

Survey structure overview

This document contains the full set of survey questions for the NDIS Evidence Advisory Committee consultation in September 2025.

The questions shown in the survey sometimes depend on how people answer the previous question. No one would be expected to answer all the questions. Easy Reads versions are provided as separate documents from the main page.

The survey contains the following:

- Privacy and consent information – this is provided in a separate [document](#).
- A demographic question for everyone completing the survey, and a follow-up question which depends on the answer to the first question. (1-2 questions)
- A question about which supports people want to comment on. This is used to choose which blocks of questions to show, as questions are customised for each support item. People can choose to comment on as many of the supports as they like. (1 question)
- There is then a heading for each support item that the respondent said they would like to comment on.
 - For each support item there are 4 questions on scope. The form of these is the same but the details about the support, disability group/population, outcomes and comparator will be customised to be relevant for each support item (4 questions).
 - There is a branching question about whether people use the support, use something else, provide the support etc. (1 question).
 - People will then be asked additional questions relevant to that role. For most roles there are 6-7 questions.
- Please use the bookmark headings to navigate this document.

Demographics.

Question 1 – everyone gets this question

First, we would like to hear about you. Please choose all that apply.

I am a:

- person with a disability who is an NDIS participant
- person with a disability who is not an NDIS participant
- family member or informal carer of a person with disability
- carer (support worker) or a provider of services, items and equipment funded by the NDIS
- clinician or allied health professional who works in disability
- researcher in disability
- member of the public not in the groups listed above.

Question 2 – shown if people tick either of the options to say they have a disability

How do you describe your disability? Please choose all that apply

- Acquired brain injury (ABI)
- Amputation
- Arthritis
- Autism
- Cerebral palsy
- Dementia
- Developmental delay
- Down syndrome
- Epilepsy
- Hearing loss (Deaf or Hard of Hearing)
- Intellectual disability
- Language disorder
- Multiple sclerosis
- Psychosocial disability
- Spinal cord injury
- Stroke
- Blind/low vision
- Another disability (please specify)

Question 2 – shown if people tick they are a family member of someone with a disability

How do you describe your family member's disability? Please choose all that apply

- Acquired brain injury (ABI)
- Amputation
- Arthritis
- Autism
- Cerebral palsy
- Dementia
- Developmental delay
- Down syndrome
- Epilepsy
- Hearing loss (Deaf or Hard of Hearing)
- Intellectual disability
- Language disorder
- Multiple sclerosis
- Psychosocial disability
- Spinal cord injury
- Stroke
- Blind/low vision
- Another disability (please specify)

Used to select which support questions people are shown.

Below is a list of items under review by the NDIS Evidence Advisory Committee. You can comment on as many as you like.

You will be asked similar questions about each item you choose to comment on. There are approximately 6 to 14 questions for each item depending on whether you answer as a member of the public, a person with a disability, a family member or carer, or a provider. You can choose different roles for different items.

Your responses will save when you complete a question, so you can close the survey and complete it later, as long as you use the same device and web-browser.

Please choose which items you would like to comment on:

- Active passive trainers
- Assistance animals for Autistic people or people with intellectual disability
- Psychiatric assistance dogs
- Seizure alert dogs
- Exercise physiology
- Smart Home Appliances (for cooking, cleaning or gardening).

To read a summary about each item please see this [pdf file](#).

Active Passive trainers block

Scope questions - shown to everyone

Question 1 – Support

This assessment will consider ‘Active Passive trainers’. Active passive trainers are motorised exercise and rehabilitation devices. These can be used in active or passive modes:

- Passive mode helps the user to move their limbs.
- Active mode helps the user to use their muscles to move the device. The device does this by providing active-resistive exercise and assisted support to move the user’s limbs.

Does the description above accurately describe what an active passive trainer is and how it is used? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Question 2 – Disability group/population

Based on what we know so far, we think the people who might use active passive trainers are:

- People with acquired brain injury
- People with amputation or limb loss
- People with cerebral palsy
- People with Down syndrome
- People with intellectual disability
- People with multiple sclerosis
- People with Parkinson’s disease
- People with spinal cord injury
- People who have had a stroke.

Do these groups cover all the people who may use active passive trainers? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Question 3 – Outcomes

Supports are used to achieve certain outcomes. These outcomes can be to improve people's life (provide benefit) or to reduce harm. We want to make sure the assessment examines outcomes that are important to people.

Based on what we know so far, we think that active passive trainers aim to help with the following outcomes:

- aerobic fitness
- cardiac output
- gait (for example, improved movement ability and endurance)
- muscle tone
- activities of daily living and function
- quality of life/ life satisfaction.

Are these the most important outcomes for the people using this support? (please choose one)

- Yes (you can provide additional comments if you want to, such as if some outcomes are more important to you) (text box)
- No, I want to change the list (please tell us what you want to change and why, you could add something or remove something) (text box)

Question 4 - Comparator

We will need to compare how well active passive trainers work, compared to other supports which might achieve the same goals. Based on what we know so far, we think the most relevant supports to compare active passive trainers to are:

- Exercise under supervision of a professional (this could be at the gym, at the clinic, outside or at home)
- Exercise done by yourself (this could be at the gym, outside or at home)
- Exercise equipment such as mechanical bikes, arm-cranking devices or stepping devices
- Continuous passive motion devices (for example, where the device passively moves the limbs of the user).

We chose these supports to compare to active passive trainers because they aim to help achieve similar outcomes.

If you have used or suggested something other than active passive trainers to achieve similar outcomes, that is not included in this list, please add it below.

Are these the most appropriate alternative supports to compare active passive trainers to? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Use questions – the first question will be a branching question

Branching question

Do you use an active passive trainer or assist someone else to use one? (please choose one)

- I use an active passive trainer
- I have used an active passive trainer, but I don't use one any more
- I don't use an active passive trainer, but I use something else to achieve the same goals
- I have a family member who uses or has used an active passive trainer
- I care for someone who uses or has used an active passive trainer
- I assist or have assisted someone else to use active passive trainers
- I am a clinician or researcher who has expertise in active passive trainers
- None of the above

Personal Role branch – these questions are shown if people answer “I use the support myself” (6 questions)

Question 1 – length of use

How long have you been using an active passive trainer? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Do you think you will continue using an active passive trainer? (please choose one)

- Yes
- No
- Don't know

Please provide details of why. You could include things like:

- how well it works for you
 - Assistive Technology assessor or allied health professional recommendation
 - other supports you have tried
 - cost and availability
 - how long the support is expected to last.
- (text box)

Question 3 – how often

How often do you use active passive trainers and for how long each time, on average? For example, how many hours per fortnight? (free text)

Question 4 – who provides/supports?

Who provides active passive trainers for you to use?

- I provided or bought the active passive trainer myself
- I use an active passive trainer at a gym or other facility

Does anyone assist you to use an active passive trainer? (choose all that apply)

- I use an active passive trainer myself
- An allied health professional such as a physiotherapist (please specify)
- A paid carer or support worker
- An informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

Question 5 - safety

Have you had any problems or safety issues because of using active passive trainers?

These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 - General context question

If there are specific circumstances where active passive trainers are or are not suitable for people, please describe them.

This could include things like

- access to active passive trainers
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where they are used (such as a clinic, gym or at home)
- how they fit into a therapy or exercise plan, supervised or unsupervised
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I have used the support” (7 questions)

Question 1 – length of use

How long did you use active passive trainers? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – why stopped

Why did you stop using active passive trainers? (please provide details) (free text)

Question 3 – how often

How often did you use active passive trainers and for how long each time, on average? For example, how many hours per fortnight? (free text)

Question 4 – who provides/assists

Who provided active passive trainers for you to use?

- I provided or bought the active passive trainer myself
- I used an active passive trainer at a gym or other facility

Did anyone assist you to use an active passive trainer? (choose any that apply)

- I used the active passive trainer myself
- An allied health professional such as a physiotherapist (please specify)
- A paid carer or support worker

- An informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

Question 5 - safety

Did you have any problems or safety issues because of using active passive trainers?

These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – additional question for this role/branch

What support do you use now to achieve the same goals as active passive trainers?

(please provide details) (free text)

Question 7 - General context question

If there are specific circumstances where active passive trainers are or are not suitable for people, please describe them.

This could include things like

- access to active passive trainers
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where they are used (such as a clinic, gym or at home)
- how they fit into a therapy or exercise plan, supervised or unsupervised
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I don't use the support but I use something else to achieve the same goals” (2 questions)

Question 1 – use instead

Active passive trainers aim to improve fitness, muscle tone and function. What do you use to achieve these goals, and why?

(please provide details) (free text)

Question 2 – general context question

If there are specific circumstances where active passive trainers are or are not suitable for people, please describe them.

This could include things like

- access to active passive trainers
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where they are used (such as a clinic, gym or at home)
- how they fit into a therapy or exercise plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Carer/supporter Role – these questions are shown if people answer that they care for someone who uses or has used the support

Question 1 – length of use

Please select how long the person you care for has used (or did use) an active passive trainer? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Is your family member or the person you care for still using active passive trainers?

Yes

No

Don't know

[Display if Yes]

Do you think they will keep using active passive trainers?

Yes

No

Don't know

Please describe the reasons for your answer above.

You could include things like:

- how well it works for them
- other supports tried
- cost, availability
- how long the support is expected to last.

Question 3– how often

How often does or did your family member or the person you care for use active passive trainers and for how long each time, on average? For example, how many hours per fortnight? (free text)

Question 4 – who provides/assists

Who provided active passive trainers for your family member or the person you care for to use?

- They provided or bought the active passive trainer themselves
- They use or used an active passive trainer at a gym or other facility

Did or does anyone assist your family member or the person you care for in using active passive trainers? (choose any that apply)

- My family member or the person I care for uses or used the active passive trainer themselves
- An allied health professional such as a physiotherapist (please specify)
- A paid carer or support worker
- An informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

Question 5 - safety

Has the family member or person you care for had any problems or safety issues because of using an active passive trainer? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If your family member or person you care for has pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – general context question

If there are specific circumstances where active passive trainers are or are not suitable for people, please describe them.

