**Q2a Tell us in the space below:**

* What your health conditions or disabilities are, and
* Approximately when each of these started



**Q2b Tell us about:**

* Tablets or other medication you’re taking or will be taking and the dosage
* Any treatments you’re having or will be having, such as chemotherapy, physiotherapy or dialysis
* Any side effects these have on you



**Q3 Preparing Food**

Tell us about whether you can prepare a simple one course meal for one from fresh ingredients.
This includes things like:

* food preparation such as peeling, chopping or opening packaging, and
* safely cooking or heating food on a cooker hob or in a microwave oven.

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q3a Do you need to use an aid or appliance to prepare or cook a simple meal?**

Aids and appliances include:

* perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators.

Yes [ ]  No [ ]  Sometimes[ ]

**Q3b Do you need help from another person to prepare or cook a simple meal?**

By this we mean:

* do they remind or motivate you to cook?
* do they plan the task for you?
* do they supervise you?
* do they physically help you?
* do they prepare all your food for you?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Extra information - Preparing Food**

Tell us more about any difficulties you have when **preparing and cooking food**.

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to prepare and cook food
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Can you cook using an oven safely? If not, tell us why not
* Tell us about the aids or appliances you **need** to use to help you prepare and cook food
* Do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
* Tell us about the **help you need from another person** when preparing food. This includes help you have **and** help you need but don’t get



**Q4 Eating and drinking**

Tell us about whether you can eat and drink.
This means:

* remembering when to eat,
* cutting food into pieces,
* putting food and drink in the mouth, and
* chewing and swallowing food and drink.

Tick the boxes that apply to you then provide more information in the Extra Information Box.

**Q4a Do you need to use an aid or appliances to eat and drink?**

Aids and appliances include things like:

* weighted cups, adapted cutlery.

Yes [ ]  No [ ]  Sometimes[ ]

**Q4b Do you use a feeding tube or similar device to eat or drink?**

This means things like a feeding tube with a rate limiting device as a delivery system or feed pump.

Yes [ ]  No [ ]  Sometimes[ ]

**Q4c Do you need help from another person to eat and drink?**

By this we mean:

* Do they remind you to eat and drink?
* Do they supervise you?
* Do they physically help you to eat and drink?
* Do they help you manage a feeding tube?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q4 Extra information - Eating and drinking**

Tell us more about the difficulties or help you have when **eating and drinking**:

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to complete this activity
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
* Tell us about the aids or appliances you **need** to use to help you eat and drink
* Tell us about the **help you need from another person** when eating and drinking. This includes help you have **and** help you need but don’t get



**Q5 Managing treatments**

Tell us about whether you can monitor changes in your health condition, take medication or manage any treatments carried out at home.

Monitoring changes includes monitoring:

* Blood sugar level
* Changes in mental state, and
* Pain levels.

Home treatments include things like:

* Physiotherapy, and
* Home dialysis

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q5a Do you need to use an aid or appliance to monitor your health conditions, take medication or manage home treatments?**For example, using a Dosette Box for tablets.

Yes [ ]  No [ ]  Sometimes[ ]

**Q5b Do you need help from another person to monitor your health conditions, take medication or manage home treatments?**

By this we mean:

* Do they remind you to take medications and treatment?
* Do they supervise you while you take your medication?
* Do they physically help you take medication or manage treatments?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q5 Extra information - Managing treatments**

Tell us more information about the difficulties or help you need to monitor your health conditions, take medication or manage home therapies. For example, tell us:

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to manage your treatments
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
* Tell us about the aids or appliances you **need** to use to help monitor your treatments
* Tell us about the **help you need from another person** when managing your treatment. This includes help you have **and** help you need but don’t get



**Q6 Washing and bathing**

Tell us about whether you can wash and bathe.

This means things like:

* washing your body, limbs, face, underarms and hair, and
* using a normal bath or shower.

This doesn’t include any difficulties you have getting to the bathroom.

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q6a Do you use an aid or appliance to wash and bathe yourself, including using a bath or shower?**

Aids and appliances include things like:

* bath / shower seat, grab rails.

Yes [ ]  No [ ]  Sometimes[ ]

**Q6b Do you need help from another person to wash and bathe?**

By this we mean:

* Do they physically help you?
* Do they tell you when to wash and bathe?
* Do they watch over you to make sure you are safe?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q6 Extra information - Washing and bathing**

Tell us more information about the difficulties or help you need to keep your body clean. For example, tell us:

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to wash and bathe
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Do you have difficulty washing particular parts of your body? Which parts?
* Does it take you a long time to wash and bathe?
* Do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
* Tell us about the aids or appliances you **need** to use to help you wash and bathe
* Tell us about the **help you need from another person** when washing and bathing. This includes help you have **and** help you need but don’t get



**Q7 Managing toilet needs**

Tell us about whether you can use the toilet and manage incontinence.

