If you contact us,
use this reference:

Department
for Work &
Pensions

DWP Personal
Independence Payment (4)
Warbreck House
Blackpool
FY2 0UZ

www.gov.uk

Telephone: **0845 850 3322**

Textphone: **0845 601 6677**

19 June 2013

Personal Independence Payment

About your claim

Dear

Thank you for your claim for Personal Independence Payment.

What we want you to do

Please fill in the enclosed form. You must return it to us by 19 July 2013 if you wish to continue with your claim. You'll need to tear off this letter from the front page of the form; you don't need to send this letter back.

On the last page of the form you'll see the return address. Place the form and any other information you wish us to see in the envelope provided so that the address shows through the window of the envelope. The envelope we've sent you doesn't need a stamp.

The form asks about any health conditions or disabilities you may have and how these affect you. Please ensure you complete the form as fully as possible to enable your claim to progress.

An information booklet is included which tells you about the questions we ask, why we ask them and gives you help with how to answer them and examples of what you can tell us. You don't need to return the information booklet.

Please send copies of any medical reports, care plan or letters from your doctor, consultant or health care professional, or other information you wish us to see, with this form.

What is enclosed:

- form - 'How your disability affects you'.
- information booklet, and
- return envelope and reply slip.

About help you may need

If you want help filling in this form or any part of it you can read the information booklet You can ask a friend, relative or representative to help you complete this form, or you can contact a local support organisation who can provide independent help and support. You can find their details online, at your local library or in the telephone directory. If you think you'll have difficulty completing your claim that will cause a delay, please contact us on the number on the front page of this letter. A textphone is available for people who don't speak or hear clearly.

For information about benefits and services go to **www.gov.uk/benefits** or contact us using the numbers shown on the front page of this letter.

What happens next

It's likely you'll be contacted soon by a health professional who completes Personal Independence Payment consultations on behalf of the Department for Work & Pensions. You'll be able to take someone with you but if we have enough information already, a consultation may not be needed.

Yours sincerely

Office Manager

Personal Independence Payment for a person aged 16 or over

Department for Work & Pensions

Full name

National Insurance Number

▶ **To help you fill in the rest of the form**

In the enclosed **Information Booklet** we:

- explain the questions we ask,
- give advice on where you can get help to complete the form,
- tell you how to answer the questions, and
- give you examples of other things you can tell us.

Where you see ⓘ you can use the **Information Booklet** to help you understand and answer the questions.

▶ **What you need to do**

- Complete this form in ink.
- If you're filling in this form for someone else, tell us about them, not you.
- If the impact of your health condition or disability varies, you may find it helpful to complete a diary to help explain your needs. ⓘ Page 3 of the **Information Booklet** gives advice on how to do this.
- It is very important that you provide us with any relevant evidence or information you already have that explains your circumstances. This might include prescription lists, care plans, reports or information from professionals who help you, such as a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, social worker, counsellor, or support worker.
- Please send photocopies of any evidence with this form. If you receive any additional evidence or information which may help with your claim at a later date, please send it to us as soon as possible. ⓘ Go to Page 3 of the **Information Booklet** for additional guidance on what information to send and how you can send it to us.

- Don't delay sending any evidence to us as this may mean:
    - We may not be able to get all the information we need on which to make a decision on your claim which accurately reflects your daily living or mobility needs.
    - We may need longer to assess your claim.
    - You may be required to see a health professional to be assessed when it may not have been necessary.

Please list below the documents you're sending with **this** form.

Prescription List
Specialist Letters and evidence of aids I have and adaptations

Tear off the letter on the front page; you don't need to send it back. On the last page you'll see the address to return this form. Place this form in the envelope provided so that the address shows through the window. It doesn't need a stamp.

We may also need to seek additional information and evidence from professionals who know you.

Q1 Please tell us who are the professional(s) best placed to advise us on your circumstances. For example, a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor, or support worker?

