



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



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.

Numerous Consultant letters and a prescription list.
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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	<input type="text"/>
Address	<input type="text"/>
Profession	GP
Phone/textphone number Include the dialling code	<input type="text"/>
When did you last see them? (approximate date)	<input type="text"/>

Name

Address

Profession

Rheumatologist

Phone/textphone number
Include the dialling code

When did you last see
them? (approximate
date)

Name

Address

Profession

Phone/textphone number
Include the dialling code

When did you last see
them? (approximate
date)

Seeing since 2011. Last seen November 2017



- 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

Psoriatic Arthritis (widespread) it tends to move around in intensity to affect different parts of my body. I have constant pain in all joints. My arms are useless & I am in horrendous pain in my limbs radiates to the rest of my body. It is impossible to even sit most times. There is always something that is flaring, today its right hand side, shoulders, knee, elbow, arms. Tomorrow it could be the left hand side, or a full flare, the I often cannot move. I have regularly chronic widespread joint stiffness. PA knocks me off my feet constantly & overwhelms me. My BP low & causes dizziness, chronic fatigue, & I have cognitive issues. Anxiety & depression means you have very low moods, because of my restrictions & pain & short tempered, with social anxiety. I have had falls & my hands lock up daily. CONT.

Approximate start date

PS diagnosed 2009 via GP following blood tests. Referred onto the Rheumatologist who took over the care from GP. My latest flare has lasted since the beginning of Nov. Anxiety/Depression, diagnosed by GP and medicated 2010 (Nov) I have been referred to counselling. I have a carer because of my falls. She lives close by and comes here every day all day. CONT EXTRA INFO.



- 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.

See Attached prescription list too long to include here.

Hematologist takes bloods to test every 4 weeks because of iron deficiency. I have to then go in for a transfusion around every 12-15 weeks for one in hospital for around 6 weeks weekly.

I have tried oral morphine, which I could not tolerate as could not function.

I have had acupuncture, and physiotherapy in the past, which were not very effective.

Steroid Creams, (Derbovet) are applied throughout the day.

I have heat packs, and hot water bottles which I use regularly, and memory mattress. I

have had an OT assessment and have the following:

An extra rail on the stairs (I have downstairs bathroom too.)

I have a bath lift, (electronic)

A raised toilet and frame

A perching stool for the kitchen which I do have to get my husband to move upstairs sometimes. Wheelchair given by WC services NHS.

I have bought a mobility scooter, and I have a mobility car (taller one.) I do have peelers, jar openers and other aids, but I cannot use them as I struggled to much trying to grip them still, and my carer took over.

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

i 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 cannot use a perching stool in my kitchen but I cannot sit still enough to prepare a meal because of the pain in my hips & I cannot sit up especially without a back support & it slants too much. I cannot remember the last time I cooked a meal it was years ago, as it is not safe for me to do so and I have no grip at all. I also have previously left the cooker on and the pan boiled dry and it almost set on fire.

My grip is very poor and arms tire easily and if I put pressure on my hands through cutting it is excruciating at times. I have peelers but have never been able to use them. I cannot pick anything up because of significant pain. The main problem I have is motivation as I really struggle with fatigue and depression. I get hardly any sleep a night which really affects me mentally as does the pain.

Even making a drink is problematic and I cannot be bothered or may not be able to get off the chair to do so because of the pain and stiffness. I cannot stand or sit for more than a few minutes before it really starts becoming unbearable. I cannot get into the kitchen, and certainly could not hold a cup afterwards or stand there to make it.

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

Q4 Eating and drinking

i 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 cutlery easy grip handles that you put on them, still I struggle though and its a nightmare to use my hands, and the pain on squeezing and gripping anything is excruciating for me. I also do not carry food around as would drop anything weighty. I cannot lift anything because of the fragility of body, and the exertion will have a detrimental effect on my health, therefore I have to refrain from doing anything such as cutting foods. I eat finger foods most of the time and will often drop them.

Most days I struggle to eat because of the medication and lack of enthusiasm and I would need to be force fed. For the first 3 days of a flare I do not drink and my GP gives me com plan type drinks for some nutrition. Sometimes my mum will have to physically put the food in my mouth as I have not go the energy to lift my arms up to my face. I cannot be bothered or may not be able to get out of bed to do so because of the pain and stiffness. I cannot stand or sit for more than a few minutes before it really starts becoming unbearable. I feel physically sick around 4-5 days a week, and wont eat these days. I have to take all my pills on the Monday and its generally a couple of days after that are affected. It is the main side effect of the medication, and the anti sickness meds do not have much effect.

