

Questionnaire (English version)

Application areas and effects of passive aquatic therapy WATSU – a survey among practitioners

Dear WATSU colleague,

Dear former WATSU practitioner,

Thank you for your willingness to share your experience concerning WATSU!

Although this survey is conducted in English, you may respond in your own language and script!

Some examples:

الخاصة بلغتك الرد يمكنك ، الإنجليزية باللغة يتم الاستطلاع هذا أن حقيقة من الرغم على

儘管這次調查是用英語進行的，但您可以用自己的語言回應。

Sa kabila ng katotohanan na ang survey na ito ay isinasagawa sa Ingles, maaari kang tumugon sa iyong sariling wika.

Παρά το γεγονός ότι αυτή η έρευνα διεξάγεται στα αγγλικά, μπορείτε να απαντήσετε στη δική σας γλώσσα.

לשך הפשה להגיב יכול אתה , באנגלית מתבצע הז שסקר למרות

इस तथ्य के बावजूद कि यह सर्वेक्षण अंग्रेजी में किया गया है, आप अपनी भाषा में जवाब दे सकते हैं।

Annak ellenére, hogy ez a felmérés angol nyelven készült, a saját nyelvén válaszolhat.

이 설문 조사는 영어로 진행 되더라도 자신의 언어로 응답 할 수 있습니다.

Несмотря на то, что этот опрос проводится на английском языке, вы можете отвечать на своем родном языке.

இந்த கணக்கெடுப்பு ஆங்கிலத்தில் நடத்தப்பட்ட போதிலும், நீங்கள் உங்கள் சொந்த மொழியில் பதிலளிக்கலாம்.

แม้ว่าแบบสำรวจนี้จะจัดทำขึ้นเป็นภาษาอังกฤษ แต่คุณสามารถตอบกลับในภาษาของคุณเองได้

Notice

This survey refers to WATSU in the sense of **treatments in which only passive body work is performed on the water surface**. It does not refer to a few minutes WATSU e.g. at the beginning or end of an aqua gym group or a water dance treatment.

You might integrate movements, principles or techniques from other land-based or aquatic interventions into your WATSU treatments. As long as you think that the term "WATSU" is still appropriate to refer

to your treatments, you are cordially invited to participate in this survey.

If you find any crucial errors in the questionnaire, please let us know!

Do you have a diploma in WATSU that meets the requirements of WABR (Worldwide Aquatic Bodywork Registry)?

- Yes
- No

Structure of the questionnaire (*)

1. Information about your person and work
2. 26 application areas of WATSU within four sections
 - 2.1. Pain conditions
 - 2.2. Neurological conditions
 - 2.3. Psychological, psychosomatic or psychiatric conditions
 - 2.4. Miscellaneous
3. 20 effects of WATSU within two sections
 - 3.1. Physical effects
 - 3.2. Psychological effects
4. Feedback to us.

Unfortunately, as we have closely followed the literature, you will find repetitions. If you have already commented on a topic in detail, you do not have to repeat yourself.

The questionnaire is very extensive if you really want to answer it in detail. If you are willing to do this, please take at least an hour. However, you can also focus on the areas of your expertise and answer the other topics only in terms of the frequency of their occurrence and the effectiveness of WATSU.

(*) Comment: In addition to evaluation and ratings, qualitative information regarding each topic could be facultatively provided (e.g., examples, assumptions regarding mode of action, particular precautions). However, its description would go beyond the scope of this article and will therefore be published separately. Likewise, results of the evaluation of a list of 17 contraindications of WATSU will be published separately.

1. Information about your person and work

	Yes	No
Do you agree that we will contact you if we would like to ask you further questions?	<input type="radio"/>	<input type="radio"/>
Would you like to be informed about the results of this survey?	<input type="radio"/>	<input type="radio"/>
Your first name	<hr/>	
Your family name	<hr/>	
Your age (years)	<hr/>	
Profession(s)/ professional background	<hr/>	
Your e-mail address	<hr/>	
Please repeat your e-mail adress	<hr/>	
Where and when was your WATSU diploma issued (country, institute, year)	<hr/>	
How many years did you practice WATSU after completing your WATSU diploma (in years)	<hr/>	
Name the country(ies) where you mainly practiced WATSU	<hr/>	
How long does a typical WATSU session of yours take (in minutes; without conversation time)?	<hr/>	
How warm is the water in your WATSU pool (in degrees Celsius or Fahrenheit)?	<hr/>	

Have you also used WATSU as part of other water therapy (for example of a warm-up)?

How many WATSU treatments have you performed on average per year since you practice WATSU?

Was there a year when you did more WATSU treatments than usual? If so, how many WATSU treatments have you done that year?

Do you practice WATSU in a specific area of expertise? If so, which?

2. Application areas of WATSU

Below are listed areas of application of WATSU (e.g. [headache](#)). These come from the current scientific literature. Please rate every single item based on your personal experience.