Name	Dr
Address	
Profession	GP
Phone/textphone number Include the dialling code	
When did you last see them? (approximate date)	Seeing every month last xxx

Name	Dr xxx and respiratory nurse seen in between
Address	Respiratory Medicine
Profession	Consultant Respiratory
Phone/textphone number Include the dialling code	
When did you last see them? (approximate date)	Seen this month going regularly every 3 months now

Name	
Address	I have been under Cardiology and Physio in the past but there is little they can do for me now as am 65 and have had the conditions a long time.
Profession	
Phone/textphone number Include the dialling code	
When did you last see them? (approximate date)	

- If we need further information we may contact these professionals.
- If you need to add more please continue at Q15 **Additional Information**.

Q2 About your health conditions or disabilities

ⓘ **Use page 6 of the Information Booklet**

Q2a Please use the space below to tell us:

- **what are your health conditions or disabilities, and**
- **approximately when each of these started?**

Health condition or disability	Approximate start date
Rheumatoid Arthritis in hands, knees, fingers worst, but widespread. Causes swelling and pain in joints. Generalized arthritis (osteoarthritis mentioned by nurse) Back and Hip pain (arthritis) walking issues for years. COPD Severe to the point where I have coughing fits daily and chronic breathlessness on exertion. Infections recently:hospitalised (monitored) Dizziness Continuous infections mainly chest, March 2017 hospitalised with one. I am on low dose antibiotics permanently and have extra antibiotics when I have an infection which is for at least 1 week in 4. Angina lead to heart attack 2010 medicated Barrett's oesophagus which is a condition where the cells of the oesophagus (gullet) grow abnormally. Causes reflux and pain and I have regular choking coughing fits. Diverticulitis Disease, causes severe diarrhea fits & then constipation episodes. It flares up every month for around a week. I have to avoid lots of foods to stop it aggravating it further. Cramps and pelvic pain horrendous some days.	From aged 17 years old. I am 68 now so have had to try and self manage. Originally under Rheumatologist. 2004 walking issues started. COPD under respiratory clinic and have inhalers. Diagnosed by Specialist after studies. 2010 2009 hospitalised 2013 Medicated. 2010 after camera investigations clarified this. Camera investigations July 2010

- We'll ask you how your health conditions or disabilities affect how you carry out day-to-day activities in the rest of the form.
- If you need more space or want to tell us anything else, please continue at Q15 **Additional Information**.

Q2b Tell us about any:

- tablets or other medication you're taking or will be taking,
- any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis, regardless of whether NHS or private, and
- please include information on any side effects these have on you.

Please see attached prescription list and take herbal medication also for depression.

Aids in situ:
I live now in a sheltered bungalow with lots of adaptations after the housing association relocated me due to disabilities:

I have emergency pull cords in each room and a fitted wet room with in situ stool, toilet raiser and grab rails. I also have bought many other aids including a reclining raiser bed, perching stool and hand aids to assist. I try to do as much as I can but its now taking a lot longer and I rely on my family and friends to help me with many daily activities otherwise I take too long or am not able to complete them. I have grab rails outside and use the furniture to get around inside and a mobility scooter which I have purchased myself for outside and fischer crutches. I have jar openers lever taps and a long shoe horn and grabber stick and other aids that might be of assistance.

We have an automatic car which power steering and blue badge, as currently I am getting higher rate DLA mobility and higher rate care. I struggle to drive this now due to the breathlessness and pain on sitting so my husband will take care of this each time we have to go out of the house.

I wear splints on my hands for the day and am supposed to wear night splints also most nights which I find very uncomfortable.

If you need to add more please continue at Q15 **Additional Information**.

Tell us in Questions 3 to 15 how your health conditions or disabilities affect your day-to-day activities.

Q3 Preparing Food

ⓘ **Use page 6 of the Information Booklet**

Please tell us about your ability to prepare a simple one course meal for one from fresh ingredients. This includes things like:

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

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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

Q3a Do you 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?

Help includes someone:

- physically assisting you to prepare to cook food,
- cooking your food for you,
- supervising you to make sure you are safe, and
- prompting, encouraging or reminding you to cook food or how to do so.

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

Yes ☑ No ☐ Sometimes ☐

Q3 **Extra information - Preparing Food**

Tell us more information about the difficulties or help you need to prepare and cook food. For example, tell us things like:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind (for example whether they need to remind or motivate you to cook, plan the task for you, supervise you while you are doing it, physically help you or prepare all your food for you).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you can only cook using a microwave.
- If your ability to do it varies, tell us in what way and how often - for example, telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.
- If you put something in the box below you don't have to fill all of the box.

