

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Profession	<input type="text"/>
Phone number (include the diallingcode)	<input type="text"/>
When did you last see them? (approximate date)	<input type="text"/>

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

## Section 2 - About your health condition or disability

Use page 7 of the Information Booklet to help you answer these questions.

### Q2a Tell us in the space below:

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

Health condition or disability

Approximate start date

Example: Diabetes

ADHD - Problems with inattentiveness, short attention span, impulsive, makes careless mistakes, unable to stick to tasks or focus, appearing not to listen at all. Danger to himself and others - this is high level, burnt things, needs constant supervision.

Bladder and incontinence problems Bowel incontinent daily, won't wear pads.

Bed wetting - every night - dad has to get up with him and change the bed every night.

Autistic Tendencies - Prefers routine, he does not like change to his routine. Concerned with germs, picks sores.

Dyslexia

May 2010

We will 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 to add more please continue at Q15 **Additional information**.

**Q2b Tell us about:**

- tablets or other medication you're taking or will be taking and the dosage
- any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis
- any side effects these have on you

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

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

Tell us in the rest of this form how your health conditions or disabilities affect your day-to-day activities.

#### Q3 Preparing Food

Use page 7 of the Information Booklet to help answer these questions.

**Tell us about whether you can prepare a simple one course meal for one from fresh ingredients.**

This includes things like:

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

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

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

Aids and appliances include things like:

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

Yes ☐ No ☒ Sometimes ☐

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

By this we mean:

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

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

Yes ☒ No ☐ Sometimes ☐

### Q3c Extra information - Preparing Food

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

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

X has ADHD and is not safe at all in a kitchen environment. He has to be supervised at all times and would be a danger to himself or others if he was allowed in a kitchen to prepare food.

He is not able to follow instructions or stay focused on a task. He does not hold any concept of danger, so he would be at high risk with knives, hot water or using a cooker. Last X he was in the kitchen with his dad and his dad turned his back for one minute and he put his coat on the hot ring and this set his coat on fire.

He has tendencies to hurt himself with knives and is not able to be left with kitchen utensils unsupervised. It become necessary to keep X away from the dangers that he could encounter in the kitchen.

His dad has tried to get him to use a microwave but he put things in which exploded. He has no concept of instructions on food packets and lacks the understanding to be able to manage simple foods.

His dad has to ensure X stays out of the kitchen - the kitchen is padlocked for his safety.

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

#### **Q4 Eating and drinking**

Use page 8 of the Information Booklet to help answer these questions.

**Tell us about whether you can eat and drink.**

This means:

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

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

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

Aids and appliances include things like:

- weighted cups, adapted cutlery

Yes ☐ No ☒ Sometimes ☐

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

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

Yes ☐ No ☒ Sometimes ☐

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

By this we mean:

- do they remind you to eat and drink?
- do they supervise you?
- do they physically help you to eat and drink?
- do they help you manage a feeding tube?

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

Yes ☒ No ☐ Sometimes ☐

#### Q4d Extra information - Eating and drinking

Tell us more about any difficulties you have when **eating and drinking**:

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

X is independent with eating and drinking in terms of using a knife and fork. However X requires supervision from his dad when he is eating and drinking. This is to ensure he remains safe at all times with a knife and fork. He would be at risk of poking the fork into himself or attempting to cut himself with the knife.

X dad has to supervise his nutritional intake at all times - he is prescribed paediatric hot chocolate to be taken daily and this takes a lot of time to prepare. It can take X 1-2 hours to drink this and his dad has to supervise this to ensure he drinks it. This is to manage his bowel problems and is crucial to X health.

X can also be very specific about quantity of food he will eat - for example he will specify how many chips and if his dad puts any more on his plate he will not eat them, he would leave the whole plate of food.

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

**Q5 Managing treatments**

Use page 8 of the Information Booklet to help answer these questions.

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

Monitoring changes includes things like:

- monitoring blood sugar level
- changes in mental state, and
- pain levels

A home treatment includes things like:

- physiotherapy, and
- home dialysis

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

**Q5a Do you need to use an aid or appliance to monitor your health conditions, take medication or manage home treatments?**

For example using a Dosette Box for tablets.

Yes ☐ No ☒ Sometimes ☐

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

By this we mean:

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

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

Yes ☒ No ☐ Sometimes ☐



**Q5c Extra information - Managing treatments**

Tell us more about any difficulties you have with **managing your treatments**:

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

has ADHD and all his medications have to be locked away and managed by his dad. The medications are locked in the kitchen and he does not have access to this room.

He would not be able to manage medications because of his ADHD and is inability to understand what the medications are for. He does not hold any knowledge of safety in relation to medications.

This is not changeable and he requires this assistance all the time.

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

**Q6 Washing and bathing**

Use page 8 of the Information Booklet to help answer these questions.