Using the toilet means:

* being able to get on or off a standard toilet, and
* cleaning yourself after using the toilet.

Manage incontinence means:

* emptying your bowel and bladder, including if you need a collecting device such as a bottle, bucket or catheter, and
* cleaning yourself after doing so.

This doesn’t include difficulties getting to the bathroom

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q7a Do you need to use an aid or appliance to go to the toilet or manage incontinence?**

Aids and appliances include things like:

* commodes, raised toilet seats, bottom wipers, bidets, incontinence pads or a stoma bag.

Yes [ ]  No [ ]  Sometimes[ ]

**Q7b Do you need help from another person to go to the toilet or manage incontinence?**

By this we mean:

* Do they physically help you?
* Do they tell you when to use the toilet?
* Do they watch over you to make sure you are safe?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q7 Extra information - Managing toilet needs**

Tell us more about any difficulties you have with your toilet needs and incontinence.

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to complete this activity
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Are you incontinent? Tell us in what way and how you manage it
* Do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
* Tell us about the aids or appliances you **need** to use to help you manage your toilet needs
* Tell us about the **help you need from another person** when managing your toilet needs. This includes help you have **and** help you need but don’t get



**Q8 Dressing and undressing**

Tell us about whether you can dress or undress yourself.

This means:

* putting on and taking off clothes, including shoes and socks,
* knowing when to put on or take off clothes, and
* being able to select clothes that are appropriate.

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q8a Do you need to use an aid or appliance to dress or undress?**

Aids and appliances include things like:

* modified buttons, front fastening bras, velcro fastening, shoe aids or an audio colour detector

Yes [ ]  No [ ]  Sometimes[ ]

**Q8b Do you need help from another person to dress or undress?**

By this we mean:

* Do they physically help you?
* Do they select your clothes?
* Do they tell you when to dress or undress?
* DO the tell you when to change your clothes?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q8 Extra information - Dressing and undressing**

Tell us more about any difficulties you have when dressing and undressing:

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to dress and undress
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Do you only have difficulty dressing certain parts of your body? Which parts?
* Do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
* Tell us about the aids or appliances you **need** to use to help you with dressing and undressing
* Tell us about the **help you need from another person** when dressing and undressing. This includes help you have **and** help you need but don’t get



**Q9 Communicating**

Tell us about whether you have difficulties with your speech, your hearing or your understanding of what is being said to you.

This means in your native spoken language.

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q9a Do you need to use an aid or appliance to communicate with others?**

Aids and appliances include things like:

* hearing and voice aids,
* picture symbols, and
* assistive computer technology.

Yes [ ]  No [ ]  Sometimes[ ]

**Q9b Do you need help from another person to communicate with others?**

By this we mean:

* Do they help you understand what people are saying?
* Do you have someone who helps you by interpreting speech into sign language?
* Do they help you by speaking on your behalf?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q9 Extra information - Communicating**

Tell us more about the difficulties you have with your speech, your hearing and your understanding of what is said to you:

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to complete this activity
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Do you experience any other difficulties, **either during or after the activity**, like anxiety and distress?
* Tell us about the aids or appliances you **need** to use to help you communicate
* Tell us about the **help you need from another person** when communicating. This includes help you have **and** help you need but don’t get



**Q10 Reading**

Tell us about whether you can read and understand signs, symbols and words in your native language. Also tell us about difficulties you have concentrating when doing so.

This means:

* Signs, symbols and words written or printed in your native language, **not braille**
* Understanding numbers, including dates
* Other instructions, such as timetables

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q10a Do you need to use an aid or appliance other than spectacles or contact lenses to read signs, symbols and words?**

Aids and appliances include things like magnifiers

Yes [ ]  No [ ]  Sometimes[ ]

**Q10b Do you need help from another person to read or understand signs, symbols and words?**

By this we mean do they read or explain signs and symbols to you?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q10 Extra information - Reading**

Tell us more about any difficulties you have when reading and understanding signs, symbols and written words:

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to complete this activity
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Do your difficulties depend on how complicated the signs, symbols and words are, how big they are?
* Do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
* Tell us about the aids or appliances you **need** to help you read
* Tell us about the **help you need from another person** when reading. This includes help you have **and** help you need but don’t get



**Q11 Mixing with other people**

Tell us about whether you have difficulties mixing with other people.

This means how well you are able to:

* Get on with other people face-to-face, either individually or as part of a group
* Understand how they’re behaving towards you, and
* Behave appropriately towards them

It includes both people you know well and people you don’t know.