I really struggle with doing this task and although I have tried over the years I have to use so many aids and take my time that I often just give up. My hands are so swollen and painful that the grip is dreadful and I drop things and cannot grip a potato enough to cut it etc, peeling is impossible and even with the use of the aids we have I cannot do this adequately enough to prepare a simple meal. I use prepacked and washed, sliced veg and meat and still have difficulties as cannot hold pans, even lightweight anymore. The splints get in the way too and I drop things getting them out of the microwave or oven.
I am at risk of tripping and/or falling in the kitchen too. This means it is unsafe for me to carry out tasks where I am carrying hot liquids or knives as I am a danger to myself and others. I have forgotten I have left the cooker on and left pans to boil dry on several occasions. I struggle to follow a recipe successfully as I struggle to keep my concentration due to pain and distractions it brings.
I have problems with peeling, chopping and lifting as my grip is affected.
My hands go numb and I am at risk at times. My kitchen has been modified so I can slide things along the worktop rather than lift them but even then its getting harder and harder so my sister comes in and prepares meals and leaves them in the fridge, so my husband can lift them out and put them in the oven for us. This is the case most days now. I also have someone come in and help us with chores such as cleaning and changing the bed.
Breathless in the heat/steam also affects my ability to cook and be in the kitchen as it makes me have coughing fits often so I avoid this area and the steamy bathroom.

If you need to add more please continue at Q15 **Additional Information**.

Q4 Eating and drinking

ⓘ **Use page 7 of the Information Booklet**

Please tell us about your ability to 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.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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

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

Aids and appliances include things like:

- 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?

Help includes someone:

- cutting your food into pieces or putting food in your mouth,
- supervising you to make sure you don't choke,
- prompting, encouraging or reminding you to eat or drink, and
- helping 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 information about the difficulties or help you need to eat and drink. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind (for example whether they need to prompt, remind or encourage you to eat, supervise you when you eat, cut food up for you or put food and drink in your mouth).
- If you use aids and appliances, tell us what type they are and how you use them.
- If your ability to eat and drink varies, tell us in what way and how often - for example telling us about good days and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.
- If you put something in the box below you don't have to fill all of the box.

I have problems with my grip so I struggle to hold cutlery.
I eat one-handed using lightweight cutlery often just a spoon and or fork.
Because of the Barrett's I find that I can sometimes choke and this makes me anxious especially if the coughing fits prevail.
I have to avoid lots of foods too because of the diverticulitis.

If you need to add more please continue at Q15 **Additional Information**.

Q5 Managing treatments

ⓘ **Use page 7 of the Information Booklet**

Please tell us about your ability to 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, regardless of whether these are NHS or private.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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

Q5a Do you 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?

Help includes someone:

- prompting or reminding you to take medication or how to do it,
- supervising you while you take medication,
- physically helping you to take medication or manage a treatment, and
- monitoring your mental state.

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:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you use aids and appliances, tell us what type they are and how you use them.
- If you need help from another person what kind of help you need (for example whether they need to prompt or remind you to take medication or treatment, physically help you or supervise you taking medication or treatment or help you monitor your mental state).
- If you need help from another person, tell us how many hours a week of help you need on average.
- If your needs vary, tell us in what way and how often - for example, telling us about good and bad days or how it varies throughout the day.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.
- If you put something in the box below you don't have to fill all of the box.

I often forget to take my medication but the main issue I have is with taking it out of the packets and the fine pincer movement involved in doing this or opening packets. I really struggle and end up with them on the floor sometimes.

I get distracted easily and sometimes have to be prompted to take my medication.
Sometimes my husband checks whether I am taking my medication correctly.
Due to my short term memory loss sometimes I need help taking my medication to check I am taking the correct dose at the right time.
I need a dosette box but cannot open it most of the time because of the swelling and hand pain. I cannot rub any creams into my skin without it hurting my hands incredibly so either go without or will ask husband for help.

If you need to add more please continue at Q15 **Additional Information**.

Q6 Washing and bathing

ⓘ **Use page 8 of the Information Booklet**

Please tell us about your ability to keep your body clean. This means things like:

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

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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?