This could include things like

- access to active passive trainers
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where active passive trainers are used (such as a clinic, gym or at home)
- how active passive trainers fit into a therapy or exercise plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Provider/clinician/researcher Role – these questions are shown if people answer that they provide the support, or are a clinician or researcher in the area of the support

Question 1 – length of use

How long should this support be used for? (please choose all that apply)

- Less than 3 months
- 3-12 months
- More than 12 months
- Until a specific outcome is achieved (please specify) (text box)

Question 2– how often

How many sessions and how long should each session be, on average, for optimum results? For example, how many hours per fortnight? (free text)

Question 3 – Alternative q only for providers/clinicians/researchers on recommending the support.

In what circumstances would you recommend active passive trainers and why? (free text)

Question 4 – only for providers/clinicians/researchers –not recommend?

In what circumstances would you not recommend active passive trainers and why?

Question 5 – who should provide/assist

Who should provide active passive trainers?

- The person should provide or buy the active passive trainer themselves
- A gym or other facility should provide the active passive trainer

Who should assist using active passive trainers if assistance is needed? (choose all that apply)

- An allied health professional such as a physiotherapist (please specify) (free text)
- A paid carer or support worker (free text)
- An informal carer such as family or friends (free text)
- Other (please specify) (free text)

Are there qualifications or regulations that should apply to people providing or assisting with the support? (free text)

Question 6 - safety

Are there any problems, safety issues or adverse events related to using active passive trainers that you have observed or know about? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page.

Question 7 – alternative supports

What other supports would you recommend instead of active passive trainers, or if active passive trainers were unavailable? (please provide details) (free text)

Question 8 – general context question

If there are specific circumstances where active passive trainers are or are not suitable for people, please describe them.

This could include things like

- access to active passive trainers
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where active passive trainers are used (such as a clinic, gym or at home)
- how active passive trainers fit into a therapy or exercise plan, supervised or unsupervised
- the person's age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Question 9 – for providers/clinicians and researchers only, grey lit question

A systematic review will be conducted to inform the Evidence Advisory Committee's work. It will include peer reviewed research as well as key sources of grey literature. Are there other sources of evidence in your area, such as professional journals or conferences, that we should be checking for evidence on active passive trainers?

Please provide details below if they are publicly available. If you have specific articles or papers that you think the Evidence Advisory Committee should be aware of, you may also send them via email to disabilityevidence@health.gov.au.

- professional journals (free text for titles etc.)
- conference publications (free text)
- technical documents (free text)
- policy or guidelines documents (free text)
- other relevant documents (free text)

Other Role – these questions are shown if people answer “none of the above”

Question 1 – general context question

If there are specific circumstances where active passive trainers are or are not suitable for people, please describe them.

This could include things like

- access to active passive trainers
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where active passive trainers are used (such as a clinic, gym or at home)
- how active passive trainers fit into a therapy or exercise plan, supervised or unsupervised
- the person's age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Assistance animals for Autistic people or people with intellectual disability block

Scope questions - shown to everyone

Question 1 - support

This assessment will consider assistance animals for Autistic people or people with intellectual disability. These animals can be dogs or other animals.

An assistance animal is trained to do tasks that ease the effects of a disability. They usually live with the person they support. Tasks might include:

- Keeping the person safe (for example, stopping running off or bolting)
- Providing a calm presence
- Using touch to help with sensory needs
- Interrupting repetitive behaviours.

These animals are different from companion animals or pets. They need to:

- Have the right accreditation
- Be trained to perform specific tasks
- Meet public access, hygiene and behaviour standards.

Does the description above accurately describe what an assistance animal for Autistic people or people with intellectual disability is and how they are used? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Question 2 – disability group

Based on what we know so far, we think the people who might use this support are:

- Autistic people
- People with an intellectual disability
- Autistic people with an intellectual disability.

Both children and adults might use these assistance animals.

Do these groups cover all the people who might use assistance animals for Autistic people or people with intellectual disability? (please choose one)

- Yes

- No, I want to change something (please say what you want to change and why) (text box)

Question 3 – Outcomes

Supports are used to achieve certain outcomes. These outcomes can be to improve people's life (provide benefit) or to reduce harm. We want to make sure the assessment examines outcomes that are important to people.

Based on what we know so far, we think assistance animals for Autistic people or people with intellectual disability aim to help with the following outcomes:

- Physical health
- Mental health (including anxiety and stress)
- Emotional regulation or self-regulation
- Restrictive and repetitive behaviours
- Daily living skills
- Sensory overload
- Communication skills and social functioning
- Social connection
- Family or carer outcomes
- Quality of life.

Are these the most important outcomes for the people using this type of assistance animal? (please choose one)

- Yes (you can provide additional comments if you want to, such as if some outcomes are more important to you) (text box)
- No, I want to change the list (please tell us what you want to change and why, you could add something or remove something). (text box)

Question 4 - Comparator

We will need to compare how effective assistance animals for Autistic people or people with intellectual disability are at achieving their goals, compared to other supports which might help with the same things. Based on what we know so far, we think the most relevant supports to compare these types of assistance animals to are:

- Companion animals (for example, pets and emotional support animals)
- Behavioural interventions (e.g. psychology and other therapies).

We chose these supports to compare to these types of assistance animals because they aim to help with similar outcomes.

If you have used or suggested something other than this type of assistance animal to achieve similar outcomes, that is not included in this list, please add it below.

Are these the best supports to compare assistance animals for Autistic people or people with intellectual disability to? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Use questions – the first question will be a branching question

Branching question

Do you use an assistance animal for Autistic people or people with intellectual disability or provide it to someone else? (choose the most relevant)

- I use this type of assistance animal
- I have used an assistance animal, but I don't use it any more
- I don't use an assistance animal but I use something else to achieve the same goals
- I have a family member who uses or used an assistance animal
- I care for someone who uses or has used an assistance animal
- I provide or have provided an assistance animal to someone else or assisted them to use it
- I am a clinician or researcher who works with or studies assistance animals
- None of the above

Personal Role branch – these questions are shown if people answer “I use the support myself” (6 questions)

Question 1 – length of use

How long have you been using this type of assistance animal? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Do you think you will continue using this type of assistance animal? (please choose one)

- Yes

- No
- Don't know

Please provide details of why. You could include things like:

- how well it works for you
- other supports you have tried
- cost and availability
- how long your animal can work before retirement.
(free text)

Question 3 – how often

We would like to know how often you use your assistance animal for support.

We assume that people use an assistance animal every day, but you could include things like:

- Where the assistance animal provides support (for example, at home and/or in public)
- Whether the assistance animal is always with you (if not, describe when they are not)
- If there are times when the assistance animal is not working (for example, having breaks or sleeping)

Please provide details. (free text)

Question 4 – who provides/assists

How did you acquire your assistance animal? (please choose one)

- I provided my own animal
- Someone else provided the animal (please specify)

Who initially trained your assistance animal? (please choose all that apply)

- I trained the assistance animal myself
- A specialist trainer (or similar provider) trained the assistance animal
- I don't know
- Other (please specify) (free text)

Who manages your assistance animal (including ongoing training and care) or assists you to use your assistance animal? (choose all that apply)

- I take care of the assistance animal myself

- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- I don't know
- Other (please specify) (free text)

Question 5 - safety

Have you had any problems or safety issues because of using this type of assistance animal? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 - General context question (free text)

If there are specific circumstances where this type of assistance animal is or is not suitable for people, please describe them.

This could include things like

- access to this type of assistance animal
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where this type of assistance animal is used (such home or in public)
- how this type of assistance animal fits with other supports (for example, therapies and support workers)
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I have used the support” (7 questions)

Question 1 – length of use

How long did you use this type of assistance animal? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – why stopped

Why did you stop using this type of assistance animal? (please provide details) (free text)

Question 3 – how often

We would like to know how often you used this type of assistance animal for support.

We assume that people use an assistance animal every day, but you could include things like:

- Where the assistance animal provided support (for example, at home and/or in public)
- Whether the assistance animal was always with you (if not, describe when they were not)
- If there were times when the assistance animal was not working (for example, having breaks or sleeping)

Please provide details. (free text)

Question 4 – who provides/assists

How did you acquire your assistance animal? (please choose one)

- I provided my own animal
- Someone else provided the animal (please specify)

Who initially trained your assistance animal? (please choose all that apply)

- I trained the assistance animal myself
- A specialist trainer (or similar provider) trained the assistance animal
- I don't know
- Other (please specify) (free text)

Who managed your assistance animal (including ongoing training and care) or assisted you to use your assistance animal? (choose all that apply)

- I took care of the assistance animal myself
- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- I don't know

- Other (please specify) (free text)

Question 5 - safety

Did you have any problems or safety issues because of using this type of assistance animal? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – additional question for this role/branch

What support do you use now to achieve the same goals as this type of assistance animal? (please provide details) (free text)

Question 7 - General context question

If there are specific circumstances where this type of assistance animal is or is not suitable for people, please describe them.

This could include things like

- access to this type of assistance animal
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where this type of assistance animal is used (such home or in public)
- how this type of assistance animal fits with other supports (for example, therapies and support workers)
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I don't use the support but I use something else to achieve the same goals” (2 questions)

Question 1 – what support instead and why

This type of assistance animal is trained to do tasks that aim to help with things like physical and mental health, emotional regulation, restrictive and repetitive behaviours, and daily living skills. What do you use to achieve these goals and why?

(please provide details) (free text)

Question 2 – general context question

If there are specific circumstances where this type of assistance animal is or is not suitable for people, please describe them.

This could include things like

- access to this type of assistance animal
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where this type of assistance animal is used (such home or in public)
- how this type of assistance animal fits with other supports (for example, therapies and support workers)
- age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Carer/supporter Role – these questions are shown if people answer that they care for someone who uses or has used the support

Question 1 – length of use

Please select how long the person you care for has used (or did use) this type of assistance animal. (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Is your family member or the person you care for still using this type of assistance animal?

