

The BIG Survey for Polio Survivors



TO BE COMPLETED BY A POLIO SURVIVOR OR ON BEHALF OF A POLIO SURVIVOR

Please try to answer all the questions and **only skip those questions that don't apply.**

ABOUT YOU

1. First and Last Name

2. Email address and/or phone/mobile number

(to contact you if you win the prize draw but also to stop us keep chasing you to complete the survey)

3. Date of Birth (DD/MM/YYYY)

4. What of the following best describes you

- Female
- Male
- Non-binary
- Prefer not to say
- Prefer to self-describe

5. What is your ethnic group?

- English, Welsh, Scottish, Northern Irish or British
- Irish
- European
- American
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Kurdish
- African
- Caribbean
- Mixed White and Black Caribbean
- Mixed White and Black African
- Mixed White and Asian
- Arab
- An ethnic background not listed (*please specify*)

6. What is your religion?

- Atheist
- Hindu
- Sikh
- Christian (*including Church of England, Catholic, Protestant and other Christian denominations*)
- Jewish
- Buddhist
- Muslim
- I would prefer not to say
- A religion not listed (*please specify*)

7. Are you experiencing challenges socialising due to any of the following reasons? *(select all that apply)*

- No, I am not experiencing challenges
- Mobility issues
- Anxiety or mental health concerns
- Lack of transportation
- No access to a computer and/or internet
- Other *(please specify)*

8. If you feel isolated, how can the British Polio Fellowship best support you? *(select all that apply)*

- I am not feeling isolated
- Opportunities for social gatherings
- Emotional or mental health support
- Transportation assistance
- Online or virtual social activities
- Other *(please specify)*

ABOUT MEMBERSHIP

9. Which membership benefits are of most importance to you? *(select all that apply)*

- Branches/Groups – network of local members for contact and/or social activities
- Online officer meetings
- Zoom cafes
- Christmas raffle
- Support Services for help and advice
- Grants *(e.g. heating, holidays, mobility aids)*
- Quarterly magazine *(the Bulletin)*
- Monthly news email *(Members' Update)*
- Information guides *(e.g. for polio and PPS)*
- Factsheets *(e.g. pain management, anaesthesia, medication)*
- Advisory/Expert Panel
- Indoor Games
- British Polio Fellowship website
- Social media posts *(Facebook, Twitter or LinkedIn)*
- Annual General Meetings *(AGMs)*
- National or regional events
- Fundraising
- Campaigning and influencing *(government, NHS, healthcare professionals)*

10. Are you satisfied with the way BPF manages its finances today?

- Don't know
- Yes
- No, and this is why not

11. In which areas do you think The British Polio Fellowship has improved the most? *(select all that apply)*

- Educating medical professionals
- Building our social media presence
- Advertising
- Providing telephone support
- Supporting local branches/regions
- Raising awareness
- Organising events
- Providing information in the Bulletin
- Working with other charities and organisations
- I have not noticed any improvement

STAYING IN TOUCH

12. How would you like the Fellowship to keep in touch with you? *(select all that apply)*

- Email
- Zoom Cafés
- Meetings on Zoom
- Social media *(e.g. Facebook, Twitter, LinkedIn)*
- The Bulletin
- Members' Update
- British Polio Fellowship website
- Telephone call
- Text
- WhatsApp
- By post
- Face-to-face meetings *(e.g. Annual General Meetings)*
- Via your Region or Branch

13. Which of the following communication devices do you use or have access to? *(select all that apply)*

- Computer
- Laptop
- Tablet/iPad
- Smart/mobile phone
- Landline telephone
- Other *(please specify)*

14. Which way(s) do you stay informed about polio?

(select all that apply)

- The British Polio Fellowship
- GP surgery
- Hospital
- Healthcare professionals
- Social media
- Rotary
- Virtual meetings held by other organisations
- Search engines *(e.g. Google)*
- Any other ways not listed? *(please specify)*

15. Do you consider yourself to be visually impaired or blind?

- Yes
- No

16. Do you generally require large print versions of printed materials?

- No
- Yes, and this is what the Fellowship could do to support me.

