**Section 1 –** **About your health condition or disability**

**Q1a Tell us in the space below:**

* what health conditions or disability do you have?
* the approximate start dates

By condition or disability, we mean physical, sight, hearing or speech difficulties, learning development or behavioural difficulties or mental health conditions.

You can add other conditions and disabilities later if you need to:

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| --- | --- |
| **Name of your condition or disability** | **Approximate start date** |
| **Example** – Kidney failure | **Example** – About 14 months ago |
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**Q1b Tell us about tablets or other medication you are taking or will be taking and the dosage.** If you have side effects from taking your medication, please tell us what they are.

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| --- | --- | --- | --- |
| **Medication** | **Dosage** | **How often do you take it?** | **Do you have any side effects?** |
| **Example** – paracetamol | 500mg | Twice a day | Dizziness |
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**Section 1 - About your health condition or disability** continued

**Q1c Tell us about any treatments you have had, you are currently having or have planned for the future (include private as well as NHS funded treatments).**

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| --- | --- | --- |
| **Name of treatment, therapy, or operation** | **When did it start / when will it happen?** | **How often do you have it?** |
| **Example** – physiotherapy | July 2014 | Once a week |
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**Section 2 – About your health professionals**

**We ask you to send us supporting evidence with your form**, but sometimes we may contact the health professionals who support you for further information.

**Q2** Please tell us below about any health professionals who treat or care for you most regularly and who are best placed to advise us on how your health condition or disability affects you. For example, a GP, a hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor, or support worker.

If you need more space, you can use the **Additional information** section on Page 39 where is room for anything else you want to tell us.

|  |  |
| --- | --- |
| **Name of health professional 1** |  |
| **Address** | **Postcode** |
| **Profession** |  |
| **Phone number** |  |
| **When did you last them?** |  |

|  |  |
| --- | --- |
| **Name of health professional 2** |  |
| **Address** | **Postcode** |
| **Profession** |  |
| **Phone number** |  |
| **When did you last them?** |  |

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| --- | --- |
| **Name of health professional 3** |  |
| **Address** | **Postcode** |
| **Profession** |  |
| **Phone number** |  |
| **When did you last them?** |  |

**Section 3 – How your health condition or disability affects your day-to-day life**

Personal Independence Payment is assessed on how your condition affects you, not the condition itself.

Tell us in the rest of this form how your health condition or disability affects your day-to-day life.

**Daily Living Activities**

**Q3 Preparing food**

This means making a simple, one course meal for one. This includes:

* peeling and chopping ingredients
* opening tins
* cooking or heating food on a standard hob or using a microwave

Do consider if you can prepare food safely and without being supervised.

**Q3a Does you condition affect you preparing food, or prevent you from doing so?**

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No **Now go to Q4**

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Yes **Continue with Q3**

**Q3b Tell us about the difficulties you have with preparing food and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Q3 Preparing food** continued

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**Q4 Eating and drinking**

This means:

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

Do consider if you need help cutting up food, getting it to your mouth or if someone needs to prompt, encourage, or remind you to eat.

**Q4a Does your condition affect you eating and drinking?**

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|  |

No **Now go to Q5**

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|  |

Yes **Continue with Q4**

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

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| --- |
|  |

No

|  |
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|  |

Yes

**Q4c Tell us about the difficulties you have with eating and drinking and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Q4 Eating and drinking** continued

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|  |

**Q5 Managing your treatments**

This means:

* monitoring changes in your health condition or disability (for example, your blood sugar level, mental state or pain levels)
* taking medication in the right way and at the right time
* managing therapies that take place at home which have been recommended by a health professional or pharmacist (for example, physiotherapy or home dialysis)

**Q5 Does you condition affect you managing your treatments?**

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| --- |
|  |

No **Now go to Q6**

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|  |

Yes **Continue with Q5**

**Q5b Tell us about the difficulties you have with monitoring changes in your health condition or disability and taking medication, and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Q5 Managing your treatments** continued

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**Q6 Washing and bathing**

This means:

* washing your body, limbs, face, underarms and hair
* using a normal bath or shower
* getting in and out of a normal bath or shower

Do consider if you can wash or bathe safely and without being supervised. And consider how much time it takes you and whether you do it too often or not often enough.