Yes

No

Don't know

[Display if Yes]

Do you think they will keep using this type of assistance animal?

Yes

No

Don't know

Please describe the reasons for your answer above.

You could include things like:

- how well it works for them
- other supports tried
- cost, availability
- how long the animal can work before retirement.

Question 3– how often

We would like to know how often your family member or the person you care for uses or used this type of assistance animal for support.

We assume that people use an assistance animal every day, but you could include things like:

- Where the assistance animal provides support (for example, at home and/or in public)
- Whether the assistance animal is always with them (if not, describe when they are not)
- If there are times when the assistance animal is not working (for example, having breaks or sleeping)

Please provide details. (free text)

Question 4 – who provides/assists

How did your family member or the person you care for acquire their assistance animal?
(please choose one)

- They provided their own animal

- Someone else provided the animal (please specify)

Who initially trained their assistance animal? (please choose all that apply)

- They trained the assistance animal themselves
- A specialist trainer (or similar provider) trained the assistance animal
- I don't know
- Other (please specify) (free text)

Who manages their assistance animal (including ongoing training and care) or assists them to use their assistance animal? (choose all that apply)

- They take care of the assistance animal themselves
- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- I don't know
- Other (please specify) (free text)

Question 5 - safety

Has the family member or person you care for had any problems or safety issues because of using this type of assistance animal? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If your family member or person you care for has pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – general context question

If there are specific circumstances where this type of assistance animal is or is not suitable for people, please describe them.

This could include things like

- access to this type of assistance animal
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where this type of assistance animal is used (such home or in public)

- how this type of assistance animal fits with other supports (for example, therapies and support workers)
- age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Provider/clinician/researcher Role – these questions are shown if people answer that they provide the support, or are a clinician or researcher in the area of the support

Question 1 – length of use

How long should this type of assistance animal be used for? (please choose all that apply)

- Less than 3 months
- 3-12 months
- More than 12 months
- Until a specific outcome is achieved (please specify) (text box)

Question 2– how often

We would like to know how often this type of assistance animal should be used.

We assume that people use an assistance animal every day, but you could include things like:

- Where an assistance animal should provide support (for example, at home and/or in public)
- Whether an assistance animal should always be with the person they support (if not, describe when they are not with them)
- If there are times when an assistance animal is not working (for example, having breaks or sleeping).

Please provide details. (free text)

Question 3 – Alternative q only for providers/clinicians/researchers on recommending the support.

In what circumstances would you recommend this type of assistance animal and why? (free text)

Question 4 – only for providers/clinicians/researchers –not recommend?

In what circumstances would you not recommend this type of assistance animal and why? (free text)

Question 5 – who provides/supports

Who should provide this type of assistance animal? (please choose all that apply)

- The person provides the animal themselves (please say when this would be appropriate)
- A specialist trainer or similar provides the animal (please specify)
- Other (please specify) (free text)

Who should initially train this type of assistance animal? (please choose all that apply)

- The person themselves (please say when this would be appropriate)
- A specialist trainer (or similar provider)
- Other (please specify) (free text)

Who should manage the assistance animal (including ongoing training and care) or assist the person to use this type of assistance animal? (choose all that apply)

- The person themselves if they are able to do so
- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- Other (please specify) (free text)

Are there qualifications or regulations that should apply to people providing or assisting with this type of assistance animal?

(free text)

Question 6 - safety

Are there any problems, safety issues or adverse events related to using this type of assistance animal that you have observed or know about? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 7 – alternative supports

What other supports would you recommend instead of this type of assistance animal , or if this type of assistance animal was unavailable? (please provide details) (free text)

Question 8 – general context question

If there are specific circumstances where this type of assistance animal is or is not suitable for people, please describe them.

This could include things like

- access to this type of assistance animal
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where this type of assistance animal is used (such home or in public)
- how this type of assistance animal fits with other supports (for example, therapies and support workers)
- age, gender, ethnicity or cultural factors of people who use these supports
- who people who use these supports live with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Question 9 – for providers/clinicians and researchers only, grey lit question

A systematic review will be conducted to inform the Evidence Advisory Committee's work. It will include peer reviewed research as well as key sources of grey literature. Are there other sources of evidence in your area, such as professional journals or conferences, that we should be checking for evidence on assistance animals for Autistic people or people with intellectual disability?

Please provide details below if they are publicly available. If you have specific articles or papers that you think the Evidence Advisory Committee should be aware of, you may also send them via email to disabilityevidence@health.gov.au.

- professional journals (free text for titles etc.)
- conference publications (free text)
- technical documents (free text)
- policy or guidelines documents (free text)
- other relevant documents (free text)

Other Role – these questions are shown if people answer “none of the above”

Question 1 – general context question

If there are specific circumstances where this type of assistance animal is or is not suitable for people, please describe them.

This could include things like

- access to this type of assistance animal
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where they are used (such home or in public)
- how this type of assistance animal fits with other supports (for example, therapies and support workers)
- age, gender, ethnicity or cultural factors of people who use these supports
- who people who use these supports live with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Psychiatric Assistance dogs block

Scope questions - shown to everyone

Question 1 – Support

This assessment will consider psychiatric assistance dogs.

Psychiatric assistance dogs are a type of assistance animal. They are trained to help people with psychosocial disabilities (including Post Traumatic Stress Disorder).

Psychiatric assistance dogs are used in the community and at home. Use is daily and continuous. They perform tasks to support their handler's quality of life. Tasks might include:

- Grounding
- Alerting
- Interrupting harmful behaviours
- Creating space in crowds
- Guiding to exits
- Waking from nightmares.

These dogs are different from emotional support animals. They need to:

- Have the right accreditation
- Be trained to perform specific tasks
- Meet public access, hygiene and behaviour standards.

Psychiatric assistance dogs are trained by specialist trainers. A clinical assessment is usually needed to confirm psychosocial disability and readiness. There is usually a process to match people with dogs and assess suitability. The person will become the dog's handler. Handlers need to agree to complete training and other responsibilities. This includes ongoing maintenance (for example, food, veterinary care, grooming, re-accreditation). Training refreshers may occur annually or as needed.

Does the description above accurately describe what a psychiatric assistance dog is and how they are used? (please choose one)

- Yes

No, I want to change something (please say what you want to change and why) (text box)

Question 2 – Disability group/population

Based on what we know so far, we think the people who might use a psychiatric assistance dog are people with psychosocial disability. We will consider diagnosis as an indicator of psychosocial disability. People may have multiple diagnoses. This includes people with:

- Post-traumatic stress disorder (PTSD)
- Anxiety
- Depression
- Bipolar disorder
- Schizophrenia
- Schizoaffective disorder
- Other mental health conditions.

We think psychiatric assistance dogs are mostly used by adults.

Do these groups cover all the people who may use a psychiatric assistance dog? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Question 3 – Outcomes

Supports are used to achieve certain outcomes. These outcomes can be to improve people's life (provide benefit) or to reduce harm. We want to make sure the assessment examines outcomes that are important to people.

Based on what we know so far, we think psychiatric assistance dogs aim to help with the following outcomes:

- Managing daily routines
- Keeping employment or education
- Maintaining relationships
- Independence in completing tasks
- Community and social participation
- Sense of agency and hope
- Confidence in managing mental health
- Quality of life
- Sense of belonging
- Self-care (including sleep, exercise, diet, personal hygiene)

- Overall health
- Psychiatric symptoms.

Are these the most important outcomes for the people using this a psychiatric assistance dog? (please choose one)

- Yes (you can provide additional comments if you want to, such as if some outcomes are more important to you) (text box)
- No, I want to change the list (please tell us what you want to change and why, you could add something or remove something). (text box)

Question 4 - Comparator

We will need to compare how well psychiatric assistance dogs work, compared to other supports which might achieve the same goals. Based on what we know so far, we think the most relevant supports to compare psychiatric assistance dogs to are:

- Support workers
- Community-based programs (for example, peer support groups)
- Therapeutic supports
- Recovery-oriented interventions (for example, peer work or recovery colleges)
- Pharmacological interventions
- Emotional support animals or companion animals.

We chose these supports to compare to psychiatric assistance dogs because they aim to help with similar outcomes.

If you have used or suggested something other than a psychiatric assistance dog to achieve similar outcomes, that is not included in this list, please add it below.

Are these the best supports to compare psychiatric assistance dogs to? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Use questions – the first question will be a branching question

Branching question

Do you use a psychiatric assistance dog or provide it to someone else? (choose the most relevant)

- I use a psychiatric assistance dog
- I have used a psychiatric assistance dog, but I don't use it any more
- I don't use a psychiatric assistance dog but I use something else to achieve the same goals
- I have a family member who uses or used a psychiatric assistance dog
- I care for someone who uses or has used a psychiatric assistance dog
- I provide or have provided a psychiatric assistance dog to someone else or assisted them to use it
- I am a clinician or researcher who works with or studies psychiatric assistance dogs
- None of the above

Personal Role branch – these questions are shown if people answer “I use the support myself” (6 questions)

Question 1 – length of use

How long have you been using a psychiatric assistance dog? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continue to use and why

Do you think you will continue using a psychiatric assistance dog? (please choose one)

- Yes
- No
- Don't know

Please provide details of why.

You could include things like:

- how well it works for you
- other supports you have tried
- cost and availability
- how long your dog can work before retirement.
- (free text)

Question 3 – how often

We would like to know how often you use a psychiatric assistance dog for support.

We assume that people use a psychiatric assistance dog every day, but you could include things like:

- Where the psychiatric assistance dog provides support (for example, at home and/or in public)
- Whether the psychiatric assistance dog is always with you (if not, describe when they are not)
- If there are times when the psychiatric assistance dog is not working (for example, having breaks or sleeping).