Help includes someone:

- prompting, encouraging or reminding you to wash and bathe yourself or how to do it,
- supervising you to make sure you are safe, and
- physically washing or bathing you.

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:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you are unable to do it at all.
- If you need help from another person, what kind of help you need (for example whether they need to encourage or remind you to wash and bathe or how to do it, supervise you to make sure you are safe or physically bathe you).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you have needs bathing just your lower or upper body, tell us which.
- If your ability to wash and bathe your body varies, tell us in what way and how often - for example, telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.
- If you put something in the box below you don't have to fill all of the box.

Washing and bathing leaves me exhausted and wiped out for the rest of the day and is very painful.

The pain in my back, chest and hands and adversely affects how quickly I can perform these tasks and I have to keep stopping to regain control of the pain. I cannot wash my hair at all as lifting my arms up will trigger the breathlessness coupled with the heat from the shower and water.

Most days I have no energy to complete these tasks.

I have a walk in wet room with non slip floor fixed seat and lever taps and grab rails.
While I can manage very slowly to wash my body when sat down using the long handled brush, I cannot wash my hair and I have a hairdresser comes in to wash my hair twice a week and style it as I cannot manage this now due to my grip and breathlessness.
Once out of the shower room I have to get help putting my dressing gown on and will just drip dry lying down.

If you need to add more please continue at Q15 **Additional Information**.

Q7 Managing toilet needs

ⓘ **Use page 8 of the Information Booklet**

Please tell us about your ability to go to the toilet and manage incontinence.

Go to the toilet means:

- being able to get on and/or off a normal toilet, and
- cleaning yourself after using the toilet.

Manage incontinence means:

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

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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

Q7a Do you 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 collective devices such as bottles, buckets or catheters.

Yes ☑ No ☐ Sometimes ☐

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

Help includes someone:

- prompting, encouraging or reminding you to go to the toilet or how to do so, and
- physically helping you to go to the toilet or clean yourself afterwards.

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 information about the difficulties you have or help you need going to the toilet and managing incontinence. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind of help you need (for example whether they need to remind you to go to the toilet or how to do so, or physically help you).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you are incontinent, tell us in what way and how well you manage this.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.
- If you put something in the box below you don't have to fill all of the box.

I am anxious and stressed when I leave my home and have to plan my journeys and outings to make sure I am near an available toilet often not eating for hours beforehand because of the diverticulitis. I have a RADAR key.

Sometimes if I wake up with urgency it is difficult to get to the toilet in time as I am physically unable to get there quickly. I have been incontinent because of this in the past and have accidents a couple of times a month at least requiring assistance to change my clothing.

I often wake in the night disorientated and on those occasions I struggle to navigate to the toilet quickly. I do not go out very often so minimise the risk of accidents outdoors.
I have a adapted bathroom with raised toilet seat and really struggle to get off it all the time, and sometimes my husband has to help me as I simply cannot manage. Ideally I need a rail there and we are discussing this with OT in the future so for now use the sink which is coming off the wall.

If you need to add more please continue at Q15 **Additional Information**.

Q8 Dressing and undressing

ⓘ **Use page 9 of the Information Booklet**

Please tell us about your ability to dress or undress yourself.

This means:

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

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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

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

Aids and appliances include things like:

- modified buttons, zips, front fastening bras, velcro fastening, shoe aids.

Yes ☑ No ☐ Sometimes ☐

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

Help includes someone:

- physically helping you,
- selecting clothes for you, and
- prompting or reminding you when to dress and undress or when to change into clean 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 information about the difficulties or help you need to dress or undress. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, what kind of help you need (for example whether they need to physically help you, select clothes for you or prompt you when to dress and undress, or when to change into clean clothes).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you only have difficulties dressing parts of your body, tell us which.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness, tell us about these.
- If you put something in the box below you don't have to fill all of the box.

I often spend most of the day in my nightwear at least twice a week.
The pain and distraction and swelling/breathlessness adversely affects how quickly I can perform these tasks and I have to keep stopping to regain control of the fatigue and breathing.

If I have to get dressed I wear "easy" clothes such as loose bottoms, t shirts and slip on loose ugg boots which don't require fastening.