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

Q5 Managing treatments

i 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 have a dosette box, which I cannot do on my own, and my carer will put all the medication in the box for me and take them out of the packets, and collects them for me from the chemist and orders them.

I find that I am often too busy coping with the pain to remember what I have taken and when, so my carer gives me the tablets each time as I cannot remember when I have taken what or what is due. I have double dosed so many times in the past so carer took over, and if I wake up from dozing because I am just so exhausted I would then be disorientated and forget that I had already take them and probably take them again.

I am at risk because of the depression also and my carer keeps them away from me and I have spoken to my GP about this. The pain has been that bad that I can take the next dose too early and got into trouble with the GP. I will try anything when its unbearable.

I struggle to sit still long enough to sort the medication out also I cannot grip or squeeze bottles, etc, and cannot apply my creams myself.

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.

I have a bath lift which I still need help with, my husband or carer has to lift me physically into it. I cannot get in and out of a bath without assistance anymore because of the severity of my condition. Because of the thick creams I have to remove daily I need to bath every day and this is really difficult for us and takes a long time. I cannot lift my legs up enough and am in danger of falling if left alone. I cannot bend down and wash my legs and feet and need help with this, or let the water wash over me, and I struggle to complete this task because of the pain, and rigidity and pain and stiffness and I try not raise my arms above my head because of the intense back pain and my husband will wash my hair for me and helps me everytime. Which I find so degrading that I have to ask for help. I get exhausted very quickly and it wipes me out afterwards so I will need to rest.

I need physical support to complete the whole task, and would need to rest afterwards as would be exhausted.

I am unable to wash my top/bottom half without great difficulty, totally due to not being able to bend down and fatigue and dizziness.

I also lack the motivation to wash as it is so painful and wipes me out afterwards, I tend to want to put it off, but cannot do so, and need to be prompted and encouraged to do so. If I was left to my own devices I just would not do it. I do not shave my legs and struggle to brush my teeth.

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

Q7 Managing toilet needs

① 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 have difficulty getting to and from and on and off the toilet particularly because of the sheer pain and restrictions, at least 4-5 days out of 7 the pain does not subside enough to attempt to move, and I really struggle with this. I have a frame and raised toilet, and need help wiping and my hands and arms are so weak most of the time, that I cannot move them and I feel embarrassed about this. Any period of inactivity stiffens my body up, and I cannot move safely on waking up and am very stiff on waking and my carer and husband will also help me with this.

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

Q8 Dressing and undressing

i 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.

Getting dressed is another story and I generally cannot manage to get food into my mouth let alone get dressed , and my carer would need to help me get dressed by putting my socks on and helping pull up my trousers as I have no grip and I struggle to bend down to pull them up. I struggle with bra straps, buttons and zips. I cannot get dressed around 5 days out of 7 on average. Getting washed and into clean pajamas requires great effort and carer has to help me.

I cannot tie my laces and wear easy clothing.

I would struggle to stand and dress and always sit, and find it wipes me out afterwards. My carer will get the clothing out for me each day as getting them can be a real effort for me as they are upstairs and I cannot go up there.

I do not change much, and often need to be prompted to change clothing as I cannot be bothered and its too much effort. I rarely go out unless I literally have to so will only change when this is the case. I sleep in the same clothing that I wear in the daytime.

Everything I do has a detrimental effect on what I am able to do afterwards, as I am constantly fatigued and cannot be bothered.

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

Q9 Communicating

(i) 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.

I have anxiety and my carer comes to all appointments with me as I cannot take it in and I have just had a meltdown in the doctors today, because I could not get across what I wanted to say, and they did not understand my requests. 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. I can get simple words mixed up and cannot figure out what is wrong with it. I feel that lately I need to have a meltdown to get my point across.

I cannot bare to answer the phone and hate speaking to people. I panic when it rings or someone knocks at the door, and my mum/husband will do this all the time.

Even going to an appointment is very difficult to do and I would need someone with me for support mentally and physically.

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 wear glasses and my vision has worsened in the last 6 months. It gets worse as I tire and blurs, and I have a very poor memory recall and concentration which means if I read something I soon forget it and get fed up after a page.

The later it is the worst it is as I can often get double vision.

