

Name

Address   
  
Postcode

Profession

Phone number (include  
the diallingcode)

When did you last see  
them? (approximate  
date)

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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

Example: Diabetes

Bipolar Affective Disorder.  
Borderline Personality Disorder.  
Avoidant Personality Disorder.  
Paranoid Personality Disorder.  
Coeliac Disease  
Plantar Fasciitis both feet.  
Guillan Barre Syndrome many years ago but has residual problems with weakness and fatigue.

Approximate start date

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

Lithium Carbonate 200mg 4 tablets daily.

Thiamine 100mg 1 tablet daily.

Lansoprazole 30mg 1 tablet daily.

X has difficulty remembering to take his medication regularly, historically when he has been acutely unwell he received daily visits from the Crisis team who observed him taking his medication and monitored any side effects. He needs to be prompted to take medicines regularly and this needs to be a part of his ongoing care package. He has poor insight into his condition and symptoms, he struggles to recognise when his condition is deteriorating and often not realise he is having difficulties until he has deteriorated significantly and the Crisis team have to get involved again.

X experiences lots of side effects due to his medication these include:

Muscle spasm/pain and fatigue.

Sleep disturbances including vivid and distressing nightmares.

He will often feel "groggy" and as though he cannot relate to the world around him.

His reactions are slowed.

He experiences a loss of appetite and food tastes different.

X has had liver damage in the past and his liver function needs to be monitored closely.

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 mental health issues mean he lacks motivation to prepare and cook a meal, he has a very disorganised lifestyle and his problems with alcohol and drug misuse make it difficult to prepare or cook a meal safely. He is often distracted or under the influence of alcohol or drugs, he would be at significant risk of sustaining an injury due to his poor concentration if he attempted to prepare a simple meal.

His poor concentration means he struggles to follow instructions even if they are simple step by step format. He struggles to complete tasks and has started to cook a meal, become distracted and forgotten he's left it in the oven on numerous occasions. If he attempts to use sharp objects or items such as a hot stove he would be at risk of sustaining an injury due to his poor concentration, he cannot perform any meal preparation safely, reliably or repeatedly.

He has had multiple scalds and burns and cuts whilst preparing a meal. X is not able to plan or prepare his meals, he rarely has food available at home and relies on pre-prepared meals that he can re-heat in the microwave.

He often misses several meals each day and eats when he feels able to.

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 has a poor appetite, this is exacerbated by the side effects of his medication, He will forget to eat at mealtimes and regularly misses several meals each day, he can go for several days without eating at all.

X needs to be prompted to eat regular meals at regular times, without regular prompting and reminders he will not manage to eat regularly and this has a detrimental effect on both his physical and mental health.

He suffers from Coeliac Disease and should eat a gluten free diet however finds this difficult to follow and tries to limit his intake of gluten. This means that he will often have some symptoms due to having some gluten in his diet.

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

X approach to his medication is at best "chaotic" he regularly forgets to take his it either at times it is prescribed or in the correct dosages. When he is experiencing an exacerbation of his mental health problems he feels he doesn't need to take his medication and he is managing to cope with everything without any help, after a short period of him doing this his health will deteriorate dramatically and he will end up back under the care of the Mental Health Team.

The Mental Health Team will implement a plan where he receives regular support and prompting to take his medication after which his health will improve, he will appear to be coping, when he is coping well X will disengage from the support and the cycle begins again. The Mental Health Team have suggested that he uses a dosette box to help him manage his medication.

X experiences feelings of isolation and despair due to his condition, when this happens he is at significant risk of taking an overdose of his medication either to relieve his symptoms, or with the deliberate intention of harming himself. He has always taken his medication erratically and this places him at an increased risk of taking an accidental or deliberate overdose and he requires constant supervision and prompting to reduce this risk.

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 struggles to maintain his hygiene, he will go for long periods without having a bath as he doesn't have the energy or the motivation to look after himself. X water heater broke several months ago and he hasn't been able to have a bath at all since then. He hasn't been in touch with his landlord to arrange repairs that were recommended when an engineer came out to check the fault. X does not want to have workmen in his home so has not spoken to the landlord to arrange the repairs and has been having strip washes at the sink.

He doesn't recognise the need to wash regularly especially when he is unwell and is struggling to manage the jumble of intrusive thoughts going through his head.

Due to his alcohol use and abuse of medication/use of unprescribed drugs X is not safe attempting to have a bath on his own, he needs someone to prompt and supervise him as he is likely to fall asleep in the bath placing him at significant risk of sustaining an injury or drowning.

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 episodes of urinary and faecal incontinence, these happen more frequently when he has been drinking. He finds these episodes extremely embarrassing and difficult to discuss.

X has been diagnosed with Coeliac disease but struggles to follow a gluten free diet, when he does eat foods containing gluten he experiences more frequent episodes of diarrhea which is difficult for him to manage.

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 clothing is often inappropriate due to his chaotic lifestyle, he has a limited amount of clothing and he is often not well enough to keep it clean and in order. He will grab the first available thing off the pile on the floor, taking no notice of whether it is clean or not, or whether it is appropriate to the weather or the situation.

X often appears disheveled and wears clothing that is stained or dirty, when he is unwell he will wear the same set of clothes for many days and nights, his clothing is often dirty and crumpled and he cannot manage his own wardrobe. He relies on other people telling him that his clothing is appropriate or when he needs to change his clothing as he isn't always able to do this himself.

X will often not bother to get dressed at all, at home will just wear his dressing gown as he rarely leaves the house and doesn't invite unfamiliar people into his home.