Because I have problems with my grip, I struggle with clasps, buttons, laces and other forms of fastening, and either avoid them or leave them undone.
I am unable to put something over my head when my breathing difficulties is very difficult and I need my husband to help with this and putting socks on. I have tried a sock aid but still could not do it with the swelling in my hands. I wear splints all the time which require assistance putting on. I also have a front fastening bra.
Breathlessness really affects my ability to do anything these days.

If you need to add more please continue at Q15 **Additional Information**.

Q9 Communicating

ⓘ Use page 9 of the Information Booklet

Please tell us about your ability to communicate with others.

This means:

- speaking to people in your native vocal language, and
- hearing and understanding what people are saying to you in your native vocal language.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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

Q9a Do you 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?

Help includes someone:

- prompting, motivating or encouraging you to communicate,
- interpret speech into sign language for you, and
- tell you what someone is saying, what it means or speak 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 information about the difficulties or help you need to communicate with others. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you are unable to communicate at all.
- If you need help from another person, what kind of help you need (for example whether you need someone to prompt or encourage you to communicate, interpret speech into sign language for you or tell you what someone is saying or what it means).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you have difficulties with some communication but not others, tell us which.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness, tiredness or anxiety and distress.
- If you put something in the box below you don't have to fill all of the box.

Due to short term memory loss I often lose concentration when I am in conversation with another person. I will forget what I was talking about and have to be reminded what I was saying sometimes.

My short term memory is poor because of my illness and my pain medication can mean that I get my words muddled up and I have difficulty recalling a word that I need to use in a sentence however I can communicate a message if I need to and try to remain as stoic as possible.

If you need to add more please continue at Q15 **Additional Information**.

Q10 Reading

ⓘ **Use page 10 of the Information Booklet**

Please tell us about your ability to read and understand signs, symbols and words.

This means signs, symbols and words written or printed in your native written language and doesn't include Braille.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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

Q10a Do you 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?

Help includes someone:

- reading for you, and
- helping you to understand the meaning of signs, symbols or words.

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

Yes ☐ No ☑ Sometimes ☐

Q10 Extra information - **Reading**

Tell us more information about the difficulties or help you need to read and understand signs, symbols and words. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you are unable to read at all.
- If you need help from another person, what kind of help you need (for example whether you need someone to read for you or to explain to you what signs, symbols and words mean).
- If you use aids and appliances, tell us what type they are and how you use them.
- If your difficulties depend on how complicated the signs, symbols and words are, or how big they are, please tell us how.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain or tiredness.
- If you put something in the box below you don't have to fill all of the box.

I struggle to concentrate most of the time. However I can read 2 lines of text for the majority of time, which I believe is the test, this does vary on days when I am coughing uncontrollably most of the day however.

I am unable to fill in this form and have had help doing so and I am unable to concentrate long enough to fill it in and grip a pen.

If you need to add more please continue at Q15 **Additional Information**.

Q11 Mixing with other people

ⓘ **Use page 10 of the Information Booklet**

Please tell us about your ability to mix with other people.

This means how well you are able to get on with other people, understand how they're behaving towards you and behave appropriately to them. It includes both people you know well and people you don't know.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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?

Help includes someone:

- prompting or encouraging you to do so,
- being there to support or reassure you, and
- helping you understand how people are behaving towards you.

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 information about the difficulties or help you need to interact with other people. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, what kind of help you need (for example whether you need them to prompt, encourage and support you or to help you understand how people are behaving and how to behave yourself).
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you avoid mixing with others, please tell us.
- If your ability depends on who you are mixing with, please give details.
- If you have side effects from carrying out the activity - including before, during and after the activity - like anxiety and distress or tiredness and fatigue.
- If you put something in the box below you don't have to fill all of the box.

I avoid going out wherever possible and I do not often go out unaccompanied as I am at risk when I am outside which makes me anxious and stressed especially when the coughing fits start as I get quite conscious. I do not go to places I am not familiar alone with as I find it too stressful. I keep to my "safe" places. Most times I am with someone.

My short term memory is poor and although I do not have an official diagnosis of depression I do find I am down most days so take natural remedies. (Kalms)

If you need to add more please continue at Q15 **Additional Information**.

Q12 **Making decisions about money**

ⓘ **Use page 10 of the Information Booklet**

Please tell us about your ability to make decisions about spending and managing your money.