17. Can you read English well enough to understand the content of this survey?

- Yes
- No, my preferred language(s) is:

YOU AND YOUR POLIO

18. In which year did you contract polio (YYYY)?

19. How old were you when you contracted polio?

- 0 - 12 months
- 13 - 24 months
- 2 - 5 years
- 6 - 10 years
- 11 - 20 years
- 20+ years

20. Where did you contract polio and where do you live nowadays? *(please specify)*

<i>England – Counties</i>	Contracted polio	Live nowadays
Bedfordshire	<input type="checkbox"/>	<input type="checkbox"/>
Berkshire	<input type="checkbox"/>	<input type="checkbox"/>
Bristol (Unitary Authority)	<input type="checkbox"/>	<input type="checkbox"/>
Buckinghamshire	<input type="checkbox"/>	<input type="checkbox"/>
Cambridgeshire	<input type="checkbox"/>	<input type="checkbox"/>
Cheshire	<input type="checkbox"/>	<input type="checkbox"/>
Cornwall	<input type="checkbox"/>	<input type="checkbox"/>
Cumbria	<input type="checkbox"/>	<input type="checkbox"/>
Derbyshire	<input type="checkbox"/>	<input type="checkbox"/>
Devon	<input type="checkbox"/>	<input type="checkbox"/>
Dorset	<input type="checkbox"/>	<input type="checkbox"/>
County Durham	<input type="checkbox"/>	<input type="checkbox"/>
East Riding of Yorkshire	<input type="checkbox"/>	<input type="checkbox"/>
East Sussex	<input type="checkbox"/>	<input type="checkbox"/>
Essex	<input type="checkbox"/>	<input type="checkbox"/>
Gloucestershire	<input type="checkbox"/>	<input type="checkbox"/>
Greater London	<input type="checkbox"/>	<input type="checkbox"/>
Greater Manchester	<input type="checkbox"/>	<input type="checkbox"/>
Hampshire	<input type="checkbox"/>	<input type="checkbox"/>
Herefordshire	<input type="checkbox"/>	<input type="checkbox"/>
Hertfordshire	<input type="checkbox"/>	<input type="checkbox"/>
Isle of Wight	<input type="checkbox"/>	<input type="checkbox"/>
Kent	<input type="checkbox"/>	<input type="checkbox"/>
Lancashire	<input type="checkbox"/>	<input type="checkbox"/>
Leicestershire	<input type="checkbox"/>	<input type="checkbox"/>
Lincolnshire	<input type="checkbox"/>	<input type="checkbox"/>
Merseyside	<input type="checkbox"/>	<input type="checkbox"/>
Norfolk	<input type="checkbox"/>	<input type="checkbox"/>
North Yorkshire	<input type="checkbox"/>	<input type="checkbox"/>
Northamptonshire	<input type="checkbox"/>	<input type="checkbox"/>
Northumberland	<input type="checkbox"/>	<input type="checkbox"/>
Nottinghamshire	<input type="checkbox"/>	<input type="checkbox"/>
Oxfordshire	<input type="checkbox"/>	<input type="checkbox"/>
Rutland	<input type="checkbox"/>	<input type="checkbox"/>
Shropshire	<input type="checkbox"/>	<input type="checkbox"/>
Somerset	<input type="checkbox"/>	<input type="checkbox"/>
South Yorkshire	<input type="checkbox"/>	<input type="checkbox"/>
Staffordshire	<input type="checkbox"/>	<input type="checkbox"/>
Suffolk	<input type="checkbox"/>	<input type="checkbox"/>
Surrey	<input type="checkbox"/>	<input type="checkbox"/>
Tyne and Wear	<input type="checkbox"/>	<input type="checkbox"/>
Warwickshire	<input type="checkbox"/>	<input type="checkbox"/>
West Midlands	<input type="checkbox"/>	<input type="checkbox"/>
West Sussex	<input type="checkbox"/>	<input type="checkbox"/>
West Yorkshire	<input type="checkbox"/>	<input type="checkbox"/>
Wiltshire	<input type="checkbox"/>	<input type="checkbox"/>
Worcestershire	<input type="checkbox"/>	<input type="checkbox"/>

