Name	
Address	
	Postcode
Profession	GP
Phone number (include the diallingcode)	
When did you last see them? (approximate date)	

Name	
Address	
	Postcode
Profession	Consultant
Phone number (include the diallingcode)	
When did you last see them? (approximate date)	

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
Hereditary Motory Sensory Neuropathy Charcot Marie Tooth Disease	

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

I take painkillers every day just to cope with pain and stiffness.
I rely on Ibuprofen and Paracetamol, repeating often as I can, usually the maximum dose.
I take no prescription painkillers due to the overwhelming side effects that these would have on my body and my cognitive abilities.
I have a brain that works, and I try to just to cope with the pain using over the counter relief.
Injections every 3-4 months to try and help with the pain.
Physiotherapy, hasn't made a significant improvement.
Referred to a Neuro-Physio unit. I am currently waiting for an appointment.
AIDS;
Prostheses that keep my legs up
Adapted cutlery/beaker
Heat pads for my leg and for my ankle joints.
Grab rails
Long handled brush
Non slip bath mat
Hospital Pan
Raised toilet seat
Walking stick

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

I cannot prepare or cook a meal from scratch as I suffer with pain throughout my body and have difficulties with my grip. I am unable to peel or chop vegetables due to having no grip in my hands because of my condition and the muscle wastage.

I have tried various aids ie lightweight pots and pans and found I still dropped them. It has got much worse over the years. I have tried to buy ready prepared vegetables in the past but poor grip means I cannot open the packets or use scissors safely to open them.
I cannot prepare a microwave meal as I am unable to use a knife to pierce the packet, or carry the food reliably.

I rely on my partner and family to cook and prepare all my meals. I have a large family who help out and bring meals to me or will come and prepare fresh meals in the kitchen and ensure they have nutritional value.

I have to be very careful in the kitchen, as I have no sensation in my legs or hands, if I spilled anything on myself I would burn and be unaware this was happening.

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

Eating and drinking is very difficult as I struggle to lift anything, even food. I have adapted cutlery to help me to eat.
I also have a drinking beaker with an adapted handle and a long straw.
Prior to using these I was spilling drinks on myself and continuously dropping things, although, these aids help my limited grip it still makes it very difficult for me to hold them.

I still need assistance to cut up my food, so when the cooking is done and meals are prepared my family ensure the food is cut into in bite size chunks. I have tried to eat finger foods but I do not have very good pincer movement.

The difficulty with my grip makes me feel very fatigued after eating meals at least a few times a week.

I am also prompted by my family to eat meals. I get regular phone calls to ensure I've eaten and offers to come to prepare my meals.

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 have an easy opening dosette box, as I cannot use blister packs. I open it and tip the tablets out as I have difficulty holding them in my fingers. My family and partner help and give the tablets to me on my worst days when I cannot hold them or use the box.

I use heat pads for my legs and ankle joints. I rely on my partner and family to prepare them for me. I have very limited sensation in my feet and legs, and I tend to use heat pads throughout the year but a lot more in winter. They help ease the pain and circulation. In the last 5 to 6 years I have been struggling with pain in my shoulders, and I have started to use heat pads around this area too.

My GP has noted there has been significant muscle wastage around my shoulders and arms. I have no muscle density from my knees down in my calves/ankles/feet.

I have massages from my family most days and practice physiotherapy exercises often as I can. Although this is not a cure, it does help and sometimes it can provide some relief. For this reason, I have been been referred to a Neuro-Physio unit. I am currently waiting for an appointment.

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 cannot wash by myself. My family help me do this a few times a week, depending on the pain I am in.
I require help to get in and out of the bath/shower. I have a non slip mat.
I also have a long handled brush to reach parts that I cannot bend or lift my arms up to.

I have grab rails throughout the bathroom to help keep me stable and not fall. I began slipping and falling quite some time ago, and I am unsteady on my feet with no balance. I have fallen over so many times banging my head causing severe bruising.

It takes a very long time to do wash. I try to wash myself if I can but due to the risk of falling I tend to wait and get help from family as it is not safe for me to do this alone.

I am fatigued and in pain constantly, and after a bath the exertion takes it's toll and I am wiped out.

Once washed, my family will put a towel over the closed toilet seat and I will sit down so I can dry myself as I have fallen over and injured myself many times.

