

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

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

If you need to add more please continue at 015 **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

Barrett's Oesophagus

Although he has been suffering with Gastro related symptoms for the last 6 years.

ADHD

X Years ago.

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 015 **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

Medications:

Therpies:

Aid/adaptations

Upcoming referrals/appointments etc

If you need to add more please continue at 015 **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 is unable to make himself a meal from fresh ingredients, he would much prefer to eat toast or super noodles for ease. Mum reports that she feels X may have a fear of eating certain foods due to his issues with his stomach.

X has had a procedure done to prevent the acid from his stomach travelling back up his Oesophagus, which in turn means he cannot actually be sick. After this procedure his stomach cells are travelling back up his Oesophagus which it shouldn't be doing.

X will have all his meals made for him by his parents, he isn't able to concentrate well and can become easily distracted due to his ADHD. In the past he has forgot about leaving pans on the stove cooking and therefore is putting himself at risk.

X can get himself a drink of juice or water from the fridge independently. He constantly needs prompting to eat on a daily basis. He will not eat breakfast and will normally only eat when he feels hungry. He will get upset when family make him eat as he doesn't want to feel unwell after doing so.

If you need to add more please continue at 015 **Additional information**.

Q4 Eating and drinking

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

Tell us about whether you can eat and drink.

This means:

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

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

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

Aids and appliances include things like:

- weighted cups, adapted cutlery

Yes ☒ No ☒ Sometimes ☐

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

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

Yes ☐ No ☒ Sometimes ☐

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

By this we mean:

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

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

Yes ☒ No ☐ Sometimes ☐

Q4d Extra information - Eating and drinking

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

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

X is able to feed himself but if he is eating foods that are hard to swallow then his mum will supervise him and ensure he has a large glass of water to help wash the food down.

X can have pain when he is eating and the majority of the time within half an hour of eating he will need to go to the toilet as the food seems to pass through him where he needs to empty his bowels immediately.

Due to these issues X cannot and will not go out for food with his family as he knows that he will need to get to a toilet soon after eating. X becomes anxious if there are plans to go out for food and he will put off going as the fear of needing the toilet is too embarrassing for him.

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 has his medications managed by his mum, she ensures that the medications are on repeat prescription and then mum will collect them from the pharmacy.

X mum will give him his medications on a daily basis as and when the dose is required. She mum reports that he would not be able to independently manage his own medications as he would forget to take them.

Due to his age mum is unsure if she will be able to let him manage this for himself as he gets older. When she does try to pass on the responsibility he often hasn't taken the tablets even though she has reminded him. X will say that he has just simply forgotten to take his tablets. Unless they are physically handed to him he will not take them.

In the past he has not taken medication over a weekend if he was away with friends and mum hasn't been present.

The effects of him not taking his medication means he feels sick and have stomach pains that can be intense in pain.

The medication for his ADHD keeps his behavior at bay and help keep him focused on the tasks he may be doing that day.

If you need to add more please continue at 015 **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

Although X is independent in showering by himself he constantly needs reminding and prompting by his parents to have a shower as this task isn't seen as a priority to him, he has gone for numerous days where he hasn't had a shower and will not be aware that he has bad body odor.

Mum reports that x doesn't understand the importance of personal hygiene.

In the past family members have had to tell him that he has bad body odor and to have a shower and change into clean clothing.

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 is independent in managing his toileting needs, however his mum will listen out for him when he is on the toilet in case he is to become unwell.

X can make multiple trips to the bathroom when his stomach is upset and will be in pain.

X will say to his mum that he is okay and managing well but mum knows he is still suffering with pain. As he has a fear of hospitals he often won't report that he's unwell as he won't want to attend the local hospital to be checked out.

If you need to add more please continue at 015 **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 can dress and undress himself independently but mum reports that he has obsessive traits when it comes to clothing. He will only wear certain tops and pants even if mum has set clothes out for him he will refuse to wear them.

X will wear 3 hooded tops and a jacket at one time even on a warm day. Mum will ask if he is hot and he will report that he is fine, mum will not challenge him as this can lead him to becoming irrational with her

On occasion x has come in wet through from being out in the rain, mum will try and prompt him to have a shower and put on clean dry clothes but again he will refuse. If his parents push him too much he will become bad tempered and go in a mood because of his ADHD.

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 is independent in all communication.

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 ☐

Q1 Oc 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 for himself although with his ADHD he lacks the ability to concentrate and read a large amount of text as he loses concentration quite quickly. Mum reports that she thinks he will tell her he has read maybe a letter but when she questions him on what the content says he ignores her requests and simply says that he's read it.