Please provide details. (free text)

Question 4 – who provides/assists

How did you acquire your psychiatric assistance dog? (please choose one)

- I provided my own dog
- Someone else provided the dog (please specify)

Who initially trained your psychiatric assistance dog? (please choose all that apply)

- I trained the psychiatric assistance dog myself
- A specialist trainer (or similar provider) trained the psychiatric assistance dog
- I don't know
- Other (please specify) (free text)

Who manages your psychiatric assistance dog (including ongoing training and care) or assists you to use your psychiatric assistance dog? (choose all that apply)

- I take care of the psychiatric assistance dog myself
- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- I don't know
- Other (please specify) (free text)

Question 5 - safety

Have you had any problems or safety issues because of using a psychiatric assistance dog? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 - General context question

If there are specific circumstances where psychiatric assistance dogs are or are not suitable for people, please describe them.

This could include things like

- access to psychiatric assistance dogs
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where psychiatric assistance dogs are used (such home or in public)
- how psychiatric assistance dogs fit with other supports (for example, therapies and support workers)
- ability to care for the dog
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I have used the support” (7 questions)

Question 1 – length of use

How long did you use a psychiatric assistance dog? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – why stopped

Why did you stop using a psychiatric assistance dog? (please provide details) (free text)

Question 3 – how often

We would like to know how often you used a psychiatric assistance dog for support.

We assume that people use a psychiatric assistance dog every day, but you could include things like:

- Where the psychiatric assistance dog provided support (for example, at home and/or in public)

- Whether the psychiatric assistance dog was always with you (if not, describe when they were not)
- If there were times when the psychiatric assistance dog was not working (for example, having breaks or sleeping).

Please provide details. (free text)

Question 4 – who provides/assists

How did you acquire your psychiatric assistance dog? (please choose one)

- I provided my own dog
- Someone else provided the dog (please specify)

Who initially trained your psychiatric assistance dog? (please choose all that apply)

- I trained the psychiatric assistance dog myself
- A specialist trainer (or similar provider) trained the psychiatric assistance dog
- I don't know
- Other (please specify) (free text)

Who managed your psychiatric assistance dog (including ongoing training and care) or assisted you to use your psychiatric assistance dog? (choose all that apply)

- I took care of the psychiatric assistance dog myself
- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- I don't know
- Other (please specify) (free text)

Question 5 -safety

Did you have any problems or safety issues because of using a psychiatric assistance dog? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – additional question for this role/branch

What support do you use now to achieve the same goals as a psychiatric assistance dog?
(please provide details) (free text)

Question 7 - General context question (free text)

If there are specific circumstances where psychiatric assistance dogs are or are not suitable for people, please describe them.

This could include things like

- access to psychiatric assistance dogs
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where psychiatric assistance dogs are used (such home or in public)
- how psychiatric assistance dogs fit with other supports (for example, therapies and support workers)
- ability to care for the dog
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I don't use the support but I use something else to achieve the same goals” (2 questions)

Question 1 – what support instead

Psychiatric assistance dogs do tasks that aim to ease their handler's symptoms and support their quality of life. What do you use to achieve these goals and why?

(please provide details) (free text)

Question 2 – general context question

If there are specific circumstances where psychiatric assistance dogs are or are not suitable for people, please describe them.

This could include things like

- access to psychiatric assistance dogs
- access to supports that aim to achieve similar goals

- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where psychiatric assistance dogs are used (such home or in public)
- how psychiatric assistance dogs fit with other supports (for example, therapies and support workers)
- ability to care for the dog
- age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Carer/supporter Role – these questions are shown if people answer that they care for someone who uses or has used the support

Question 1 – length of use

Please select how long the person you care for has used (or did use) a psychiatric assistance dog (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Do you think your family member or the person you care for will keep using a psychiatric assistance dog? Why? OR if they stopped using a psychiatric assistance dog please tell us why.

Is your family member or the person you care for still using a psychiatric assistance dog?

Yes

No

Don't know

[Display if Yes]

Do you think they will keep using a psychiatric assistance dog?

Yes

No

Don't know

Please describe the reasons for your answer above.

You could include things like:

- how well it works for them
- other supports tried
- cost, availability
- how long the dog can work before retirement.

Question 3– how often

We would like to know how often your family member or the person you care for uses or used a psychiatric assistance dog for support.

We assume that people use a psychiatric assistance dog every day, but you could include things like:

- Where the psychiatric assistance dog provides support (for example, at home and/or in public)
- Whether the psychiatric assistance dog is always with them (if not, describe when they are not)
- If there are times when the psychiatric assistance dog is not working (for example, having breaks or sleeping).

Please provide details. (free text)

Question 4 – who provides/assists

How did your family member or the person you care for acquire their psychiatric assistance dog? (please choose one)

- They provided their own dog
- Someone else provided the dog (please specify)

Who initially trained their psychiatric assistance dog? (please choose all that apply)

- They trained the psychiatric assistance dog themselves
- A specialist trainer (or similar provider) trained the psychiatric assistance dog
- I don't know
- Other (please specify) (free text)

Who manages their psychiatric assistance dog (including ongoing training and care) or assists them to use their psychiatric assistance dog? (choose all that apply)

- They take care of the psychiatric assistance dog themselves
- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- I don't know
- Other (please specify) (free text)

Question 5 -safety

Has the family member or person you care for had any problems or safety issues because of using a psychiatric assistance dog? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If your family member or the person you care for has pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – general context question

If there are specific circumstances where psychiatric assistance dogs are or are not suitable for people, please describe them.

This could include things like

- access to psychiatric assistance dogs
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where psychiatric assistance dogs are used (such home or in public)
- how psychiatric assistance dogs fit with other supports (for example, therapies and support workers)
- ability to care for the dog
- age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Provider/clinician/researcher Role – these questions are shown if people answer that they provide the support, or are a clinician or researcher in the area of the support

Question 1 – length of use

How long should a psychiatric assistance dog be used for? (please choose all that apply)

- Less than 3 months
- 3-12 months
- More than 12 months
- Until a specific outcome is achieved (please specify) (text box)

Question 2– how often

We would like to know how often a psychiatric assistance dog should be used.

We assume that people use a psychiatric assistance dog every day, but you could include things like:

- Where a psychiatric assistance dog should provide support (for example, at home and/or in public)
- Whether a psychiatric assistance dog should always be with the person they support (if not, describe when they are not with them)
- If there are times when a psychiatric assistance dog is not working (for example, having breaks or sleeping).

Please provide details. (free text)

Question 3 – Alternative q only for providers/clinicians/researchers on recommending the support.

In what circumstances would you recommend a psychiatric assistance dog and why? (free text)

Question 4 – only for providers/clinicians/researchers –not recommend?

In what circumstances would you not recommend a psychiatric assistance dog and why? (free text)

Question 5 – who provides/assists

Who should provide a psychiatric assistance dog? (please choose all that apply)

- The person provides the dog themselves (please say when this would be appropriate)
- A specialist trainer or similar provides the dog (please specify)
- Other (please specify) (free text)

Who should initially train a psychiatric assistance dog? (please choose all that apply)

- The person themselves (please say when this would be appropriate)
- A specialist trainer (or similar provider)
- Other (please specify) (free text)

Who should manage the psychiatric assistance dog (including ongoing training and care) or assist the person to use a psychiatric assistance dog? (choose all that apply)

- The person themselves if they are able to do so
- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- Other (please specify) (free text)

Are there qualifications or regulations that should apply to people providing or assisting with a psychiatric assistance dog?

(free text)

Question 6 - safety

Are there any problems, safety issues or adverse events related to using a psychiatric assistance dog that you have observed or know about? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page.

Question 7 – alternative supports

What other supports would you recommend if a psychiatric assistance dog was unavailable, or instead of a psychiatric assistance dog? (please provide details) (free text)

Question 8 – general context question

If there are specific circumstances where psychiatric assistance dogs are or are not suitable for people, please describe them.

This could include things like

- access to psychiatric assistance dogs

- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where psychiatric assistance dogs are used (such home or in public)
- how psychiatric assistance dogs fit with other supports (for example, therapies and support workers)
- ability to care for the dog
- age, gender, ethnicity or cultural factors of people who use a psychiatric assistance dog
- who people who use a psychiatric assistance dog live with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Question 9 – for providers/clinicians and researchers only, grey lit question

A systematic review will be conducted to inform the Evidence Advisory Committee's work. It will include peer reviewed research as well as key sources of grey literature. Are there other sources of evidence in your area, such as professional journals or conferences, that we should be checking for evidence on psychiatric assistance dogs?

Please provide details below if they are publicly available. If you have specific articles or papers that you think the Evidence Advisory Committee should be aware of, you may also send them via email to disabilityevidence@health.gov.au.

- professional journals (free text for titles etc.)
- conference publications (free text)
- technical documents (free text)
- policy or guidelines documents (free text)
- other relevant documents (free text)

Other Role – these questions are shown if people answer “none of the above”

Question 1 – general context question

If there are specific circumstances where psychiatric assistance dogs are or are not suitable for people, please describe them.

This could include things like

- access to psychiatric assistance dogs
- access to supports that aim to achieve similar goals

- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where psychiatric assistance dogs are used (such home or in public)
- how psychiatric assistance dogs fit with other supports (for example, therapies and support workers)
- ability to care for the dog
- age, gender, ethnicity or cultural factors of people who use a psychiatric assistance dog
- who people who use a psychiatric assistance dog live with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Seizure alert dogs block

Scope questions - shown to everyone

Question 1 – Support

This assessment will consider seizure alert dogs.

A seizure alert dog is a dog trained to respond to a seizure. They do this by alerting others and/or engaging in protective behaviours to prevent injury. Protective behaviours might include:

- Barking or fetching someone else
- Activating a seizure response device
- Acting as a physical barrier to prevent injury.

Seizure predicting dogs will also be considered. A seizure predicting dog is a dog trained to alert its handler to a seizure before it occurs. This allows the handler to move to a safe space or call for assistance.

Seizure alert and predicting dogs are trained to offer comfort and support after a seizure has stopped.

A specialist dog trainer first trains a seizure alert dog. The person who the dog supports might be the handler. Sometimes another person (for example, a parent) is the handler. The handler maintains the dog's training according to a training and management plan. The handler also looks after the dog. This includes food, housing, exercise, immunisation and veterinary visits.

