSe Assess assessment process Design and use of SENSe Assess Equipment	e of SENSE Assess to conduct
f Yes,	ave you experienced any enablers to adopting or implementing the use tosensory assessments with stroke clients?  Yes No  Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments Ease of access to equipment in my working area Designated time to practise assessment skills Interest in somatosensory assessment Manageable caseload Availability of instructions to set up assessment equipment Interest of clients in the SENSe Assess assessment process Design and use of SENSe Assess Equipment Available resources to support change in this area	e of SENSE Assess to conduct
f Yes,	ave you experienced any enablers to adopting or implementing the use tosensory assessments with stroke clients?  Yes No  Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments Ease of access to equipment in my working area Designated time to practise assessment skills Interest in somatosensory assessment Manageable caseload Availability of instructions to set up assessment equipment Interest of clients in the SENSe Assess assessment process Design and use of SENSe Assess Equipment Available resources to support change in this area Support from colleagues	e of SENSE Assess to conduct
oma  of Yes,	ave you experienced any enablers to adopting or implementing the use tosensory assessments with stroke clients? Yes No  please tick all that apply: Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments Ease of access to equipment in my working area Designated time to practise assessment skills Interest in somatosensory assessment Manageable caseload Availability of instructions to set up assessment equipment Interest of clients in the SENSe Assess assessment process Design and use of SENSe Assess Equipment Available resources to support change in this area Support from colleagues Support from my supervisor or management	e of SENSE Assess to conduct
soma □	ave you experienced any enablers to adopting or implementing the use tosensory assessments with stroke clients?  Yes No  Ability to refer to training manual when conducting assessments Ability to refer to training manual when scoring assessments Ease of access to equipment in my working area Designated time to practise assessment skills Interest in somatosensory assessment Manageable caseload Availability of instructions to set up assessment equipment Interest of clients in the SENSe Assess assessment process Design and use of SENSe Assess Equipment Available resources to support change in this area Support from colleagues	e of SENSE Assess to conduct







	rs within your working environment that lead you to feel y to conduct SENSe Assess in the way that you'd like:
	the state of the s
Comments: Good to have a	number of staff who have also
Mained to trouble she	out ideas/questions.
Accessibility of the VE	search team to answer questions.
33. How would you rate the degree of e	ase when setting up the SENSeAssess equipment within your
clinical setting?	
4	Content of the Conten
Not at all easy	Very easy
Please provide comments on your expen	riences :
More challenging if the	room is being used + need to set us in
a defferent location	or reed to transport to Chent's home
<b>34.</b> How would you rate the degree of e	ase in completing scoring of SENSe Assess?
proprieta e en a ten e de la lace de pres	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Not at all easy	Very easy
	A
Please provide comments on your expe	riences: The harms to
Through using it ma	
practice made it easi	
processe a case	ZX
35 Developed to the STAIR A	
35. Do you intend to use SENSe Assess t	o assess upper limb somatosensory impairment in the future?
Yes	
□ No	
	Istandardised assessment &
Please provide reasons: Aware	it is a structured assessment +
usefil outcome med	sure.







36. As part of the Phase 2 of the SENSe implement project we want to find out how accurately SENSe therapy is being delivered. This is defined as "treatment fidelity" in the current literature.

There are several strategies recommended in the literature to help to assess and enhance the treatment fidelity process. Each strategy provides therapists with the opportunity to receive feedback on their performance and information on how they can improve their practice.

We would like to now understand from your perspective how comfortable you would feel using each of the strategies outlined below, and how feasible each could be to implement within your workplace. Please rate the following:

1) Self-evaluate own performance using pre-developed checklist.

The state of the s		a de		
Level of comfort with pro	oposed strategy			
Not at all comfortable			Ver	y comfortable
1	2	3 EAL TOTAL PARTIES OF E	4	5
Feasibility of implementi	ng proposed strate	egy in your workplace		
Not at all feasible				Very feasible
1	2	3	4	5
2) Peer observation and	feedback by SENS	e clinician using pre-devel	oped checklist	endurch lipyeddagariair •
Level of comfort with pro	pposed strategy			
Not at all comfortable			Ver	y comfortable
1	2	3	4	5
Feasibility of implementi	ng proposed strate	egy in your workplace		
Not at all feasible				Very feasible
1	2	3	4	(3)







3) Real time observation	and feedl	back by SENS	Se Trainer.				
Level of comfort with pro	posed stra	ategy					
Not at all comfortable					Very com	Very comfortable	
1	2		3	4		5	
Feasibility of implementi	ng propose	ed strategy i	n your workpl	ace			
Not at all feasible					Very	feasible	
1	2		3	4		5	
4) Video recorded observ	vation and	l feedback b	y SENSe Train	er.			
Level of comfort with pro	posed stra	ategy					
Not at all comfortable	Not at all comfortable				Very comfortable		
1	2		3	4		5	
Feasibility of implementi	ng propose	ed strategy i	n your workpl	ace			
Not at all feasible					Very	, feasible	
1	2		3	4		5	
Section E – Other							
	Other comments or suggestions:						
-						-	
	8						







You have come to the end of the survey.

Thank you for your participation.