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

Name	
Address	 Postcode
Profession	
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
Systemic Lupus Erythematosus. Under-active Thyroid. Fibromyalgia. Osteoarthritis Asthma. I was diagnosed with Lupus in x under the care of a Rheumatologist until my condition stabilised, I now see my GP for ongoing monitoring and management of my conditions. My GP is experienced in the effects of my disease and is able to adjust my medication to manage exacerbations of my condition. It is often difficult to determine the exact cause of some of my symptoms as there is so much overlap between my illnesses.	

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

Prescription list;

Sise affects;

Therapies;

Aids/adaptations;

upcoming scans, referrals etc;

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 family prepare and cook all my meals. I have constant pain in my back, hips and knees made worse by standing or movement, most days I can manage to stand for a max of 5 minutes before it becomes unbearable with shooting pains through my buttocks to my legs. It feels like the bones in my hips are rubbing against each other, I can fee pressure building inside my joints.

My hands and arms are affected by arthritis and Lupus. I have poor grip in both hands and the power in my hands is greatly reduced. My shoulders are painful and I struggle to raise my arms due to limited movement. I am unable to lift lightweight pans. I have a hot water dispenser filled each morning so I just press a button to make a drink.
I struggle with all forms of packaging and cannot open bottles, jars or packets. I frequently drop things especially when I get spasms in my hands and have scalded myself many times.

I am constantly exhausted and my concentration is poor. I have put a pan on the cooker and forgotten about. Brain fog makes it difficult for me to concentrate or remember anything, I often start a task and forget what I am doing I would not be able to follow simple instructions.

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 struggle to grip anything due to pain and stiffness in my hands and shoulders so I rely on my husband to cut up any food for me.
I get pain and spasms in my hands especially when I try to grip cutlery. I use specialist "easy grip" cutlery that has larger, softer handles and is easier for me to hold.

I struggle to hold a cup and can only manage small lightweight cups which are partially filled as I tend to drop them. I have had many burns and scalds from spilling hot liquid onto myself.

On days I am unable to get out of bed I have my meals brought to me if I have any appetite.

I no longer go out for meals as I am aware of people looking at me and feel very self conscious.

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

My medication is ordered on-line from the doctors surgery on a monthly basis and a member of my family will collect it from the pharmacy.
Once a week my family fill a dossette box with my medication as I have difficulty filling the box myself due to problems with my hands. I struggle to open bottles of tablets or push tablets through the foil packaging.

My concentration is poor and I am very likely to put the wrong tablets in the wrong parts of the box as I have done previously.

My memory is poor and I am often so fatigued that I struggle to remember when to take my medication and frequently miss doses, my family remind me to take my medication several times a day.

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 have a shower sitting on a stool in the bath. I never shower alone due to many slips and falls so always have my husband with me. There are rails on either side of the bath.

I am able to wash my arms and chest, however my husband washes my back, legs and feet as I am unable to reach due to limited movement in my joints, I cannot bend forward due to pain particularly in my back and hips. I am unable to lift my arms above shoulder height due to pain and restricted movement so my husband washes and combs my hair.
I struggle to open the bottles so my husband ensures these are opened and placed within easy reach.
Showering is so physically exhausting and painful, my muscles ache and the water hurts my ski. Heat in the bathroom can make me feel faint, my heat tolerance is very poor.

I just try to get clean in the shortest amount of time as I am usually exhausted and will wrap myself in a towel and sit down to rest and recover during which time my body will drip dry, after resting for a while I am able to get dressed with my husband's help and support.

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

Getting on and off the toilet is difficult as my hips and knees are stiff and painful, I have to support my weight through my arms or I "fall" onto the toilet seat. The bathroom is not very big and I am able to hold onto the bathroom furniture to provide physical support and stability. If I grab the radiator and the bathroom sink I am able to lower myself onto the toilet seat.

I have significant problems with my mobility and struggle to get to the bathroom in time. I frequently have "accidents" when I don't make it in time. I also have urgency and stress incontinence so experience episodes of urinary incontinence every few days,
I now wear specialist incontinence pads daily which helps to reduce the number of times I have to change my clothing.

I find this extremely embarrassing and a part of my illness that causes me significant distress, I hate relying on my family for assistance with this basic and very personal part of my life.

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 struggle to dress and undress relying on my husband or family to help me. I get dressed sitting down as I struggle to bend having fallen trying to do this. Standing briefly to pull up my trousers makes dizzy. I am always worried about loosing my balance, falling over or even fainting.
Shoulder restriction prevent me pulling things over my head, I experience pain and shooting pains down my arms into my hands.

I cannot fasten my bra, I need help as I am unable to reach behind or twist due to back pain. All clothes are easy with minimal fastenings. I wear layers as I struggle to tolerate temperature changes and quickly become too hot or struggle when cold.
I am unable to fasten buttons or zips due to my poor dexterity.

I wear slip on shoes or slippers with help getting these on, putting on socks is difficult even with assistance.
Getting dressed takes at least 10-15 minutes, without this help it would take me forever.
It is exhausting and often have to rest afterwards, my joints are so painful and my muscles ache.