**Tell us about whether you can wash and bathe.**

This means things like:

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

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

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

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

Aids and appliances include things like:

- bath / shower seat, grab rails

Yes ☒ No ☐ Sometimes ☐

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

By this we mean:

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

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

Yes ☒ No ☐ Sometimes ☐

**Q6c Extra information - Washing and bathing**

Tell us more about any difficulties you have when **washing and bathing**:

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

X has been provided with grab rails and he has a shower over his bath. These grab rails were provided by occupational therapy services. Social services have just approved provision of a wet room and his dad is awaiting confirmation of a start date for the work to be completed.

X needs physical assistance and supervision in the shower at all times. X has problems with bowel continence and often has faecal soiling. His dad needs to be present to ensure he washes himself correctly. Due to the bowel problem X needs to go in the shower about 2-3 times per day as he is soiling himself many times during the day.

X has to be assisted to shave every other day, this is because he is not safe to be unattended with a razor. He would be at risk of cutting himself.

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

## **Q7 Managing toilet needs**

Use page 9 of the Information Booklet to help answer these questions.

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

Using the toilet means:

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

Managing incontinence means:

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

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

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

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

Aids and appliances include things like:

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

Yes ☒

No ☐

Sometimes ☐

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

By this we mean:

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

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

Yes ☒

No ☐

Sometimes ☐

**Q7c Extra information - Managing toilet needs**

Tell us more about any difficulties you have with your **toilet needs or incontinence**:

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

X has been prescribed with grab rails from occupational therapy to aid his sit to stand from the toilet. X needs support with toileting from his dad at all times because of his daily problems with incontinence.

X will not wear pads because he will not tolerate these. He has been tried with these but he will not wear these. X uses about 4 pairs of boxer shorts daily, these are then not washable and go in the bed.

His dad has to go into the toilet area to observe, encourage and verbally prompt X to cleanse himself properly following toileting. X has wet wipes in the toilet area and his dad uses nappy bags to put the dirty underwear into.

X also has nightly bed wetting episodes every night. He then wakes his dad and they have to go into the shower and wash. X needs supervision and help during the night because he is very sleepy. Whilst he is drying his body, his dad will change the bed sheets. He will not have water proof sheeting on the bed because he gets distressed with plastic sheeting. He has incontinence sheets on his bed.

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

**Q8 Dressing and undressing**

Use page 9 of the Information Booklet to help answer these questions.

**Tell us about whether you can dress or undress yourself.**

This means:

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

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

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

Aids and appliances include things like:

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

Yes ☐ No ☒ Sometimes ☐

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

By this we mean:

- do they physically help you?
- do they select your clothes?
- do they tell you when to dress or undress?
- do they tell you when to change your clothes?

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

Yes ☒ No ☐ Sometimes ☐

**Q8c Extra information - Dressing and undressing**

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

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

X needs supervision with dressing at all times and although he has the physical ability to complete certain aspects of dressing himself, he requires verbal prompting.

X needs his clothes choosing for him to ensure they are correct for the right weather conditions. He also needs them choosing to ensure they match so he does not look strange.

X also needs assistance with any buttons that require fastening. X needs assistance with shoe laces. X is also not able to put socks on and needs assistance with this. X often has accidents with clothes and needs to change his clothes up to four times per day. Therefore his dad is constantly washing and having to choose different clothes for him.

When X has soiled which is quite a few times a day, his dad has to physically assist him to change and remove the dirty clothes.

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

**Q9 Communicating**

Use page 10 of the Information Booklet to help answer these questions.

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

This means in your native spoken language.

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

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

Aids and appliances include things like:

- hearing and voice aids
- picture symbols, and
- assistive computer technology

Yes ☐

No ☒

Sometimes ☐

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

By this we mean:

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

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

Yes ☒

No ☐

Sometimes ☐



**Q9c Extra information - Communicating**

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

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

X has ADHD and this makes communication very difficult for him. He is not able to communicate in a normal manner and requires support from his dad all the time.

X has been in special schooling all his life and they are able to meet his communication needs.

X avoids eye contact, he will not communicate with anybody he does not know. He does not go out alone and if he did go out alone he would not have the ability to seek help if it was required.

He has an inability to articulate his needs and has a deficit in executive functioning. X also has a limited understanding of language and does not understand gestures or tones of voice.

He also struggles understanding non verbal communication and requires support from his dad at all times in this area.

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

## Q10 Reading

Use page 10 of the Information Booklet to help answer these questions.

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

This means:

- signs, symbols and words written or printed in your native language, **not braille**
- understanding numbers, including dates
- other instructions, such as timetables

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

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

Aids and appliances include things like magnifiers

Yes ☐ No ☒ Sometimes ☐

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

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

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

Yes ☒ No ☐ Sometimes ☐

**Q10c Extra information - Reading**

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

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

X is unable to read, he has never been able to read. X has dyslexia.

Anything that requires reading X has to have support with and this is always provided by his dad.

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

**Q11 Mixing with other people**

Use page 10 of the Information Booklet to help answer these questions.