Scotland – Council Areas	Contracted polio	Live nowadays
Aberdeen City	<input type="checkbox"/>	<input type="checkbox"/>
Aberdeenshire	<input type="checkbox"/>	<input type="checkbox"/>
Angus	<input type="checkbox"/>	<input type="checkbox"/>
Argyll and Bute	<input type="checkbox"/>	<input type="checkbox"/>
Clackmannanshire	<input type="checkbox"/>	<input type="checkbox"/>
Dumfries and Galloway	<input type="checkbox"/>	<input type="checkbox"/>
Dundee City	<input type="checkbox"/>	<input type="checkbox"/>
East Ayrshire	<input type="checkbox"/>	<input type="checkbox"/>
East Dunbartonshire	<input type="checkbox"/>	<input type="checkbox"/>
East Lothian	<input type="checkbox"/>	<input type="checkbox"/>
East Renfrewshire	<input type="checkbox"/>	<input type="checkbox"/>
Edinburgh (City of)	<input type="checkbox"/>	<input type="checkbox"/>
Falkirk	<input type="checkbox"/>	<input type="checkbox"/>
Fife	<input type="checkbox"/>	<input type="checkbox"/>
Glasgow City	<input type="checkbox"/>	<input type="checkbox"/>
Highland	<input type="checkbox"/>	<input type="checkbox"/>
Inverclyde	<input type="checkbox"/>	<input type="checkbox"/>
Midlothian	<input type="checkbox"/>	<input type="checkbox"/>
Moray	<input type="checkbox"/>	<input type="checkbox"/>
Na h-Eileanan Siar (Western Isles)	<input type="checkbox"/>	<input type="checkbox"/>
North Ayrshire	<input type="checkbox"/>	<input type="checkbox"/>
North Lanarkshire	<input type="checkbox"/>	<input type="checkbox"/>
Orkney Islands	<input type="checkbox"/>	<input type="checkbox"/>
Perth and Kinross	<input type="checkbox"/>	<input type="checkbox"/>
Renfrewshire	<input type="checkbox"/>	<input type="checkbox"/>
Scottish Borders	<input type="checkbox"/>	<input type="checkbox"/>
Shetland Islands	<input type="checkbox"/>	<input type="checkbox"/>
South Ayrshire	<input type="checkbox"/>	<input type="checkbox"/>
South Lanarkshire	<input type="checkbox"/>	<input type="checkbox"/>
Stirling	<input type="checkbox"/>	<input type="checkbox"/>
West Dunbartonshire	<input type="checkbox"/>	<input type="checkbox"/>
West Lothian	<input type="checkbox"/>	<input type="checkbox"/>
Wales – Counties		
Blaenau Gwent	<input type="checkbox"/>	<input type="checkbox"/>
Bridgend	<input type="checkbox"/>	<input type="checkbox"/>
Caerphilly	<input type="checkbox"/>	<input type="checkbox"/>
Cardiff	<input type="checkbox"/>	<input type="checkbox"/>
Carmarthenshire	<input type="checkbox"/>	<input type="checkbox"/>
Ceredigion	<input type="checkbox"/>	<input type="checkbox"/>
Conwy	<input type="checkbox"/>	<input type="checkbox"/>
Denbighshire	<input type="checkbox"/>	<input type="checkbox"/>
Flintshire	<input type="checkbox"/>	<input type="checkbox"/>
Gwynedd	<input type="checkbox"/>	<input type="checkbox"/>
Isle of Anglesey	<input type="checkbox"/>	<input type="checkbox"/>
Merthyr Tydfil	<input type="checkbox"/>	<input type="checkbox"/>
Monmouthshire	<input type="checkbox"/>	<input type="checkbox"/>
Neath Port Talbot	<input type="checkbox"/>	<input type="checkbox"/>
Newport	<input type="checkbox"/>	<input type="checkbox"/>
Pembrokeshire	<input type="checkbox"/>	<input type="checkbox"/>
Powys	<input type="checkbox"/>	<input type="checkbox"/>
Rhondda Cynon Taf	<input type="checkbox"/>	<input type="checkbox"/>
Swansea	<input type="checkbox"/>	<input type="checkbox"/>
Torfaen	<input type="checkbox"/>	<input type="checkbox"/>
Vale of Glamorgan	<input type="checkbox"/>	<input type="checkbox"/>
Wrexham	<input type="checkbox"/>	<input type="checkbox"/>