I have to reread things, and sitting down is uncomfortable for me and I tend to avoid it as I find it difficult to concentrate because of the pain. Everything has a knock on effect in some way. It triggers bigger migraines. My carer will need to reread my specialist letters and explain them to me. Even prescriptions are confusing for me and I cannot read the words and struggle to understand them so carer sorts this out for me.

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

Q11 Mixing with other people

(i) 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 to most social events even with people I know well. I have not got many friends as a result of my illnesses. I make any excuse not to mix with people I do not know and I feel very uncomfortable and am worried about mixing with others feel more anxious as people can see this which further exacerbates my anxiety. I cannot tolerate noise and it grates on me when there is a noise at all and I am very snappy.

I cannot motivate myself to mix with other people because my mood changes and I use avoidance and will take myself off on my own.

Every day I am in severe chronic pain in all my joints, back and high levels of medication, and in my muscles, which means I prefer to be at home. I want to be alone so that I can try and sleep and deal with the pain on my own rather than socializing. Also the fact I have poor memory recall is embarrassing if I am talking to someone I forget what the conversation was about.

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

Q12 Making decisions about money

i 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.

Due to my poor memory recall and concentration I struggle to make financial decisions on my own. My husband has absolute control and does all our banking online with direct debits. I just do not care about money and do not have any control over it, nor have any.

My poor memory and concentration levels means that it would take me considerably longer than an average person to work out how much change so my husband tends to use the card and I tend to not deal with cash as I have little control over it because I do not go out anywhere.

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

Q13 Going out

i 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.

I use a wheelchair and mobility scooter, which I try to get to the door of where I am going, and then have to try and walk the few steps, or go in the wheelchair, which carer or husband pushes. My husband or carer will always take me in the car if I have to go out, and they help get me out of the car, and he/she comes with me. I have great anxiety when going outdoors and will only manage it around a few times a month with coaxing and an appointment, and sometimes I will cancel these at the last minute because I cannot bear going out of the house.

The last time I went out on my own was over 18 months ago. I am being referred for counselling for this by the GP.

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

Q14 Moving around

① 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 rarely walk when out for more than 10m as my legs hurts too much and it exhausts me and then only with support. When I start to walk it is like a strong ache in my legs and feet. This gets worse the more I push myself and my legs will start to give way after a very short time, and it would be a case of falling to the floor and possible injury. I have done this a few times, and avoid this by not going out. My PA causes dizziness and I fell at home in the bathroom and family had to phone for help. I am a clumsy walker and cannot pick up my feet most days and my feet like lead weights sometimes and the more I push myself the more it hurts.

I cannot safely go up stairs and I have not been upstairs in my home for ages and I sleep downstairs on a sofa bed. All the joints in my legs hurt and the more I try and do the worse it is and I could not go out two days on a row even in my wheelchair. The PA is really affecting my life and I do not know how I will be from one day to the next.

If I push myself then the pain I will get weaker and weaker to the point where I will need to sit down quickly and would be bedridden for days.

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.

I am awaiting an appointment to start counselling following referral. Widespread Psoriasis for years, under Dermatologist, it cracks and bleeds. I have huge patches all over my body and they itch and need creams applying daily. I have a constant aching bone feeling, in my body in every joint, even fingers it never goes away. I have generalized muscle weakness/wastage in my arms but mostly my legs and it can feel as my legs wont support my body anymore as though its too heavy for my legs and they are going to give way, and I have a couch-bed downstairs as I cannot get up there most times, I sleep downstairs on this and have done for years as cannot get upstairs/downstairs and will have falls in the night. I cannot cope with the pain & will end up in bed lying flat, when the pain is so bad most days & painkillers will not touch it. Everything I do has a detrimental effect on what I am able to do afterwards and I cannot move the next day if I exert myself at all. I have a poor sleep pattern and then sometime I do not sleep for days at a time and the only way I get sleep then is through collapsing with exhaustion. On a bad day I cannot get up or do anything for myself at all, I cannot even feed myself sometimes.

Please note that this form has been completed with the assistance of Fightback4Justice Pro Bono Unit

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

① 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

① 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 need to have a centre close to me as I am unable to travel for long periods of time, and unable to use public transport. I would be at risk if I was left to navigate to a strange place alone. I therefore will need plenty of notice to enable me to get someone to bring me. I would require a ground floor assessment, and toilet close by and disabled access for my wheelchair.

How your disability affects you (Personal Independence Payment)

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