

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text" value="Postcode"/>
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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Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text" value="Postcode"/>
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

May 2010

Alcoholism  
COPD  
Partially Deaf  
Depression / Anxiety  
Incontinence

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

Please see attached Prescription list

Side Effects of medication;

Therapies:

Aids /Adaptations;

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

My ability to complete activities of daily living are severely affected by my mental health. I am unable to plan, start and complete simple tasks, I get distracted and forget I am doing.

My low moods restrict my life hugely and due to my mental state I require supervision to keep safe

I have no awareness for my personal safety I suffer with extreme constant low moods and alcoholism. I have blackouts, making it unsafe for me to cook without the supervision or assistance of another person.

As a result of my poor mental state I require supervision to keep safe.

I am unable to safely, reliably or repeatedly prepare or cook a meal and rely on my family to prepare and cook meals and complete any kitchen based activities

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

I suffer with Bulimia, I binge eat then make myself sick, this is another way I can self harm, I feel I can control a situation, therefore my family have to encourage me to eat, however I will then go and make myself sick.

I have an alcohol problem, where I can drink 5litre of alcohol on one day and eat no food.

I am very vulnerable and unable to self care hence the reason I require help from my family to eat, I do not maintain a regular diet or eating pattern and constantly miss meals. My extreme low moods remove my appetite so I would not bother to eat at all if it wasn't from the help and support from my family. I would just eat crisps and biscuits. Food is not my priority.

I am unable to eat any solid foods currently due to 'gagging', I am only able to eat tomato soup with melted cheese when I eat.

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

I require prompting to take my medication as a result of my poor memory and issues around alcohol dependency.

My x collects and dispense my medication into a dosette box.

I resort to alcohol as a kind of self-medication and require supervision to be able to manage my health condition and medication.

I have extremely poor mental health which has to be monitored by my family, I have suicidal thoughts and self harmed.

I could not be relied on to manage my medication safely, or reliably.

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

I require encouragement to shower as I have very little motivation at all to get do anything I do not bother to shower or even change my clothes and neglect my personal hygiene.

I have recurrent major depressive episodes and some days I cannot get out of bed

I can go months without showering, I do not notice when I smell and I do not think that I am dirty. Even with prompting and encouragement I refuse to shower.

I go days without brushing my teeth through self neglect, it is not my priority.

I have no interest in leaving the house therefore find little reason to dress or wash.

Due to my poor mental health I struggle to concentrate on myself or complete tasks and self neglect my hygiene.

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

I suffer from an over-active bladder and wear incontinence pads daily. I have difficulty controlling my bladder and self neglect, I need prompting from family to change my pads and wash down below.

I also have difficulty controlling my bowels due to the amount of alcohol I drink and still require help to change my pad or clothes following a bowel accident, without it I would not bother to change at all.

I have no interest nor do I care about my personal hygiene as a result of mental health issues and my alcohol dependence.

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

I lack the motivation and energy to dress therefore require prompting or encouragement.

I have recurrent major depressive episodes and some days I cannot even get out of bed

Even with prompting I find it difficult to get motivated to get dressed and will remain in my pyjamas. I do not see the point, and there is no reason to.

I rarely brush my hair, and if there are food stains on my clothes I will not bother to change.

I do not care for my appearance or personal hygiene, it is not my priority. I will wear the same clothes for days without changing them because I cannot be bothered.

I do not wash my clothes, it seems a waste of energy, I have extremely poor mental health and have alcohol dependency, this effects my ability to complete such tasks which seem meaningless.

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

I have 70% hearing loss and I wear two hearing aids. I hear voices in my head and hallucinations trying to control me making it difficult at times to communicate. They will tell me that bad things will happen to my family.

I am alcohol dependent and when under the influence it effects my ability to communicate effectively, while intoxicated I struggle to understand what others are saying, I overreact to situations and I become verbally aggressive and agitated.

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

I am independent with this activity

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

I suffer from severe anxiety, I do not socialise and feel anxious even when I see people I know, if they are late or do not turn up when they say, I become agitated.

I am very selective of who I have around me and have only have a small handful of people I trust. I struggle to stay focused on what I am doing and I worry about how others see me, how my behaviour may effect them and feel everyone is judging me.

I often become abrupt, angry and agitated very easily if I think people are looking at or are talking about me. I can take things the wrong way which result in me becoming angry. I hold grudges and think of ways I can get back at them for whatever they have done, so mixing with others has detrimental effect on my mental health.

My dependence for alcohol for a long time has impacted my ability to perceive and differentiate between the emotions expressed by others, which often results in giving the wrong signals.

I self isolate, and I am becoming reclusive.

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

Due to my dependence on alcohol this alters my judgement and cognition.

I find having to manage household bills and budgeting extremely stressful and unable to manage these therefore have to rely on my x or bills etc would not get paid and I would fall into debt once again.

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

I have to be accompanied when going out for support and reassurance and for my own and others safety.

The whole process very stressful for me before I have to go out, even to somewhere I know well. I hear voices in my head that tell me not to leave the house as it is not safe and something bad will happen making me paranoid and very frightened.

I experience frequent panic attacks caused by depression, anxiety and past traumas which control my life. I am unable to leave the house alone due to my vulnerability and my anxieties. I fear being vulnerable, being left alone or getting lost, therefore I need to be accompanied on journeys to avoid overwhelming psychological distress.

I am unable to use public transport, I do not like sitting next to strangers as this causes great distress and would most likely result in a full blown panic attack.

I suffer blackouts due to my excessive drinking and alcohol problems. I regularly need to have someone with me to ensure my safety

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

I have nodules on my lungs which are effecting my breathing and ability to mobilise, I can sometimes walk 20 metres but no more than 50. I become very breathless and have coughing fits, so I have to take regular breaks to control of my breathing.

I put myself at risk of falling down stairs due to my issues with alcohol, as I suffer with blackouts due to my excessive drinking and alcohol problems. I regularly need to have someone with me to ensure my safety I have recently fallen downstairs when intoxicated and broken my leg.

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



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.

I would find it extremely difficult to attend a assessment centre due to my mental health and anxiety. I have major depressive episodes where I am unable to leave the house and my Mental Health deteriorates quickly.

## Declaration

**We cannot pay any benefit until you've signed the declaration and returned this form to us. Please return by 28 August 2017.**

**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