People use seizure alert dogs at home and in public spaces. A seizure alert dog must:

- Have the right accreditation
- Meet public access, hygiene and behaviour standards.

Does the description above accurately describe what a seizure alert dog is and how they are used? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Question 2 – Disability group/population

Based on what we know so far, we think the people who might use a seizure alert dog are:

- People with epilepsy

- People with other disabilities that include seizures.

Both children and adults might use a seizure alert dog.

Do these groups cover all the people who may use a seizure alert dog? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Question 3 – Outcomes

Supports are used to achieve certain outcomes. These outcomes can be to improve people's life (provide benefit) or to reduce harm. We want to make sure the assessment examines outcomes that are important to people.

Based on what we know so far, we think seizure alert dogs aim to help with the following outcomes:

- Preventing injury or harm caused by unpredictable seizures
- Independence
- Overall health and wellbeing
- Stress
- Emotional support.

Are these the most important outcomes for the people using a seizure alert dog? (please choose one)

- Yes (you can provide additional comments if you want to, such as if some outcomes are more important to you) (text box)
- No, I want to change the list (please tell us what you want to change and why, you could add something or remove something). (text box)

Question 4 - Comparator

We will need to compare how well seizure alert dogs work, compared to other supports which might achieve the same goals. Based on what we know so far, we think the most relevant supports to compare seizure alert dogs to are:

- A full-time support worker
- Assistive technology (for example, daytime seizure monitor alert devices and aids)
- Standard care (for example, what you already use to manage your seizures, such as medication).

We chose these supports to compare to seizure alert dogs because they aim to help with similar outcomes.

A seizure alert dog is usually an additional support rather than a replacement. They do not replace overnight alert devices. Some people also require extra monitoring or supervision.

If you have used or suggested something other than seizure alert dogs to achieve similar outcomes, that is not included in this list, please add it below.

Are these the best supports to compare seizure alert dogs to? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Use questions – the first question will be a branching question

Branching question

Do you use a seizure alert dog or provide it to someone else? (choose the most relevant)

- I use a seizure alert dog
- I have used a seizure alert dog, but I don't use it any more
- I don't use a seizure alert dog but I use something else to achieve the same goals
- I have a family member who uses or used a seizure alert dog
- I care for someone who uses or has used a seizure alert dog
- I provide or have provided a seizure alert dog to someone else or assist them to use it
- I am a clinician or researcher who works with or studies seizure alert dogs
- None of the above

Personal Role branch – these questions are shown if people answer “I use the support myself” (6 questions)

Question 1 – length of use

How long have you been using a seizure alert dog? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Do you think you will continue using a seizure alert dog? (please choose one)

- Yes
- No
- Don't know

Please provide details of why.

You could include things like:

- how well it works for you
- other supports you have tried
- cost and availability
- how long your dog can work before retirement.
- (free text)

Question 3 – how often

We would like to know how often you use a seizure alert dog for support.

We assume that people use a seizure alert dog every day, but you could include things like:

- Where the seizure alert dog provides support (for example, at home and/or in public)
- Whether the seizure alert dog is always with you (if not, describe when they are not)
- If there are times when the seizure alert dog is not working (for example, having breaks or sleeping).

Please provide details. (free text)

Question 4 – who provides/assists

How did you acquire your seizure alert dog? (please choose one)

- I provided my own dog
- Someone else provided the dog (please specify)

Who initially trained your seizure alert dog? (please choose all that apply)

- I trained the seizure alert dog myself
- A specialist trainer (or similar provider) trained the seizure alert dog
- I don't know
- Other (please specify) (free text)

Who manages your seizure alert dog (including ongoing training and care) or assists you to use your seizure alert dog? (choose all that apply)

- I take care of the seizure alert dog myself

- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- I don't know
- Other (please specify) (free text)

Question 5 -safety

Have you had any problems or safety issues because of using a seizure alert dog? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 - General context question

If there are specific circumstances where seizure alert dogs are or are not suitable for people, please describe them.

This could include things like

- access to seizure alert dogs
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where seizure alert dogs are used (such home or in public)
- how seizure alert dogs fit with other supports in an Epilepsy Management Plan
- ability to care for the dog
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I have used the support” (7 questions)

Question 1 – length of use

How long did you use a seizure alert dog? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – why stopped

Why did you stop using a seizure alert dog? (please provide details) (free text)

Question 3 – how often

We would like to know how often you used a seizure alert dog for support.

We assume that people use a seizure alert dog every day, but you could include things like:

- Where the seizure alert dog provided support (for example, at home and/or in public)
- Whether the seizure alert dog was always with you (if not, describe when they are not)
- If there were times when the seizure alert dog was not working (for example, having breaks or sleeping).

Please provide details. (free text)

Question 4 – who provides/assists

How did you acquire your seizure alert dog? (please choose one)

- I provided my own dog
- Someone else provided the dog (please specify)

Who initially trained your seizure alert dog? (please choose all that apply)

- I trained the seizure alert dog myself
- A specialist trainer (or similar provider) trained the seizure alert dog
- I don't know
- Other (please specify) (free text)

Who managed your seizure alert dog (including ongoing training and care) or assisted you to use your seizure alert dog? (choose all that apply)

- I took care of the seizure alert dog myself
- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- I don't know
- Other (please specify) (free text)

Question 5 - safety

Did you have any problems or safety issues because of using a seizure alert dog? These could be short-term problems or long-term problems.

- No
- Yes (please provide details) (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – additional question for this role/branch

What support do you use now to achieve the same goals as a seizure alert dog? (please provide details) (free text)

Question 7 - General context question (free text)

If there are specific circumstances where seizure alert dogs are or are not suitable for people, please describe them.

This could include things like

- access to seizure alert dogs
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where seizure alert dogs are used (such home or in public)
- how seizure alert dogs fit with other supports in an Epilepsy Management Plan
- ability to care for the dog
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I don't use the support but I use something else to achieve the same goals” (2 questions)

Question 1 – what support instead

A seizure alert dog is a dog that has been trained to predict or respond to a seizure. What do you use to achieve these goals and why?

(please provide details) (free text)

Question 2 – general context question

If there are specific circumstances where seizure alert dogs are or are not suitable for people, please describe them.

This could include things like

- access to seizure alert dogs
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where seizure alert dogs are used (such home or in public)
- how seizure alert dogs fit with other supports in an Epilepsy Management Plan
- ability to care for the dog
- age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Carer/supporter Role – these questions are shown if people answer that they care for someone who uses or has used the support

Question 1 – length of use

Please select how long the person you care for has used (or did use) a seizure alert dog (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Do you think your family member or the person you care for will keep using a seizure alert dog? Why? OR if they stopped using a seizure alert dog please tell us why.

Is your family member or the person you care for still using a seizure alert dog?

Yes

No

Don't know

[Display if Yes]

Do you think they will keep using a seizure alert dog?

Yes

No

Don't know

Please describe the reasons for your answer above.

You could include things like:

- how well it works for them
- other supports tried
- cost, availability
- how long the dog can work before retirement.

Question 3– how often

We would like to know how often your family member or the person you care for uses or used a seizure alert dog for support.

We assume that people use a seizure alert dog every day, but you could include things like:

- Where the seizure alert dog provides support (for example, at home and/or in public)
- Whether the seizure alert dog is always with them (if not, describe when they are not)
- If there are times when the seizure alert dog is not working (for example, having breaks or sleeping).

Please provide details. (free text)

Question 4 – who provides/assists

How did your family member or the person you care for acquire their seizure alert dog? (please choose one)

- They provided their own dog
- Someone else provided the dog (please specify)

Who initially trained their seizure alert dog? (please choose all that apply)

- They trained the seizure alert dog themselves

- A specialist trainer (or similar provider) trained the seizure alert dog
- I don't know
- Other (please specify) (free text)

Who manages their seizure alert dog (including ongoing training and care) or assists them to use their seizure alert dog? (choose all that apply)

- They take care of the seizure alert dog themselves
- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- I don't know
- Other (please specify) (free text)

Question 5 - safety

Has the family member or person you care for had any problems or safety issues because of using a seizure alert dog? These could be short-term problems or long-term problems.

- No
- Yes (please provide details) (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If your family member or the person you care for has pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – general context question

If there are specific circumstances where seizure alert dogs are or are not suitable for people, please describe them.

This could include things like

- access to seizure alert dogs
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where seizure alert dogs are used (such home or in public)
- how seizure alert dogs fit with other supports in an Epilepsy Management Plan
- ability to care for the dog
- age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Provider/clinician/researcher Role – these questions are shown if people answer that they provide the support, or are a clinician or researcher in the area of the support

Question 1 – length of use

How long should a seizure alert dog be used for? (please choose all that apply)

- Less than 3 months
- 3-12 months
- More than 12 months
- Until a specific outcome is achieved (please specify) (text box)

Question 2– how often

We would like to know how often a seizure alert dog should be used.

We assume that people use a seizure alert dog every day, but you could include things like:

- Where a seizure alert dog should provide support (for example, at home and/or in public)
- Whether a seizure alert dog should always be with the person they support (if not, describe when they are not with them)
- If there are times when a seizure alert dog is not working (for example, having breaks or sleeping).

Please provide details. (free text)

Question 3 – Alternative q only for providers/clinicians/researchers on recommending the support.

In what circumstances would you recommend a seizure alert dog and why? (free text)

Question 4 – only for providers/clinicians/researchers –not recommend?

In what circumstances would you not recommend a seizure alert dog and why? (free text)

Question 5 – who provides/assists

Who should provide a seizure alert dog? (please choose all that apply)

- The person provides the dog themselves (please say when this would be appropriate)
- A specialist trainer or similar provides the dog (please specify)
- Other (please specify) (free text)

Who should initially train a seizure alert dog? (please choose all that apply)

- The person themselves (please say when this would be appropriate)
- A specialist trainer (or similar provider)
- Other (please specify) (free text)

Who should manage the seizure alert dog (including ongoing training and care) or assist the person to use the seizure alert dog? (choose all that apply)

- The person themselves if they are able to do so
- A paid carer or support worker
- An informal carer such as family or friends
- A specialist trainer (or similar provider)
- Other (please specify) (free text)

Are there qualifications or regulations that should apply to people providing or assisting with a seizure alert dog?