We want to know whether you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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?

Help includes someone:

- encouraging you,
- reminding you to do it or how to do it, and
- doing it for you.

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?

Help includes someone:

- encouraging you,
- reminding you to do it or how to do it, and
- doing it for you.

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 information about the difficulties or help you need making decisions about spending and managing your money. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind of help you need (for example whether they need to remind you to do it or how to do it or do it for you).
- If you can do it but it takes you a long time.
- If your needs vary, tell us in what way and how often - for example telling us about good days and bad days or how it varies throughout the day.
- If you have side effects from carrying out the activity - including before, during and after the activity - like significant anxiety and distress.
- If you put something in the box below you don't have to fill all of the box.

Bills are paid using Direct Debit which my husband had to set up when I kept forgetting to pay the bills on the right dates.
Due to my poor memory recall and concentration I can struggle to make financial decisions and remember sometimes however I understand that things have to be paid for most of the time, just not always what I have available to do so in the joint account.

If you need to add more please continue at Q15 **Additional Information**.

Q13 Going out

ⓘ **Use page 11 of the Information Booklet**

Please tell us about your ability to work out and follow a route to another place and if severe anxiety or stress prevents you from going out.

A route includes using public transport.

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

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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? Or do you need another person, guide dog or specialist aid to help you get there?

Help includes someone:

- to help you plan a route or plan it for you,
- to prompt or encourage you to go out or be with you when going out to reassure you, and
- to be with you to keep you safe or stop you getting lost.

Aids include:

- long canes and white sticks.

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

Yes ☐ No ☑ Sometimes ☐

Q13b Do you need help from another person, guide dog or specialist aid to get to a location that is unfamiliar to you?

Help includes someone:

- to prompt or encourage you to go out or be with you when going out to reassure you,
- to be with you to keep you safe or stop you getting lost, and
- to help you deal with public transport or unexpected circumstances.

Aids include:

- long canes and white sticks.

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 information about the difficulties or help you need to work out and follow a route to another place and whether severe anxiety or stress prevents you from going out. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind of help you need (for example whether they need to plan a route for you, encourage you to go out, reassure you or help you to make sure you don't go the wrong way).
- If you use a specialist aid such as a long cane or white stick, please tell us.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If your needs vary depending on where you're going, or what the route might involve, please tell us.
- If you have side effects from carrying out the activity - including before, during and after the activity - like anxiety and distress.
- If you put something in the box below you don't have to fill all of the box.

Walking anywhere can result in me becoming anxious however I do not suffer from overwhelming distress when out. The fear of falling is the biggest issue for me and fear of losing my breathe for this reason I do avoid going out alone and most times someone accompanies me for physical support.

I try and avoid going to places I am not familiar with as I find it too stressful.

If you need to add more please continue at Q15 **Additional Information**.

Q14 Moving around

ⓘ **Use page 11 of the Information Booklet**

Please tell us about your ability to physically move around.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

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 information about the difficulties or help you need to physically move around. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you regularly fall or are at risk of falling.
- If you use aids to help you walk, tell us what type they are - for example walking sticks, crutches or a prosthesis - and how you need to use them.
- If you use a wheelchair or similar device, tell us whether it's manual or powered and how often you need to use it.
- If your needs are affected by the terrain, please tell us - for example whether you have difficulty with uneven ground, curbs or steps.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you have side effects from carrying out the activity, like pain, breathlessness, tiredness, dizziness stress or anxiety - either during or after the activity - tell us about these.
- If you can do it but it takes you a long time.
- If you put something in the box below you don't have to fill all of the box.