It is as though he wants to make a point to mum that he can read when in actual fact he may only read the odd word or sentence before he becomes distracted.

X doesn't read any kind of books, comics or magazine's as he wouldn't be able to concentrate for more than a few minutes and loses interest very quickly.

If you need to add more please continue at 015 **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.

Q11 a 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 ☐

Q11 b 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 will meet with his friends who he knows but when it comes to meeting new people he will say that he doesn't have the desire to meet new people.
If people or friends of his family come to the house he will stay up in his room. If he was to see them and they spoke to him he would answer back but he would not initiate the conversation first.

X avoids social situations with people who he may not know well and it will cause him to become anxious.

X can act impulsively at times, on one occasion he crossed the road when out with friends and didn't check if the road was clear when he stepped out and got hit by a bus. Mum does try and remind him to look out for where he is going as she fears for his safety. Mum reports that he doesn't see danger the way a normal person would. Mum tells me that X isn't aware of his behaviour and how it can effect others around him.

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's parents give him money to spend when he goes out, but he is impulsive with his money and if he is told that the money he has is to last him the week he will spend it all in one day without a second thought.

Mum reports that she thinks X will spend his money on his friends when he is out instead of buying himself the food and drink that it was intended for.

X does not have any bills to pay for due to his age.

His parents are trying to teach him how to budget for future purchases, but he is still unable to save money from birthdays etc.

X will spend money but not be able to recollect what he has spent it on.

X does not understand the importance and value of money, for this reason his parents don't give him any more than £5.00 at a time. If he were to go into a shop and purchase multiple items he wouldn't be able to add up the costs to a total amount and ensure he had enough money nor would he be able to understand if he were to receive change.

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 ☐

013d Extra information - Going out

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

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

X is able to get himself to school by the bus with a friend as this is a familiar route for him, however he hasn't got any concept of time and his mum tells me that she will often say to him that he is late and he should be in school when he is still in the house.

X doesn't appear to be bothered that he isn't at school, he reports that he is tired and will go when he is ready. X isn't aware that teachers at school are taking time away from other pupils and class commitments to try and teach him.

X has been known to skip school completely and go and see friends instead.

If X was to go to a new place he would go but only with someone else for assurance and support.

X mostly goes out with other people and not on his own which is better for his own safety as due to his ADHD he can be quite impulsive and erratic with his behaviour which has also been noted by friends as well as family.

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

Q14 Moving around

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

Tell us about whether you can physically move around.

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

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

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

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

Less than 20 metres

☐

Between 20 and 50 metres

☐

Between 50 and 200 metres

☐

200 metres or more

☒

It varies

☐

Q14b Do you need to use an aid or appliance to walk?

Walking aids include:

- walking sticks
- walking frames
- crutches, and
- prostheses

Yes ☐

No ☒

Sometimes ☐

Q14c Do you use a wheelchair or similar device to move around safely, reliably and repeatedly and in a reasonable time period?

Yes ☐

No ☒

Sometimes ☐

Q14d Extra information - Moving around

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

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

X is independent in mobilising.

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

Due to his age he is being seen by both consultants in both an adult and children's Department for the same illness. X is awaiting an endoscopy in XXX

****Please see enclosed letters from hospital appointments with consultants.****

X mum is always worried about him when he goes out, he will not come home at the time his parents have requested. He will let his phone run out of battery so they cannot contact him. X doesn't understand why his parents are worried about him, it's as though he is oblivious to their concerns. A few times his parents have had to contact the police to ensure that he is safe and with people who he knows.

X will apologise afterwards but then do the same thing again but due to his ADHD he doesn't appear to acknowledge this kind of behaviour is unacceptable.

Due to his lack of capacity or unwillingness to cooperate with his parents they often tell him the bus times in advance so he can be home on time.

X will often return home with a friend or cousin as they are aware of his behaviour so they try and ensure that he is home safely. Sometimes his friends will contact his mum to let her know he is on the bus and to expect him home.

X has applied for a full time college course but mum is concerned he may not be able to manage this as he cannot manage the attendance and the workload that will be required from him. X time keeping is very poor and his parents have explained that if he is late or not turning up at all then he will be removed from the course. X says he will go but they feel he will not.

X is easily lead by his friends and will often skip school which mum has expressed to him she's not happy about but again he doesn't appear to grasp the severity of if he doesn't comply with his education.

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.

Please can we have an assessment centre close to home.

X will be anxious when going to new places and he may not speak to people when they are asking him questions. Mum would like to be present for the assessment and possibly answer on behalf of X .

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