Tell us below about any **current health conditions or disabilities** you have:

* Include existing conditions **and** any new conditions since we last looked at your award
* Tell us approximately when each one started

|  |  |
| --- | --- |
| **Health Condition or disability** | **Approximate start date** |
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**What medication are you currently taking?**

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| --- | --- | --- |
| **Medication** | **Dosage** | **Frequency** |
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If you have a copy of your **current repeat prescription**, send this to us as part of your supporting information. **DO NOT** send factsheets or leaflets about your medication

Tell us about any treatments, therapies or surgery since we last looked at your award.

|  |  |  |
| --- | --- | --- |
| **Name of treatment, therapy or operation** | **When did you have it or when will it start?** | **How often did or will you have it?** |
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If you have copies of your **test results** or **care plans** for example, send these to us as part of your supporting information. **DO NOT** send appointment cards or letters about appointments.

**Tell us about any hospital admissions since we last looked at your claim, also tell us about any future hospital stays you already know about**

|  |  |  |
| --- | --- | --- |
| **Reason for admission** | **Admission Date** | **Discharge Date** |
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If you have copies of your **hospital discharge papers** or **treatment plans** for example, send these to us as part of your supporting information.

This section asks you to tell us about any changes in **how** you carry out the 12 PIP daily living or mobility activities since we last looked at your award. Also use this section to tell us if things have stayed the same

If the effects of your health condition can change for example during the day, day by day or from week to week, please include as much detail as you can in your answers.

You need to answer **all** the questions on the information sheet can help you with this.

Remember to send us supporting information that tells us **how** your health condition or disability affects you now. Examples of the types of information you should send are on the information sheet.

**1. Preparing food and cooking**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**2. Eating and drinking**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**3. Managing treatments, taking medication and monitoring your health conditions**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**4. Washing and bathing**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**5. Managing toilet needs or incontinence**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**6. Dressing and undressing**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**7. Speaking to people, hearing and understanding what they say and being understood**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**8. Reading and understanding signs, symbols and written words**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**9. Mixing with other people**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**10. Making decisions about spending and managing your money**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**11. Planning and following a route to another place**

Tell us if something has changed and approximately when.

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another people.

**12. Moving around**

**How far can you walk?**  
To give you an idea of distance, 50 meters is approximately 5 buses parked end to end

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Less than 20 metres |  | Between 20 and 50 metres |  | Between 50 and 200 metres |  |
| 200 metres or more |  | It varies |  |  |  |

**Do you need to use an aid or assistance from another person to help you walk (tick the boxes that apply to you)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No |  | I sometimes need an aid |  | I always need an aid |  |
|  |  | I sometimes need assistance |  | I always need assistance | x |

**Tell us how you manage this activity now, including the use of any aids that you need.**

**Tell us about any changes to the help you need or the help you get from another person.**

**13. Is there anything else you think we should know about your health conditions or disability?**