(free text)

Question 6 -safety

Are there any problems, safety issues or adverse events related to using a seizure alert dog that you have observed or know about? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page.

Question 7 – alternative supports

What other supports would you recommend if a seizure alert dog was unavailable, or instead of a seizure alert dog? (please provide details) (free text)

Question 8 – general context question

If there are specific circumstances where seizure alert dogs are or are not suitable for people, please describe them.

This could include things like

- access to seizure alert dogs

- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or ongoing costs)
- where seizure alert dogs are used (such home or in public)
- how seizure alert dogs fit with other supports in an Epilepsy Management Plan
- ability to care for the dog
- age, gender, ethnicity or cultural factors of people who use a seizure alert dog
- who people who use a seizure alert dog live with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Question 9 – for providers/clinicians and researchers only, grey lit question

A systematic review will be conducted to inform the Evidence Advisory Committee’s work. It will include peer reviewed research as well as key sources of grey literature. Are there other sources of evidence in your area, such as professional journals or conferences, that we should be checking for evidence on seizure alert dogs?

Please provide details below if they are publicly available. If you have specific articles or papers that you think the Evidence Advisory Committee should be aware of, you may also send them via email to disabilityevidence@health.gov.au.

- professional journals (free text for titles etc.)
- conference publications (free text)
- technical documents (free text)
- policy or guidelines documents (free text)
- other relevant documents (free text)

Other Role – these questions are shown if people answer “none of the above”

Question 1 – general context question

If there are specific circumstances where seizure alert dogs are or are not suitable for people, please describe them.

This could include things like

- access to seizure alert dogs
- access to supports that aim to achieve similar goals
- access to allied health or other professionals

- cost factors (such as purchase or ongoing costs)
- where seizure alert dogs are used (such home or in public)
- how seizure alert dogs fit with other supports in an Epilepsy Management Plan
- ability to care for the dog
- age, gender, ethnicity or cultural factors of people who use a seizure alert dog
- who people who use a seizure alert dog live with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Exercise physiology block

Scope questions - shown to everyone

Question 1 - support

Exercise physiology is an allied health profession that prescribes movement, exercise and physical activity to prevent and manage disease, injury and disability. Exercise physiologists are university-trained professionals. Exercise physiology aims to improve or maintain health status, function and independence.

Exercise physiology can include:

- assessments of fitness, function and capacity
- supporting goal setting and creating exercise plans to help people with different health conditions when it is safe to do exercise
- checking what kind of exercise is best, making an exercise plan and making sure it is safe and works well for each person
- education in physical activity and lifestyle.

Does the description above accurately describe what exercise physiology is and how it is used? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Question 2 – disability group/population

Based on what we know so far, we think the people who might use exercise physiology in the context of the NDIS are:

- Autistic people
- People with acquired brain injury
- People with cerebral palsy
- People with Down syndrome
- People with multiple sclerosis
- People with psychosocial disability
- People who have had a stroke
- People with spinal cord injury
- People with other neurological disabilities (i.e. Parkinson's Disease, brain injury, dementia).

Both children and adults can access exercise physiology.

Do these groups cover all the people who may use exercise physiology in the context of the NDIS? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Question 3 – Outcomes

Supports are used to achieve certain outcomes. These outcomes can be to improve people's life (provide benefit) or to reduce harm. We want to make sure the assessment examines outcomes that are important to people.

Based on what we know so far, we think exercise physiology aims to help with the following outcomes:

- Physical function (mobility and gait, balance and coordination, reduced risk of falls)
- Physical health (fitness, strength, blood pressure, blood sugar levels)
- Spasticity and pain
- Stress, anxiety, mood and depressive symptoms
- Tiredness and sleep quality
- Cognitive performance, including memory, attention, and executive functioning
- Self-esteem and self-confidence
- Sense of autonomy and empowerment
- Physical activity
- Social participation
- Quality of life
- Support needs, such as decreased reliance on carers or reduced use of other funded supports.

Are these the most important outcomes for people using exercise physiology? (please choose one)

- Yes (you can provide additional comments if you want to, such as if some outcomes are more important to you) (text box)
- No, I want to change the list (please tell us what you want to change and why, you could add something or remove something). (text box)

Question 4 - Comparator

We will need to compare how well exercise physiology works alone, to how well it works in combination with other supports. Based on what we know so far, we think the most relevant supports to use with exercise physiology are:

- Personal training
- Gym membership and access to exercise facilities
- Exercise classes
- Independent training
- Strength and conditioning coaches
- Using standard gym equipment
- Health, fitness or recreational activities in the community, other products and services (e.g. exergaming)
- Social/ community sports
- Other therapist or allied health professional.

We chose these supports to compare with exercise physiology alone because they could be used to help carry out the exercise physiology plan.

If you have used or suggested something other than exercise physiology to achieve similar outcomes, please add it below. If exercise physiology was not available, are there other supports you would use or recommend? Please check if they are in the list above, and add them below if they are not in the list.

Are these the best supports to compare exercise physiology to? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Use questions – the first question will be a branching question

Branching question

Do you use exercise physiology or provide it to someone else? (choose the most relevant)

- I use exercise physiology myself
- I have used exercise physiology, but I don't use it any more
- I don't use exercise physiology, but I use something else to achieve the same goals
- I have a family member who uses or has used exercise physiology
- I care for someone who uses or has used exercise physiology

- I provide or have provided exercise physiology to someone else or assist them to use it
- I am a clinician or researcher who works in the field of exercise physiology
- None of the above

Personal Role branch – these questions are shown if people answer “I use the support myself” (6 questions)

Question 1 – length of use

How long have you been using exercise physiology? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Do you think you will continue using exercise physiology? (please choose one)

- Yes
- No
- Don't know

Please provide details of why.

You could include things like:

- how well it works for you
- other supports you have tried
- cost and availability
- how long the support is expected to last.
- (free text)

Question 3 – how often

How often do you receive direct or supervised services from your exercise physiologist and for how long each time?

You could include things like:

- How often you see your exercise physiologist (including in-person, online, over the phone)
- Typical session length with your exercise physiologist

- How often you receive support from other people (for example, other professionals, family members or carers) to help with your exercise and movement plan given to you by your exercise physiologist

Please provide details. (free text)

Question 4 – who provides/assists

How is your exercise physiology support delivered (including prescription and delivery of the exercise and movement plan)? (choose all that apply)

- By a qualified exercise physiologist only (they both prescribe and deliver the exercise and movement plan)
- A qualified exercise physiologist prescribes my exercise and movement plan, and I undertake the plan independently
- A qualified exercise physiologist prescribes my exercise and movement plan, and family members or carers help me to undertake the plan
- A qualified exercise physiologist prescribes my exercise and movement plan, and I complete the plan under the supervision of a different allied health professional (for example, a therapy assistant)
- A qualified exercise physiologist prescribes my exercise and movement plan, and I complete the plan under the supervision of a different trained professional (for example, a personal trainer)
- I don't know
- Other (please specify) (free text)

Question 5 -safety

Have you had any problems or safety issues because of using exercise physiology? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 - General context question

If there are specific circumstances where exercise physiology is or is not suitable for people, please describe them.

This could include things like

- access to exercise physiology
- access to supports that aim to achieve similar goals
- access to other allied health professionals
- access to other exercise professionals
- cost factors (such as ongoing costs)
- where exercise physiology takes place (such as, at home, in a clinic or in a gym)
- how exercise physiology fits into a therapy or exercise plan, supervised or unsupervised
- how exercise physiology works alongside other supports, such as personal trainers
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I have used the support” (7 questions)

Question 1 – length of use

How long did you use exercise physiology? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – why stopped

Why did you stop using exercise physiology? (please provide details) (free text)

Question 3 – how often

How often did you receive direct or supervised services from your exercise physiologist and for how long each time?

You could include things like:

- How often you saw your exercise physiologist (including in-person, online, over the phone)
- Typical session length with your exercise physiologist
- How often you received support from other people (for example, other professionals, family members or carers) to help with your exercise and movement plan given to you by your exercise physiologist.

Please provide details. (free text)

Question 4 – who provides/assists

How was your exercise physiology support delivered (including prescription and delivery of the exercise and movement plan)? (choose all that apply)

- By a qualified exercise physiologist only (they both prescribed and delivered the exercise and movement plan)
- A qualified exercise physiologist prescribed my exercise and movement plan, and I undertook the plan independently
- A qualified exercise physiologist prescribed my exercise and movement plan, and family members or carers helped me to undertake the plan
- A qualified exercise physiologist prescribed my exercise and movement plan, and I completed the plan under the supervision of a different allied health professional (for example, a therapy assistant)
- A qualified exercise physiologist prescribed my exercise and movement plan, and I completed the plan under the supervision of a different trained professional (for example, a personal trainer)
- I don't know
- Other (please specify) (free text)

Question 5 -safety

Did you have any problems or safety issues because of using exercise physiology? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the final page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – additional question for this role/branch

What support do you use now to achieve the same goals as exercise physiology? (please provide details) (free text)

Question 7 - General context question

If there are specific circumstances where exercise physiology is or is not suitable for people, please describe them.

This could include things like

- access to exercise physiology
- access to supports that aim to achieve similar goals
- access to other allied health professionals
- access to other exercise professionals
- cost factors (such as ongoing costs)
- where exercise physiology takes place (such as, at home, in a clinic or in a gym)
- how exercise physiology fits into a therapy or exercise plan, supervised or unsupervised
- how exercise physiology works alongside other supports, such as personal trainers
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I don't use the support but I use something else to achieve the same goals” (2 questions)

Question 1 – what support instead

Exercise physiology aims to improve or maintain health status, function and independence. What do you use to achieve these goals and why?