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 struggles to talk to people he doesn't know well, he suffers from severe anxiety and finds all social situations stressful. He avoids contact with people wherever possible and struggles to form and maintain relationships. X becomes paranoid when unwell when he is not taking his medication, this makes it impossible for him to communicate with either his peers or members of the healthcare team.

X is embarrassed about his difficulties and will lock himself away rather than reaching out to the support being offered, this results in him being repeatedly discharged from mental health services at the times he needs them most.

He then continues to deteriorate both physically and mentally until he reaches "crisis point" and he is referred back to the mental health team.

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 able to read but lacks the concentration or motivation to do so, he regularly ignores letters, not even opening them, just leaving them in a pile. This causes problems when he fails to attend appointments or does not provide information that has been requested from him.

When X received the letter about his PIP application it took 2 weeks before he was able to open the envelope he then had to try to find someone to help him complete the form as he feels totally overwhelmed by it and unable to do this himself. He is rarely able to find the supporting information to enclose with an application as his home is so cluttered and disorganised.

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 is very socially isolated he doesn't have many friends and forms friendships with people with similar problems to his own, ie alcohol problems or drug use. He rarely goes out and doesn't like people coming to his home, which is cluttered and chaotic. When taking his medication and not drinking X wants to engage with the mental health team and realises his relationships are destructive, when drinking he will not engage with the team and reverts to his destructive behaviors.

X is very mistrustful of others and finds it difficult to let people get close to him, his personality disorders mean he is always suspicious of peoples motives and can become confrontational and aggressive. This makes his relationships even more difficult.

He suffers from anxiety which is extremely severe when he is outside his home, He worries that others are watching him, making judgments about him. X can be quite an imposing character, when he is anxious and irritable he can appear to be quite threatening which makes it difficult for others to approach him.

He can be quite hostile and aggressive when he speaks to people making communication difficult.

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 struggles to manage his finances, he regularly ignores bills and has several outstanding accounts, he is in debt with many of his utility and basic bills and struggles to ensure that his basic utility and living bills are paid on time.

When X does receive any money he is impulsive, instead of clearing debts and that he has food and basic essentials he goes out and spend it all on alcohol or drugs.

He regularly borrows money from friends or will lend money to these same friends when able to.

He is very vulnerable to being manipulated with financial affairs and will try to help his friends out when he is able, this can mean he lends friends the money he should be spending on food or utilities.

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 finds planning and following a journey very difficult he manages familiar destinations but isn't able to travel to unfamiliar destinations unless someone is with him to ensure he follows the directions and doesn't get lost or into difficulty on the way.

X suffers paranoid thoughts and social anxiety, he is not able to approach unfamiliar people to ask for help or assistance, he becomes extremely anxious in unfamiliar environments and is unable to think logically or know when to seek help. If he gets lost he will continue trying to find his own way or will just give up and abandon the journey. If he manages to seek help he will often come across as aggressive and people will be reluctant to help him.

When he is outside X feels unsafe and more vulnerable, he becomes anxious and this increases his inability to cope with situations, he experiences panic attacks and is overwhelmed by everything going on around him.

X will never travel to an appointment at an unfamiliar destination unless someone he knows and trusts is able to accompany him. Even with support from a friend or care team he will find the whole process exhausting.

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

Although X has no severe physical illness or disability affecting his ability to walk, he rarely leaves his home due to mental health problems. When he does go outside he finds walking difficult, he experiences pain in the soles/heels of his feet due to Plantar Fasciitis. He develops muscular pains in his arms and legs, and is only able to walk for short distances (this is a well documented side effect of his medication)

He develops physical symptoms of anxiety and panic attacks when he has to walk outside his home, these include: a fast heart-rate, feeling dizzy to a state of collapse. X anxiety means that he will rarely leave his home unless he has to attend an appointment.

His mental health problems mean he feels very exposed when outside, he can become paranoid and delusional especially when not taking his medication. He is acutely aware of what is going on around him, and always has an "escape route" planned.

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 been experiencing mental health difficulties for many years he has been under the care of mental health services repeatedly but disengages when he seems to be managing his condition. His condition affects most areas of his life and he requires continued and high levels of support to help him to live in the community safely. x severe and enduring mental health problems mean he is likely to require ongoing support for many years and unlikely to ever manage without support. His lifestyle is chaotic, he is not able to manage most basic activities that others take for granted. x goes through repeated exacerbations of his symptoms which result in repeated referrals to Mental Health Team, he will disengage when he starts to feel better, the cycle continues. Any additional stress or pressure will result in a deterioration of his mental health, a face to face assessment is having a severe detrimental effect on his mental health. I have worked as a health care professional for many years and have found it extremely difficult to engage with X due to the severity of his symptoms and his high levels of anxiety and distress. He has required high levels of additional support and even this has not been sufficient to prevent worsening of his mental health conditions.

This form has been completed by x a welfare benefits advisor and retired Specialist Nurse Practitioner from Fightback4Justice

I have completed this form on behalf of x as his condition is so overwhelming, he has suffered from anxiety when he has received previous forms and wanted support in doing it this time. We've discussed each section in detail. He also struggles to write clearly at all with a pen. We struggled to do the form as he was fatigued and clearly in a lot of distress, I have then completed the form based on the information x has supplied.

Please see evidence enclosed and prescription list for current medication.

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.

If it is felt after reviewing the completed application form and evidence, that x needs to attend a Face to Face Assessment, we ask that you contact his GP in the first instance. x will require a high level of support to enable him to attend a face to face assessment.

**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.