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q11a Do you need another person to help you to mix with other people?**

By this we mean:

* Do they encourage you to mix with other people?
* Do they help you understand how people are behaving and how to behave yourself?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q11b Do you find it difficult to mix with other people because of severe anxiety or distress?**

Yes [ ]  No [ ]  Sometimes[ ]

**Q11 Extra information - Mixing with other people**

Tell us more about any difficulties you have when mixing with other people:

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Do you have behaviours that could put yourself or others at risk?
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Does it take you a long time to mix with other people, some more than others?
* Do you experience any other difficulties, **either during or after the activity**, like anxiety or distress?
* Tell us about the **help you need from another person** when mixing with other people. This includes help you have **and** help you need but don’t get



**Q12 Making decisions about money**

Tell us about whether you can make decisions about spending and managing your money.

This means:

* Understanding how much things cost
* Understand how much change you should get
* Managing budgets, paying bills and planning future purchases

This activity looks at your decision making ability not things like getting to the bank

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q12a Do you need someone else to help you to understand how much things cost when you buy them or how much change you'll receive?**

By this we mean:

* Do you need someone to do it for you?
* Do they need to remind you to do it or how to do it?
* Do you need someone to help you understand?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q12b Do you need someone else to help you to manage your household budgets, pay bills or plan future purchases?**

By this we mean:

* Do you need someone to do it for you?
* Do they have to help you manage your bills?
* Do you need someone to help you understand?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q12 Extra information - Making decisions about money**

Tell us more about any difficulties you have when making budgeting decisions:

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to complete this activity
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Do you experience any other difficulties, **either during or after the activity**, like anxiety or distress?
* Tell us about the **help you need from another person** when making decisions about money. This includes help you have **and** help you need but don’t get



**Q13 Going out**

Tell us about whether you can plan and follow a route to another place. Also tell us if severe anxiety or stress prevents you from going out.

This includes planning and following a route to another place using public transport.

This activity doesn't look at your physical ability to get around which is covered in Q14 Moving around.

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q13a Do you need help from another person to plan a route to somewhere you know well?**

By this we mean do you:

* Need someone to help you plan a route, or plan it for you?
* Need to be encouraged to go out or have someone with you when going out to reassure you?
* Need help from an assistance dog or specialist aid, such as a white stick?
* Need someone to be with you to keep you safe or stop you getting lost?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q13b Do you need help getting somewhere you don’t know well?**

By this we mean do you:

* Need to be encouraged to go out or have someone with you when going out to reassure you?
* Need help from an assistance dog or specialist aid, such as a white stick?
* Need someone to be with you to keep you safe or stop you getting lost?
* Need help using public transport?

This includes help you have **and** help you need but don’t get.

Yes [ ]  No [ ]  Sometimes[ ]

**Q13c Are you unable to go out because of severe anxiety or distress?**

Yes [ ]  No [ ]  Sometimes[ ]

**Q13 Extra information - Going out**

Tell us more about any difficulties you have when planning and following a route:

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to complete this activity
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Does whether you can do this depend on where you’re going?
* Do you experience any other difficulties, **either during or after the activity**, like anxiety or distress?
* Tell us about the **help you need from another person** when planning and following a journey. This includes help you have **and** help you need but don’t get



**Q14 Moving around**

Tell us about whether you can physically move around.

This means how well you can walk and if you **need** to use aids and appliances to get around.

Tick the boxes that apply to you then provide more information in the Extra Information box.

**Q14a How far can you walk taking into account any aids you use?**

* To give you an idea of distance, 50 metres 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 | [ ]  |  |  |

**Q14b Do you use an aid or appliance to walk?**

Walking aids include:

* walking sticks,
* walking frames,
* crutches, and
* prostheses.

Yes [ ]  No [ ]  Sometimes[ ]

**Q14c Do you use a wheelchair or similar device to move around safely, reliably and repeatedly and in a reasonable time period?**

Yes [ ]  No [ ]  Sometimes[ ]

**Q14 Extra information - Moving around**

Tell us more about any difficulties when moving around:

* Tell us how your condition affects you doing this activity
* Tell us how you manage at the moment and the problems you have when you can’t do this activity
* Tell us how long it takes you to complete this activity
* Does whether you can do this vary throughout the day? Tell us about good and bad days
* Do you regularly fall? Do you find it difficult to move around on certain ground surfaces?
* Do you use a wheelchair? Is it motorised or manual?
* Do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
* Tell us about the aids or appliances you **need** to help you read
* Tell us about the **help you need from another person** when moving around. This includes help you have **and** help you need but don’t get



**Q15 Additional Information**

Tell us anything else you think we should know about your health conditions or disabilities and how these affect you that you haven’t mentioned already.

* If any carers, friends or family want to provide further information they can do it here.
* You don't have to complete this part if you've covered everything in the form.