(please provide details) (free text)

Question 2 – general context qu

If there are specific circumstances where exercise physiology is or is not suitable for people, please describe them.

This could include things like

- access to exercise physiology
- access to supports that aim to achieve similar goals
- access to other allied health professionals
- access to other exercise professionals
- cost factors (such as ongoing costs)
- where exercise physiology takes place (such as, at home, in a clinic or in a gym)
- how exercise physiology fits into a therapy or exercise plan, supervised or unsupervised
- how exercise physiology works alongside other supports, such as personal trainers

- age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Carer/supporter Role – these questions are shown if people answer that they care for someone who uses or has used the support

Question 1- length of use

Please select how long the person you care for has used (or did use) exercise physiology (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Do you think your family member or the person you care for will keep using exercise physiology? Why? OR if they stopped using exercise physiology please tell us why.

Is your family member or the person you care for still using exercise physiology?

Yes

No

Don't know

[Display if Yes]

Do you think they will keep using exercise physiology?

Yes

No

Don't know

Please describe the reasons for your answer above.

You could include things like:

- how well it works for them
- other supports tried

- cost, availability
- how long the support is expected to last.

Question 3– how often

How often does your family member or the person you care for receive direct or supervised services from your exercise physiologist and for how long each time?

You could include things like:

- How often they see their exercise physiologist (including in-person, online, over the phone)
- Typical session length with their exercise physiologist
- How often they receive support from other people (for example, other professionals, family members or carers) to help with the exercise and movement plan given to them by their exercise physiologist.

Please provide details. (free text)

Question 4 – who provides/assists

How is exercise physiology support delivered to the family member or the person you care for (including prescription and delivery of the exercise and movement plan)? (choose all that apply)

- By a qualified exercise physiologist only (they both prescribe and deliver the exercise and movement plan)
- A qualified exercise physiologist prescribes their exercise and movement plan, and they undertake the plan independently
- A qualified exercise physiologist prescribes their exercise and movement plan, and family members or carers help them to undertake the plan
- A qualified exercise physiologist prescribes their exercise and movement plan, and they complete the plan under the supervision of a different allied health professional (for example, a therapy assistant)
- A qualified exercise physiologist prescribes their exercise and movement plan, and they complete the plan under the supervision of a different trained professional (for example, a personal trainer)
- I don't know
- Other (please specify) (free text)

Question 5 -safety

Has the family member or person you care for had any problems or safety issues because of using exercise physiology? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If your family member or the person you care for has pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – general context question

If there are specific circumstances where exercise physiology is or is not suitable for people, please describe them.

This could include things like

- access to exercise physiology
- access to supports that aim to achieve similar goals
- access to other allied health professionals
- access to other exercise professionals
- cost factors (such as ongoing costs)
- where exercise physiology takes place (such as, at home, in a clinic or in a gym)
- how exercise physiology fits into a therapy or exercise plan, supervised or unsupervised
- how exercise physiology works alongside other supports, such as personal trainers
- age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Provider/clinician/researcher Role – these questions are shown if people answer that they provide the support, or are a clinician or researcher in the area of the support

Question 1 – length of use

How long should exercise physiology be used for? (please choose all that apply)

- Less than 3 months
- 3-12 months
- More than 12 months
- Until a specific outcome is achieved (please specify) (text box)

Question 2– how often

How often should people who use exercise physiology receive direct or supervised services from an exercise physiologist and for how long each time for optimum results?

You could include things like:

- The frequency with which exercise physiologists should provide direct support (for example to prescribe exercise and movement plans, monitor progress, support the implementation of exercise and movement plans)
- The frequency with which other trained or untrained people (for example, family members or carers) aim to help deliver the exercise and movement plan
- Typical session length.

Please provide details. (free text)

Question 3 – Alternative q only for providers/clinicians/researchers on recommending the support.

In what circumstances would you recommend exercise physiology and why? (free text)

Question 4 – only for providers/clinicians/researchers –not recommend?

In what circumstances would you not recommend exercise physiology and why? (free text)

Question 5 – who provides/assists

How should exercise physiology support be delivered (including prescription and delivery of the exercise and movement plan)? (choose all that apply)

- By a qualified exercise physiologist only (they both prescribe and deliver the exercise and movement plan)
- A qualified exercise physiologist should prescribe the exercise and movement plan, and the plan could be undertaken independently
- A qualified exercise physiologist should prescribe the exercise and movement plan, and family members or carers could help to undertake the plan
- A qualified exercise physiologist should prescribe the exercise and movement plan, and a different allied health professional could supervise the plan (for example, a therapy assistant)
- A qualified exercise physiologist should prescribe the exercise and movement plan, and a different trained professional could supervise the plan (for example, a personal trainer)
- I don't know
- Other (please specify) (free text)

Question 6 -safety

Are there any problems, safety issues or adverse events related to using exercise physiology that you have observed or know about? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page.

Question 7 – alternative supports

What other supports would you recommend if exercise physiology was unavailable, or instead of exercise physiology? (free text)

Question 8 - general context question

If there are specific circumstances where exercise physiology is or is not suitable for people, please describe them.

This could include things like

- access to exercise physiology
- access to supports that aim to achieve similar goals
- access to other allied health professionals
- access to other exercise professionals
- cost factors (such as ongoing costs)
- where exercise physiology takes place (such as, at home, in a clinic or in a gym)
- how exercise physiology fits into a therapy or exercise plan, supervised or unsupervised
- how exercise physiology works alongside other supports, such as personal trainers
- age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Question 9 – for providers/clinicians and researchers only, grey lit question

A systematic review will be conducted to inform the Evidence Advisory Committee's work. It will include peer reviewed research as well as key sources of grey literature. Are there other sources of evidence in your area, such as professional journals or conferences, that we should be checking for evidence on exercise physiology?

Please provide details below if they are publicly available. If you have specific articles or papers that you think the Evidence Advisory Committee should be aware of, you may also send them via email to disabilityevidence@health.gov.au.

- professional journals (free text for titles etc.)
- conference publications (free text)
- technical documents (free text)
- policy or guidelines documents (free text)
- other relevant documents (free text)

Other Role – these questions are shown if people answer “none of the above”

Question 1 – general context qu

If there are specific circumstances where exercise physiology is or is not suitable for people, please describe them.

This could include things like

- access to exercise physiology
- access to supports that aim to achieve similar goals
- access to other allied health professionals
- access to other exercise professionals
- cost factors (such as ongoing costs)
- where exercise physiology takes place (such as, at home, in a clinic or in a gym)
- how exercise physiology fits into a therapy or exercise plan, supervised or unsupervised
- how exercise physiology works alongside other supports, such as personal trainers
- age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Smart Home Appliances (for cooking, cleaning and gardening)

Scope questions - shown to everyone

Question 1 – Support

This assessment will consider smart home appliances for cooking, cleaning or gardening.

Smart home appliances are household devices enhanced with automation, connectivity, or artificial intelligence to assist with everyday tasks. These devices automate all or part of a task within the home, replacing all or some of the human labour ordinarily required to complete the task, or the need for disability-specific equipment or adaptive devices. The smart home appliances under consideration by the EAC this year are those used for **home cooking, cleaning or gardening**.

Smart components of these appliances could include remote operation, voice control, and programmable operation. Examples of smart home appliances under consideration include automated cooking devices, automated meal preparation equipment and robotic vacuum cleaners and lawn mowers.

Items that are not included in this assessment are:

- Home automation systems
- Smart watches
- Tablet devices
- Smartphones
- Apps for accessibility or communication.

Does the description above accurately describe what a smart home appliance for cooking, cleaning or gardening is and how it is used? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Question 2 – Disability group/population

Based on what we know so far, we think the people who might use smart home appliances for cooking, cleaning or gardening are:

- All NDIS participants.

Are there any populations who smart home appliances would not be beneficial for? (please choose one)

- Yes (please say who and why) (text box)
- No

Question 3 – Outcomes

Supports are used to achieve certain outcomes. These outcomes can be to improve people's life (provide benefit) or to reduce harm. We want to make sure the assessment examines outcomes that are important to people.

Based on what we know so far, we think smart home appliances for cooking, cleaning or gardening aim to help with the following outcomes:

- Independence and ability to do something by yourself
- Quality of life/ life satisfaction
- Reduced paid and/ or unpaid disability support costs
- Effort, speed and efficiency in activities of daily living.

Are these the most important outcomes for the people using smart home appliances?
(please choose one)

- Yes (you can provide additional comments if you want to, such as if some outcomes are more important to you) (text box)
- No, I want to change the list (please tell us what you want to change and why, you could add something or remove something). (text box)

Question 4 - Comparator

We will need to compare smart home appliances for cooking, cleaning or gardening to other supports which might achieve the same goals. Based on what we know so far, we think the most relevant supports to compare smart home appliances for cooking, cleaning or gardening include:

- Paid formal supports such as disability support worker assistance for meal preparation, cleaning and gardening
- Standard household appliances and devices with disability-specific modifications
- Low-tech, disability-specific assistive technologies, such as long-handled and light weight vacuum cleaners, ergonomic hand gardening tools, adaptive grip kitchen utensils
- Community services, such as food delivery, home cleaning programs
- Informal supports, such as cooking, cleaning or gardening services provided by family members, neighbours or friends.

We chose these supports to compare to smart home appliances for cooking, cleaning or gardening because they aim to help with similar outcomes.

If you have used or suggested something other than smart home appliances for cooking, cleaning or gardening to achieve similar outcomes, that is not included in this list, please add it below.

Are these the best supports to compare smart home appliances for cooking, cleaning or gardening to? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

Use questions – the first question will be a branching question

Branching question

Do you use smart home appliances for cooking, cleaning or gardening or provide them to someone else? (choose the most relevant)

- I use these kinds of smart home appliances
- I have used these kinds of smart home appliances, but I don't use them any more
- I don't use these kinds of smart home appliances but I use something else to achieve the same goals
- I have a family member who uses or used these kinds of smart home appliances
- I care for someone who uses or has used these kinds of smart home appliances
- I provide or have provided these kinds of smart home appliances to someone else or assist them to use it
- I am a clinician or researcher who works in the area of these kinds of technologies
- None of the above

Personal Role branch – these questions are shown if people answer “I use the support myself” (6 questions)

Question 1 – length of use

How long have you been using smart home appliances for cooking, cleaning or gardening? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Do you think you will continue using smart home appliances for cooking, cleaning or gardening? (please choose one)

- Yes
- No
- Don't know

Please provide details of why.