I use a fischer walking stick x 2 because of the back/hip pain to help me mobilise, both inside and outside of the home. I sometimes use the furniture to mobilise inside my home. I use my scooter when outdoors though most of the time which my husband helps with.
I have a delayed reaction to pain which means that walking 20 metres one day means I will be agony the same and following day. I really cannot attempt to do this as the payback is so great and my feet feel as though they are going to split and knees are excruciating the more I attempt. Any exertion can leave me exhausted and wiped out for the rest of the day and often for days afterwards.
The pain adversely affects how quickly I can mobilise and I have to keep stopping to regain control of the pain. This means it takes me a long time to walk any distance.
The pain is there constantly and is made worse as soon as I start walking.
I catch my toes on kerbs which means I trip and stumble a lot.
I stumble regularly, and fall at least once a week.
I feel very unsteady when I am mobilising due to balance problems as well the problems with my feet and dizziness and breathlessness.
I have to stop regularly to take a break for a few minutes. I need to sit down to catch my breath and to ease the pain and or take my inhaler.
I suffer from dizziness which leaves me off balance all the time and I fall frequently due to my poor balance. I fell a lot in the past hence the purchase of the scooter, now I minimise the risk by using it for all trips. I am at a constant risk of falling and injuring myself.

If you need to add more please continue at Q15 **Additional Information**.

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 so here.
- You don't have to complete this part if you've covered everything in the form.
- If you put something in the box below you don't have to fill all of the box.

Illnesses cont.
I am experiencing dizziness a lot at present every day over the course of a few hours I will feel as though I am going to pass out and this is currently being monitored. I have angina but no longer see the cardiologist as it is medicated and it was a nasty infection that was aggravating the COPD and causing further breathing difficulties.
I find it harder to go out when the weather is bad and its wet as the breathing is more laboured than usual and I struggle more with the RA during colder or wet spells, and I also have difficulties on the other side of the scale with heat and swelling. Sometimes my hands and feet feel as though they are going to split open they swell so much. I also experience periods of numbness and pins and needles in them.
Grip is compromised because of the RA and swelling in my hands and fingers and the fingers are distorted and bend.

Cold weather affects the way I move and I find it even more difficult to venture out.

Please note this form has been completed with the help of Michelle Cardno Welfare Benefits Advisor, Fightback4Justice Unit 1, 200a Bury Rd Tottington Bury BL8 3DX

Continue on separate pieces of paper, if needed. Remember to write your name and National Insurance Number at the top of each page and tell us which questions your comments refer to.

What to do now

ⓘ **Use page 11 of the Information Booklet**

Check you've filled in all questions that apply to you or the person the claim is for and sign the declaration below in ink. **Tear off the letter on the front page; you don't need to send this back. On the last page you will see the address to return this form. Place this form in the envelope provided so that the address shows through the window. It doesn't need a stamp.**

What happens next

ⓘ **Use page 12 of the Information Booklet**

You're likely to be contacted soon to arrange a face to face consultation with a health professional. You'll be able to take someone with you to this. If we've enough information already, a consultation may not be needed.

Tell us about any help you (or someone who may accompany you) would need if you have to go for a face to face consultation. This will help us ensure your needs are met or consider if a home visit would be needed. For example tell us if:

- you / they can't get up and down stairs,
- you / they have difficulty travelling or using public transport,
- you / they have communication needs and what support you / they will need, and
- you / they need accessible toilets.

Please be specific about the needs you / they have.

I am unable to travel alone, travel for long distances or on public transport due to my illnesses. I will need plenty of notice for an assessment both to arrange a chaperone and also to minimise the pain involved. A ground floor room and a nearby toilet is required on the same level.

[redacted]

Declaration

We cannot pay any benefit until you've signed the declaration and returned the form to us. Please return the signed form straight away.

I declare that the information I have given on this form is correct and complete as far as I know and believe.

I understand that if I knowingly give false information, my benefit may be stopped and I may be liable to prosecution or other action.

I understand that I must promptly tell the office that pays my Personal Independence Payment of anything that may affect my entitlement to, or the amount of, that benefit.

I understand that the Department for Work and Pensions may use the information which it has now or may get in the future to decide whether I am entitled to:

- the benefit I am claiming,
- any other benefit I have claimed, and
- any other benefit I may claim or be awarded in the future.

Signature ☐ Date ☐ / ☐ / ☐
dd mm yy

Print your name here

For information about how we collect and use what you tell us, and for help and advice about other benefits, please see the **Information Booklet** enclosed.

FREEPOST RTBS-CBYC-SCZS
DWP Personal Independence Payment (4)
Warbreck House
Blackpool
FY2 0UZ

Please return the completed form to this address.

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope doesn't need a stamp unless you live outside the United Kingdom.

If you've access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website: **www.gov.uk/pip**