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 have a hospital pan which is close to my bedside if I cannot make it to the toilet, this prevents having any accidents.

I have a raised toilet seat.

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 try to get dressed by myself, but this can be very difficult and I often need help from my family. I cannot use buttons due to lack of fine motor skills so I wear a lot of pull on clothes, ie, loose t-shirts and tracksuits.

I wear velcro fastening shoes but due to having no pincer movement in my hands they can be difficult to fasten so I require help.

My family help me get dressed and undressed, as both tasks are equally as difficult. I have tried to adapt over the last 25 years to live a little independently, but I know when I need help and as time goes on I am finding I need more and more help.

Getting dressed is also very time consuming, it takes me much longer to get dressed now than it has before making me feel very fatigued. It takes the same amount of time to get undressed.

If I have an appointment I have to get up a lot earlier because I know that I have to pace myself and take breaks in between dressing.

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 can communicate with others when I am not in severe pai, however I dislike social environments as they make me feel stressed and paranoid that others are looking and judging me.

I try to use a mobile phone to speak with others but due to my poor grip I drop in constantly.

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 sometimes use a magnifying glass but I am able to read by myself.

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 do not actively mix with people so I have no social life and stay at home as much as I can.
My family visit me but on days when I am in severe pain, I cannot find the energy to speak so tell them not to come around.

Mixing with others away from home is very difficult for me.
I use a walking stick and feel that people make assumptions regarding my condition so this does put me off mixing with others in an environment when I can be judged. I would love to go out and about. I have been asked by the family to go swimming but it plays on my mind as to what people will think and although I've tried to overcome this, I've never been able to.

My family tend to visit me a lot as they know I would rather than meet them out of the comfort of my home and in social situations.
They come and pick me up and take me to their houses after a lot of encouragement and motivation.

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

I can manage my finances by myself as they are all direct debits .
.

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 tend not to go out alone. I usually have to have someone with me as I have foot drop and prone to falling, which are many. Each fall leaves me in pain for days afterwards and shatters a bit of my confidence.

I would try to plan a journey but would become anxious about new places and ensuring they are accessible as there is always a worry of curbs, steps, accessible things such as lifts. I am constantly stumbling and spraining my ankles.

When going out, I need encouragement, partly because of the worry of what people are thinking. There's an awful lot of apprehension, and it hasn't got easier with time, I feel as though it's worsened considerably in the last 5 years.
I feel embarrassed about having my walking stick and fo family members who are with me.

I have to ensure I've had rest prior to going out. It takes up a lot of energy and I am often left feeling drained afterwards so I try and rest in between.

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

Walking is incredibly difficult, despite the fact I use a walking stick. I have tried to use the prostheses but they are very uncomfortable. I try to do 20 metres but I often have to stop to rest. Due to pain I can only move around very slowly taking regular breaks. I have no muscle strength in my lower legs, so it can be very tiring.

I live on one floor, and everything is level. I have lots of grab rails throughout the property to help m

I rely on my walking stick as I fall over regularly, and stumble quite a lot due to my balance and foot drop, it wipes me out and restricts my mobility for days.

I have suffered very severe bruising in the past from my falls.

I need to take my time at home and hold onto the furniture and walls for support.

I have incredible difficulty with curbs and uneven surfaces. I am constantly walking into things, either by knocking my knees or hands against something.
I have a severe lack of coordination due to my condition.

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

Although I live alone, I have a very supportive family. I am dependent on their help as I am unable to do most things on my own.
They provide endless support and help me with day to day tasks that others can take for granted.

My mobility is very limited due to my condition. I have gout in my foot and terrible foot drop so I fall over often, despite using aids and my walking stick to support me.
I have little or no sensation in my feet and lower legs. Over the last 5 years I've noticed a decline with my grip in my hands and fingers.

My recent appointments have shown there is muscle wastage in my shoulders and also between my thumb, index finger and forefinger.

I rely on the aids I have to try and function. I've held on to my independence for as long as I possibly could, but my condition has got to a stage where I need assistance in almost every area of my life.
I have a brain that works, as my cognitive ability is not impaired but my body does not work as it should and so I have no choice but to continue and ask for help.

I have completed this form on behalf of x due to the symptoms of his condition. He struggles with his grip and would not be able to hold a pen or type. We have discussed each section in detail.

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 prefer a home assessment due to my mobility issues.

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	