Northern Ireland – Counties	Contracted polio	Live nowadays
Antrim	<input type="checkbox"/>	<input type="checkbox"/>
Armagh	<input type="checkbox"/>	<input type="checkbox"/>
Down	<input type="checkbox"/>	<input type="checkbox"/>
Fermanagh	<input type="checkbox"/>	<input type="checkbox"/>
Londonderry (Derry)	<input type="checkbox"/>	<input type="checkbox"/>
Tyrone	<input type="checkbox"/>	<input type="checkbox"/>
Channel Islands	<input type="checkbox"/>	<input type="checkbox"/>
Abroad	<input type="checkbox"/>	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>	<input type="checkbox"/>

21. For how long were you hospitalised when you first contracted polio?

- Don't know
- I was not hospitalised
- Less than a week
- 1–4 weeks
- 1–3 months
- 4 – 12 months
- More than 12 months

22. Have you ever been placed in an iron lung as part of your polio treatment?

- Don't know
- No
- Yes, for a short period (up to four weeks)
- Yes, for an extended period (*please specify how long*)

23. Have you had any operations related to polio? If so, please list the procedures and the approximate year

Year	Procedure

24. What parts of the body were affected when you had the polio virus and were at your worst?

(select all that apply)

	Paralysed	Weakness	Pain
<input type="checkbox"/> Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Both arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrist/hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Torso (stomach, chest, pelvis and back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Both legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ankle/foot(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Digestive system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bladder/bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other parts of the body not listed above <i>(please specify)</i>			

25. What parts of the body were affected when you were at your best ability? *(select all that apply)*

	Paralysed	Weakness	Pain
<input type="checkbox"/> Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Both arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrist/hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Torso (stomach, chest, pelvis and back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Both legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ankle/foot(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Digestive system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bladder/bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other parts of the body not listed above <i>(please specify)</i>			

26. What parts of the body are affected nowadays? *(select all that apply)*

	Paralysed	Weakness	Pain
<input type="checkbox"/> Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Both arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrist/hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Torso (stomach, chest, pelvis and back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Both legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ankle/foot(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Digestive system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bladder/bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other parts of the body not listed above <i>(please specify)</i>			

27. Do you have any other lasting effects which you feel are related to you having had polio and living with the effects for years? *(select all that apply)*

- Sleep issues
- Swallowing difficulties
- Extreme fatigue
- Chronic pain
- Scoliosis
- Mental health issues
- Osteoporosis
- Arthritis/Osteoarthritis
- Voice problems
- Cold intolerance
- Carpal tunnel
- Diabetes
- Swollen legs
- Cardiovascular issues
- Other (please specify)

28. Do you have Post-Polio Syndrome (PPS)?

- Yes - diagnosed
- Think so but not diagnosed
- No

29. Before being diagnosed with PPS, were you ever misdiagnosed with another condition?

- Not applicable
- No
- Yes (please specify the condition)

30. Do you have polio listed on your GP health/medical records?

- Yes
- No
- Don't know

31. Do you have any of these local services (within a 30-mile radius)? *(select all that apply)*

- Dietitians
- Physiotherapists
- Orthotics
- Respiratory
- Sleep disorders
- Cardiologist
- Neurologist
- Rehabilitation
- Orthopaedic
- Weight management
- Psychology
- Occupational therapy
- Podiatry
- Any other services you need for your polio care that are within a 30-mile radius? *(please specify)*

32. In the last five years, how would you rate the care you have received from healthcare providers relating to your polio symptoms?