2.1 Pain conditions (*)

Headache: Have you used WATSU in this application area?

- Yes
- No
- I do not know

Filter Detail Questions: Please assess the **level of frequency** with which you have encountered this area of application in your WATSU practice and the **level of effectiveness** of WATSU you have observed. If you cannot assess the effectiveness, please tick "I do not know".

Frequency	1	2	3	4	5	6	7	8	9	10	
(1 = Hardly ever, 10 = Very often)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Effectiveness	1	2	3	4	5	6	7	8	9	9	I do not know
(1 = Not effective, 10 = Very effective)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(*) **Comment: All application areas were assessed in the same way. To enhance clarity, only headache is presented fully in this document.**

Myofascial pain

Neck pain

Low back pain

Joint pain

Fibromyalgia

Multiple trauma

Have you used WATSU to treat **pain conditions** that were not listed? ^(*)

- Yes
- No
- I do not know

Name / description of the additional condition: _____

Filter Detail Questions: Please assess the **level of frequency** with which you have encountered this area of application in your WATSU practice and the **level of effectiveness** of WATSU you have observed. If you cannot assess the effectiveness, please tick "I do not know".

Frequency	1	2	3	4	5	6	7	8	9	10	
(1 = Hardly ever, 10 = Very often)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Effectiveness	1	2	3	4	5	6	7	8	9	9	I do not know
(1 = Not effective, 10 = Very effective)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

^(*) Comment: At the end of each section, up to 6 additional topics could be mentioned.

2.2 Neurological conditions

Traumatic brain injury

Hemiplegia

Cervical dystonia

Cerebral palsy

Hydrocephalus

Contractures

2.3 Psychological conditions

Autism spectrum disorder

Depression

Fatigue

Anxiety disorders

Sleep disorders

Stress

Post-traumatic stress disorders

2.4 Miscellaneous

Jarcho-Levin Syndrome (Spondylocostal dysostosis)

Palliative care

Obesity

Asthma

Pregnancy

Healthy individuals

3 Effects of WATSU

Below are listed effects of WATSU (e.g. decreased muscle tone). These come from the current scientific literature. Please rate every single item based on your personal experience and observations.

3.1. Physical effects (*)

Decreased muscle tone: Have you observed this effect of WATSU?

- Yes
- No
- I do not know

Filter Detail Questions: Please assess the **level of frequency** with which you have encountered this effect in your WATSU practice and the **level of effectiveness** of WATSU you have observed. If you cannot assess the effectiveness, please tick "I do not know".

Frequency	1	2	3	4	5	6	7	8	9	10	
(1 = Hardly ever, 10 = Very often)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Effectiveness	1	2	3	4	5	6	7	8	9	9	I do not know
(1 = Not effective, 10 = Very effective)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(*) Comment: All effects were assessed in the same way. To enhance clarity, only decreased muscle tone is presented fully in this document.

Relief of physical tension

Harmonization of abnormal muscle tone

Decreased spasticity

Reduced muscle spasm

Increased muscle strength

Improved balance

Increased mobility and flexibility

Improved activity of daily living, increased functional independence

Pain relief

Physical relaxation

Improved respiratory function

Decreased heart rate

Have you observed **physical** effects of WATSU that were not listed? (*)

- Yes
- No
- I do not know

Name / description of the additional effect: _____

Filter Detail Questions: Please assess the **level of frequency** with which you have encountered this area of application in your WATSU practice and the **level of effectiveness** of WATSU you have observed. If you cannot assess the effectiveness, please tick "I do not know".

Frequency	1	2	3	4	5	6	7	8	9	10	
(1 = Hardly ever, 10 = Very often)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Effectiveness	1	2	3	4	5	6	7	8	9	9	I do not know
(1 = Not effective, 10 = Very effective)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(*) **Comment:** At the end of each section, up to 6 additional effects could be mentioned.

3.2. Psychological effects

Reduced symptoms of depression

Reduced fatigue

Reduced anxiety

Improved quality of life

Increased psychological health

Increased social functioning

Spiritual experiences

4 Feedback

Please allow us some final questions about the questionnaire itself.

Has this survey provided you with an appropriate platform to contribute your expertise or share your experiences and observations regarding WATSU to your satisfaction?

Satisfaction	1	2	3	4	5	6	7	8	9	10
(0 = Not at all, 10 = Completely)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This survey was for me ...

... understandable	1	2	3	4	5	6	7	8	9	10
(0 = Not at all, 10 = Completely)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... clearly structured	1	2	3	4	5	6	7	8	9	10
(0 = Not at all, 10 = Completely)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... detailed	1	2	3	4	5	6	7	8	9	10
(0 = Not at all, 10 = Completely)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... too long	1	2	3	4	5	6	7	8	9	10
(0 = Not at all, 10 = Completely)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you have difficulties in answering this questionnaire? Did you find any crucial errors in the questionnaire?
If so, please tell us your experiences and observations:

We thank you very much for having taken the time to share your experience with WATSU!