**Q6a Does your condition affect you washing and bathing?**

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|  |

No **Now go to Q7**

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|  |

Yes **Continue with Q6**

**Q6b Tell us about the difficulties you have with washing and bathing and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Q6 Washing and bathing** continued

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**Q7 Using the toilet and managing incontinence**

Using the toilet means:

* being able to get on or off a normal toilet
* cleaning yourself after using the toilet

Managing incontinence means:

* managing the emptying of your bowel and bladder when you have difficulty controlling this. Including if you need a collecting device such as a catheter or stoma bag
* cleaning yourself after doing so

This does not mean physically getting to the bathroom

**Q7a Does your condition affect you using the toilet or managing incontinence?**

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|  |

No **Now go to Q8**

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|  |

Yes **Continue with Q7**

**Q7b Tell us about the difficulties you have using the toilet and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Using the toilet and managing incontinence** continued

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**Q8 Dressing and undressing**

This means:

* putting on and taking off clothing, including shoes and socks
* needing help to fasten or undo zips or buttons
* knowing when to put on or take off clothes

Do consider if it takes you too long to dress or undress.

**Q8a Does your condition affect you dressing or undressing?**

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No **Now go to Q9**

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|  |

Yes **Continue with Q8**

**Q8b Tell us about the difficulties you have with dressing and undressing and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Q8 Dressing and undressing** continued

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**Q9 Talking, listening and understanding**

This means doing the following in your own language:

* communicating by speaking clearly to people
* being understood by others
* listening and understanding what people say

**Q9a Does you condition affect you talking, listening and understanding?**

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|  |

No **Now go to Q10**

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|  |

Yes **Continue with Q9**

**Q9b Tell us about the difficulties you have with talking, listening and understanding and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Q9 Talking, listening and understanding** continued

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**Q10 Reading**

This means doing the following in your own language:

* reading written words and numbers both indoors and outdoors
* reading signs and symbols (for example, a green exit sign on a door)

For this question, you must be able to see the information. Using braille to read is not counted as reading and you should give more detail about how your condition affects your ability to read.

**Q10a Does your condition affect your ability to read?**

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|  |

No **Now go to Q11**

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|  |

Yes **Continue with Q10**

**Q10b Tell us about the difficulties you have with reading words or symbols and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Q10 Reading** continued

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**Q11 Mixing with other people**

This means:

* meeting people face to face
* understanding how they are behaving towards you including body language
* behaving appropriately towards them
* being able to make new relationships with other people

This means doing these things with both people you know well and people you do not know.

**Q11a Does your condition affect you mixing with other people?**

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|  |

No **Now go to Q12**

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Yes **Continue with Q11**

**Q11b Tell us about the difficulties you have with mixing with other people and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Q11 Mixing with other people** continued

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**Q12 Managing money**

This means:

* understanding how much things cost
* understanding how much change you should get
* managing your own budgets, paying your own bills and planning your own future purchases

This does not mean taking a bill to the post office or being able to hold your change.

This also does not mean being able to read a bill or physically open a letter.

**Q12a Does your condition affect you managing your money?**

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|  |

No **Now go to Q13**

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Yes **Continue with Q12**

**Q12b Tell us about the difficulties you have with managing your money and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Q12 Managing money** continued

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**Mobility Activities**

**Q13 Planning and following a journey**

This means doing the following:

* leaving your home to go out
* following a route you know well
* working out a new route and following it, for example, if you find a road is closed on a route you know well and need to plan and follow a different route.

This question is not about if you can physically move around.

**Q13a Does your condition affect you planning and following journeys?**

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No **Now go to Q14**

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Yes **Continue with Q13**

**Q13b Tell us more about the difficulties you have with planning and following journeys and how you manage them?**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

**Q13 Planning and following a journey** continued

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**Q14 Moving around**

This means how well you can walk without any specialist equipment or support from another person.

**Q14a Does your condition affect you moving around?**

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No **Now go to Q15**

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Yes **Continue with Q14**

**Q14b How far can you walk using aids or appliances you need?**

To give you an idea of distance, 50 metres is about 5 buses parked end to end.

Walking aids and appliances include walking sticks, walking frames, crutches, artificial limbs.

A wheelchair or mobility scooter does not count as an aid or appliances for this question.

If you use a wheelchair or mobility scooter, please answer this question by telling us how well you can stand and move without using it.

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I cannot stand and move even using my aids or appliances

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|  |

Less than 20 metres

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Between 20 and up to 50 metres

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|  |

Between 50 and up to 200 metres

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| --- |
|  |

More than 200 metres

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| --- |
|  |

It varies

|  |
| --- |
| Please tell us why it varies |

**Q14 Moving around** continued

**Q14c Tell us more about the difficulties you have with moving around and how you manage them.**

For each difficulty, please tell us:

* how often you have this difficulty – tell us about both good and bad days
* what the difficulty is
* why you have it, or how it relates to your condition
* any aids or adaptations you use, or help you get from another person
* any help you feel you need but do not get

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**Q15 Additional information**

Is there anything else you would like to tell us about?

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