	GP	Neurologist	Rehab-Neurologist
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify why)

33. Please provide the name of the healthcare provider from whom you have received care in the last five years?

- GP
- Neurologist
- Rehab-Neurologist
- Other

34. Indicate which (if any) of the following you use for your polio-related problems? *(select all that apply)*

- KAFOs Knee ankle foot orthoses (full leg orthoses/callipers)
- AFOs Ankle foot orthoses (drop foot splints)
- Crutch(es)
- Walking stick(s)
- Rollator
- Walking frame
- Electric wheelchair
- Manual wheelchair
- Mobility scooter
- Mobility car
- Car hand controls
- Stairlift
- Hoist
- Respiratory equipment
- C-PAP machine (sleep apnea)
- B-PAP machine (sleep apnea)
- Knee braces
- Footwear raise adaption
- Footwear (special shoes, shoe lift, insoles)
- Spinal jackets
- Finger and thumb orthoses
- Hand and wrist orthoses
- Elbow orthoses
- Shoulder orthoses
- Arthritis braces
- Bath chair/lift
- Electric bed
- Electric recliner/Riser chair
- Adapted car (inc foot brake/accelerator)
- Wet room
- Air mattress
- Shower chair
- Grab rails
- Raised toilet seat
- Don't use any of the above
- Any other aids not listed? *(please specify)*

35. Do you have a leg length discrepancy?

- No
- Yes

36. Are you currently experiencing any problems or issues with your orthotics?

- No
- Yes *(please specify)*

37. Have you attended the Lane Fox Unit rehabilitation course at Guys and St Thomas’s hospital, or any other rehabilitation course?

- Yes
- No
- Other *(please specify the course and location)*

38. Does your GP recognise polio, late effects of polio and Post-Polio Syndrome?

	Yes	No	Don't know
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late effects of polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Polio Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Does your Consultant recognise polio, late effects of polio and Post-Polio Syndrome?

	Yes	No	Don't know
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late effects of polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Polio Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. On a scale of 1 to 10, where 1 is ‘very poor’ and 10 is ‘excellent’, how would you rate your overall mental health?

41. Do you consider yourself to be housebound?

- Yes
- No
- Somewhat

42. Have you had a fall?

- | | | |
|--|--------------------------|--------------------------|
| | Related to polio | Not related to polio |
| <input type="checkbox"/> In the last year | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> In the last 2-5 years | <input type="checkbox"/> | <input type="checkbox"/> |

43. If you have had a fall in the last five years, how was it related to polio?

44. Have you experienced a fracture or broken bone?

- | | | |
|--|--------------------------|--------------------------|
| | Related to polio | Not related to polio |
| <input type="checkbox"/> In the last year | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> In the last 2-5 years | <input type="checkbox"/> | <input type="checkbox"/> |

45. If you have experienced a fracture/broken bone in the last five years, how was it related to polio and how well did you recover?

46. Have you ever had a review to assess the impact that polio has had on your body? *(select all that apply)*

- Don't know
- None
- MRC muscle strength test (tests muscle strength by pushing against clinicians’ hands)
- Nerve conduction, electromyography EMG or other electrical tests
- Walking speed test
- Clinician led Gait analysis (using specialised technology)
- Lung capacity test (how much air is breathed in and out of your lungs)
- Sleep test (monitors body activity while asleep)
- Other (please specify)

AND FINALLY

47. Did you find the Optimal Clinical Pathway produced by the British Polio Fellowship helpful?

- No
 Not sure
 Yes (please specify how it helped)

48. Are there any additional topics you would suggest for future Zoom Cafes hosted by the British Polio Fellowship? (please provide suggestions)

49. In the last 12 months have you experienced any issues receiving the correct benefits? (select all that apply)

- | | PIP | DLA | Attendance Allowance | Pension Credit | Housing Benefit | Carers Allowance |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Yes (please specify the issue) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

50. Thank you for answering all our questions. If there is anything else you would like to share with the Fellowship you can do so here

Congratulations you're all done.
Thank you so much for your time and your feedback.

Please return your completed survey to:
**FREEPOST,
The British Polio Fellowship**