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 struggle to focus on conversation if any background noise and have difficulties with my vision due to Lupus. I have photo sensitivity and bright lights/sunlight are uncomfortable, I see "wavy lines".

I have poor memory due to fibromyalgia and exhaustion. I have lost confidence due to isolation. I feel that people stare at me because I look different to the way I used to.
I dislike using a stick and feel very conspicuous.

I need prompting to communicate and encouragement to engage in conversation. I lose my ability to speak effectively when in a panic and forget what I am saying. I become extremely anxious in crowds aware my heart is beating faster and become light headed.
I avoid telephone calls. I do not like speaking to people. I need reassurance constantly and have low self esteem and worth. Everything is such a great effort.

I am sleepy constantly, I have to spend large periods resting, gathering strength so I am able to do even basic tasks.

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 have a very poor memory and reduced concentration span due to Fibromyalgia and side effects of my medication. If I read something I soon forget it, I often find I am part way through reading something when I realise I have absolutely no recollection of what I have just read.

I will often look at a magazine and the words look like they are written in a foreign language.

On most days I am unable to read effectively and I cannot concentrate for long enough to be able to read this is difficult to accept as I used to enjoy reading and worry that people will think I'm stupid.

I am permanently exhausted, if I try to sit and read I will unintentionally doze off, I can rarely manage to read more than a page or two of a book or magazine

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

When I am around people I struggle with communication due to brain fog, forgetfulness and anxiety. My concentration is poor and I easily get distracted. I am home alone for long periods so do not to mix with others. I cannot motivate myself to mix, my mood is low and I have become very introverted and withdrawn needing encouragement to interact.

I need support to help me interact with others. I am anxious when I put myself in social situations. I go out rarely now because it is not worth the distress.
I become flustered feel extremely anxious and have a feeling of dread, it becomes a vicious cycle and I just want to get home.

It is an effort to talk to people when in pain and to appear interested in everyday conversation. I no longer go out socially so have lost touch with old friends, I have virtually no friends anymore as they don't understand the effects of my illness and no longer able to go out as I never know how I will be on any given day.

I only go out with my husband or close family as they understand my difficulties and are able to provide me with physical and emotional support.

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 independently due to them being 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 become anxious and panic when I'm outside in a social environment. I need prompting and assistance to plan and follow a journey and always have someone with me when I leave the house.
I prefer to be in my own home which feels like a safe place especially with my mobility problems and as my pain is so unpredictable, I often have to suddenly sit down and rest as the pain is so severe, I would prefer not to go anywhere if left to my own devices.

Crowds overwhelm me, I only go out to the doctors or to visit my parents with support.
I can no longer shop, my family does this.
I never feel safe outside,I struggle to get around busy places and worry I will fall with all the bustle and people knocking into me.
If I have to go to an appointment my husband plans the route to ensure we can park outside or he can drop me off, par,k before taking me in.

If I had to go on my own I would either cancel the appointment or not turn up.
I am always worried I will get lost and would not be able to get around on my own.

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

Pain in my back, hips, knees and feet is present constantly and worsens after a few steps, it quickly spreads down my legs, my feet become discolored and purple and are painful to touch if I stand more than a few minutes. I can manage to walk up to max 10 metres before I am physically exhausted in so much pain I have to stop and rest. Pain in my back and neck is constant becoming more severe when I walk, my body aches and my muscles are painful.

Walking wipes me out afterwards, I try to "bank" energy for when I have to go somewhere. I am often irritable and tense.
I use a stick to help me with walking but gripping is difficult, it exacerbates pain in my hands and fingers. I have had many trips/falls and never feel safe walking,
I avoid steps as I have great difficulty.
Some days I cannot move safely and completely unable to get out of bed. I cannot do anything repeatedly.
The pain is always there when walking and fatigue springs on me aggravating my other symptoms.

I use the furniture at home to provide me with additional support and everything is arranged to make it easier for me to get around.

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

My disability controls my life, I have constant, severe pain in my hips, knees and back even at rest, I am always worried about falling.

My shoulders cause me problems with more or less every activity, I cannot raise my arms more than a few centimeters and the grip and function in my hands is also affected.
I find the fatigue and muscle pain caused by fibro and Lupus debilitating and I am constantly exhausted even with the slightest exertion and I will spend days in bed recovering.
I am unable to work and there is little that I can involve myself in.

My life is dictated by my levels of pain and energy and my outlook on life has changed, I have become withdrawn and anxious and unable to leave the house without support.

I am unable to look after my own home and have help with all household activities, everything I do in a day requires exertion leaving me worn out.

My mood is often low and I get very frustrated by the changes in my life. I am often tearful and question why my life has taken these turns, Lupus and Fibro both interact with each other and exacerbate the symptoms of each disease, the Fibro affects my thinking and I feel that I am fighting my way through a fog ,I am unable to enjoy time with my husband and family and this in turn makes me feel guilty, I struggle to enjoy my time and have difficulty finding things to enjoy that are possible within the limits of my illness.

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 require enough notice to enable me to arrange for someone to accompany me .
I need to attend a level access building with access to working lifts and an accessible bathroom.
I also need access to disabled parking facilities.

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** or contact any of our offices.