You could include things like:

- how well it works for you
- advice from an Assistive Technology advisor or allied health professional
- other supports you have tried
- cost and availability
- how long the support is expected to last.
- (free text)

Question 3 – how often

How often do you use smart home appliances for cooking, cleaning or gardening and for how long each time, on average? For example, how many hours per fortnight? (free text)

Question 4 – who assists

Who uses or assists with using smart home appliances for cooking, cleaning or gardening? (choose all that apply)

- I manage these kinds of smart home appliances myself
- Therapist or allied health professional such as an occupational therapist (please specify)
- A paid carer or support worker
- An informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

Question 5 - safety

Have you had any problems or safety issues because of using smart home appliances for cooking, cleaning or gardening? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 - General context question

If there are specific circumstances smart home appliances for cooking, cleaning or gardening are or are not suitable for people, please describe them.

This could include things like

- access to smart home appliances for cooking, cleaning or gardening
- access to supports that aim to achieve similar goals
- access to allied health or other professionals who prescribe or help use smart home appliances
- cost factors (such as purchase or lease arrangements)
- how they fit into the overall package of supports
- your age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I have used the support” (7 questions)

Question 1 – length of use

How long did you use smart home appliances for cooking, cleaning or gardening? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 - why stopped

Why did you stop using smart home appliances for cooking, cleaning or gardening? (please provide details) (free text)

Question 3 – how often

How often did you use smart home appliances for cooking, cleaning or gardening and for how long each time, on average? For example, how many hours per fortnight? (free text)

Question 4 – who assists

Who used or assisted with using smart home appliances for cooking, cleaning or gardening? (choose all that apply)

- I managed these kinds of smart home appliances myself
- Therapist or allied health professional such as an occupational therapist (please specify)
- A paid carer or support worker
- An informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

Question 5 -safety

Did you have any problems or safety issues because of using smart home appliances for cooking, cleaning or gardening? These could be short-term problems or long-term problems.

- No
- Yes (please provide details) (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 – additional question for this role/branch

What support do you use now to achieve the same goals as smart home appliances for cooking, cleaning or gardening? (please provide details) (free text)

Question 7 - General context question

If there are specific circumstances smart home appliances for cooking, cleaning or gardening are or are not suitable for people, please describe them.

This could include things like

- access to smart home appliances for cooking, cleaning or gardening
- access to supports that aim to achieve similar goals
- access to allied health or other professionals who prescribe or help use smart home appliances
- cost factors (such as purchase or lease arrangements)
- how they fit into the overall package of supports
- age, gender, ethnicity or cultural factors

- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Personal Role – these questions are shown if people answer “I don't use the support but I use something else to achieve the same goals” (2 questions)

Question 1 – what support instead

Smart home appliances for cooking, cleaning or gardening automate all or part of a task, replacing all or some of the human labour ordinarily required to complete the task, or the need for disability-specific equipment or adaptive devices. What do you use to achieve these goals and why?

(please provide details) (free text)

Question 2 – general context question

If there are specific circumstances smart home appliances for cooking, cleaning or gardening are or are not suitable for people, please describe them.

This could include things like

- access to smart home appliances for cooking, cleaning or gardening
- access to supports that aim to achieve similar goals
- access to allied health or other professionals who prescribe or help use smart home appliances
- cost factors (such as purchase or lease arrangements)
- how they fit into the overall package of supports
- age, gender, ethnicity or cultural factors
- who you live with or where you live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Carer/supporter Role – these questions are shown if people answer that they care for someone who uses or has used the support

Question 1 – length of use

Please select how long the person you care for has used (or did use) smart home appliances (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

Question 2 – continued use and why

Do you think your family member or the person you care for will keep using smart home appliances for cooking, cleaning or gardening? Why? OR if they stopped using smart home appliances please tell us why.

Is your family member or the person you care for still using smart home appliances for cooking, cleaning or gardening?

Yes

No

Don't know

[Display if Yes]

Do you think they will keep using smart home appliances for cooking, cleaning or gardening?

Yes

No

Don't know

Please describe the reasons for your answer above.

You could include things like:

- how well it works for them
- advice from an Assistive Technology advisor or allied health professional
- other supports tried
- cost, availability
- how long the support is expected to last.

Question 3– how often

How often does your family member or the person you care for use smart home appliances for cooking, cleaning or gardening and for how long each time, on average? For example, how many hours per fortnight? (free text)

Question 4 – who assists

Who uses or assists with using smart home appliances for cooking, cleaning or gardening?
(choose all that apply)

- My family member or the person I care for manages these kind of smart home appliances themselves
- Therapist or allied health professional such as an occupational therapist (please specify)
- A paid carer or support worker
- An informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

Question 5 -safety

Has the family member or person you care for had any problems or safety issues because of using smart home appliances for cooking, cleaning or gardening? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If your family member or the person you care for has pain or ongoing problems that need medical attention, please seek medical advice.

Question 6 -general context question

If there are specific circumstances smart home appliances for cooking, cleaning or gardening are or are not suitable for people, please describe them.

This could include things like

- access to smart home appliances for cooking, cleaning or gardening
- access to supports that aim to achieve similar goals
- access to allied health or other professionals who prescribe or help use smart home appliances
- cost factors (such as purchase or lease arrangements)
- how they fit into the overall package of supports
- age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Provider/clinician/researcher Role – these questions are shown if people answer that they provide the support, or are a clinician or researcher in the area of the support

Question 1 – Alternative q only for providers/clinicians/researchers on recommending the support.

In what circumstances would you recommend smart home appliances for cooking, cleaning or gardening and why? (free text)

Question 2 – only for providers/clinicians/researchers –not recommend?

In what circumstances would you not recommend smart home appliances for cooking, cleaning or gardening and why? (free text)

Question 3 – who provides

Who should provide or prescribe smart home appliances for cooking, cleaning or gardening and assist with using them? (choose all that apply)

- The person themselves
- Therapist or allied health professional such as an occupational therapist (please specify)
- A paid carer or support worker
- An informal carer such as family or friends
- Other (please specify) (free text)

Are there qualifications or regulations that should apply to people providing or prescribing the support? (free text)

Question 4 -safety

Are there any problems, safety issues or adverse events related to using smart home appliances for cooking, cleaning or gardening that you have observed or know about? These could be short-term problems or long-term problems.

- No Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page.

Question 5 – alternative support

What other supports would you recommend if smart home appliances for cooking, cleaning or gardening were unavailable, or instead of smart home appliances? (please provide details) (free text)

Question 6 – general context question

If there are specific circumstances smart home appliances for cooking, cleaning or gardening are or are not suitable for people, please describe them.

This could include things like

- access to smart home appliances for cooking, cleaning or gardening
- access to supports that aim to achieve similar goals
- access to allied health or other professionals who prescribe or help use smart home appliances
- cost factors (such as purchase or lease arrangements)
- how they fit into the overall package of supports
- age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

Question 7 – for providers/clinicians and researchers only, grey lit question

A systematic review will be conducted to inform the Evidence Advisory Committee's work. It will include peer reviewed research as well as key sources of grey literature. Are there other sources of evidence in your area, such as professional journals or conferences, that we should be checking for evidence on smart home appliances for cooking, cleaning or gardening?

Please provide details below if they are publicly available. If you have specific articles or papers that you think the Evidence Advisory Committee should be aware of, you may also send them via email to disabilityevidence@health.gov.au.

- professional journals (free text for titles etc.)
- Yes, please check these conference publications (free text)
- Yes, please check these technical documents (free text)
- Yes, please check these policy or guidelines documents (free text)
- Yes, please check these other relevant documents (free text)

Other Role – these questions are shown if people answer “none of the above”

Question 1 – general context qu

If there are specific circumstances smart home appliances for cooking, cleaning or gardening are or are not suitable for people, please describe them.

This could include things like

- access to smart home appliances for cooking, cleaning or gardening
- access to supports that aim to achieve similar goals
- access to allied health or other professionals who prescribe or help use smart home appliances
- cost factors (such as purchase or lease arrangements)
- how they fit into the overall package of supports
- age, gender, ethnicity or cultural factors
- who the person lives with or where they live, such as in a city or a remote area.

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

End page – this comes at the end of all versions of the survey

Thank you for your input! We value your ongoing contributions.

If these questions have raised any concerns or uncomfortable feelings for you or someone you are helping, you can seek support from free services such as:

- Lifeline [online](#) or by calling 13 11 14
- Beyond Blue [online](#) or by calling 1300 22 4636
- Kids helpline [online](#) or by calling 1800 55 1800

To report abuse or neglect contact the free National Disability Abuse and Neglect Hotline:

- Call 1800 880 052 and speak with an experienced Hotline staff member
- Email hotline@workfocus.com

If you have a concern about the quality or safety of NDIS supports or services, you can contact the NDIS Quality and Safeguards Commission on their [website](#) or 1800 035 544.

Callers who are deaf or have a hearing or speech impairment can contact the [National Relay Service \(NRS\)](#) by calling 133 677 then asking for the phone number you need help with.

Callers from a non-English speaking background can use the [Translating and Interpreting Service \(TIS\)](#) by calling 13 14 50

If you have ongoing medical concerns, please speak to your GP or attend a walk-in clinic. If it is an emergency, please call 000.

If you have any concerns about this consultation, please contact the Disability Evidence Branch:

Email: disabilityevidence@health.gov.au

Your responses to the survey may be combined with others and given to the NDIS Evidence Advisory Committee (EAC) as a consultation summary. The EAC will use the consultation summary to help give advice to Government about the safety, suitability, and cost-effectiveness of various disability supports.