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

This means how well you are able to:

- get on with other people face-to-face, either individually or as part of a group
- understand how they're behaving towards you, and
- behave appropriately towards them

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

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

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

By this we mean:

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

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

Yes ☒

No ☐

Sometimes ☐

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

Yes ☒

No ☐

Sometimes ☐

**Q11c Extra information - Mixing with other people**

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

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

X has ADHD and this affects his ability to mix and be around people. X attended special school and was only able to deal with people in very small class groups. Where the teaching staff truly understood his needs.

He is not able to follow conversations in a normal manner and would not be able to understand how people are behaving towards him.

This places X at risk and he is very vulnerable. He can shut himself down, become very nervous, agitated and anxious. He would be very withdrawn and even struggles mixing with people he knows. For example he has a relationship with his grandma and is really fond of her but struggles to interact with her. X does not go out and his grandma visits him at home, he just nods his head with her.

He does not show any emotion and does not understand non verbal communication. X does not understand humor. X does really struggle with people he has not met before, he would hide his face and would not engage in any form of communication. He has been thought to have the developmental age of about 7 years.

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

**Q12 Making decisions about money**

Use page 11 of the Information Booklet to help answer these questions.

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

This means:

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

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

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

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

By this we mean:

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

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

Yes ☒ No ☐ Sometimes ☐

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

By this we mean:

- do you need someone to do it for you?
- do they have to help you manage your bills?
- do you need encouraging to do it?

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

Yes ☒ No ☐ Sometimes ☐

**Q12c Extra information - Making decisions about money**

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

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

X does not do anything to do with financial decisions. He does not understand basic addition and subtraction.

He would not manage a monetary transaction in a shop and would not be able to identify what change is required. X is documented to have a developmental age of 7 and is not able to manage more complex budgetary decisions. He requires support with this at all times.

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

### Q13 Going out

Use page 11 of the Information Booklet to help answer these questions.

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

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

This activity doesn't look at your ability to walk which is covered in Question 14, **Moving around**.

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

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

By this we mean do you:

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

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

Yes ☒ No ☐ Sometimes ☐

#### Q13b Do you need help getting to somewhere you don't know well?

By this we mean do you:

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

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

Yes ☒ No ☐ Sometimes ☐

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

Yes ☒ No ☐ Sometimes ☐



**Q13d Extra information - Going out**

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

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

X is taken to all his appointments

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

**Q14 Moving around**

Use page 11 of the Information Booklet to help answer these questions.

**Tell us about whether you can physically move around.**

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

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

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

- to give you an idea of distance, 50 metres is approximately 5 buses parked end to end

Less than 20  
metres

☐

Between 20  
and 50 metres

☐

Between 50  
and 200 metres

☐

200 metres  
or more

☐

It varies

☐**Q14b Do you need to 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 ☐

#### Q14d Extra information - Moving around

Tell us more about any difficulties when **moving around**:

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

X is independent with mobility but he requires supervision with outdoor mobility at all times. He would not be safe without this supervision.

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 it here
- You don't have to complete this part if you've covered everything in the form

X has ADHD and this means he has a short span of attention, he is careless in his day to day life. He appears forgetful and can easily lose things. He has an inability to focus on a task and stick to the task in hand. He can appear unable to listen or carry out any given instructions. He needs constant supervision and assistance to remain safe in his day to day life. He demonstrates little or no sense of danger.

X wakes about 06.30am and his dad has to prepare a juice to take his medication tablet at about 7am. X is assisted then to dress and he needs dressing and undressing due to problems with bowel incontinence. Dressing can take 40-50 minutes at a time.

He requires showering approximately 4 times per day and this is very time consuming. X finds day to day problems difficult and communication is really hard for him.

He does not have a social life or friends he mixes with, he also does not have any hobbies.

X does not live an independent life and needs assistance with all activities of daily living.

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.

## Section 4 - What to do now

Also see page 12 of the Information Booklet

- Tear off and keep the letter on the front page
- Check you've answered all the questions and sign the declaration in ink.
- Place this form in the envelope provided so that the address on the back page shows through the window.

### What happens next

After we've received your form we may contact you to arrange a face-to-face consultation with a health professional.

This will give you the chance to tell us more about how your health condition or disability affects your daily life. If you've given us enough information, we might not need to see you.

**If we ask you to go to a face-to-face consultation, you must attend, or we can't decide if you're able to get PIP.**

### Coming to a face-to-face consultation

You'll be able to take someone with you. If you can't attend on the date given, you can contact the health professional to rearrange. The consultation will last about an hour, it's not a full physical examination, but the health professional will talk to you to understand how your health condition or disability affects your daily life.

Tell us about any help you (or someone you bring with you) would need if you have to go for a face-to-face consultation.

X would not be able to manage with a face to face interview. It would cause him a great deal of distress

## Declaration

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

**I declare that** the information I have given on this form is complete and correct.

**I understand** if I give wrong or incomplete information, my benefit may be stopped and I may be prosecuted or may have to pay a penalty.

**I understand** 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.

**This is my claim for Personal Independence Payment.**

Signature

Date

Print your name here

## **How the Department for Work and Pensions collects and uses information**

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, visit our website

**[www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)** or contact any of our offices.