|  |  |
|---|---|
| Name |  |
| Address |  |
|  | Postcode |
| Profession | GP |
| 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 |
| Osteoarthritis<br>Depression<br>Crohn's Disease<br>Thrombosis<br>Severe Back Pain<br>B12 Deficiency<br>Mild Scoliosis, Osteopenia<br>Stage three kidney injury as a result of Norovirus | |

We will ask you how your health conditions or disabilities affect how you carry out day-to-day activities in the rest of the form.

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

**Q2b** **Tell us about:**

- tablets or other medication you're taking or will be taking and the dosage
- any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis
- any side effects these have on you

Please see prescription list provided.

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

## Section 3 - How your health condition or disability affects your day-to-day life

Tell us in the rest of this form how your health conditions or disabilities affect your day-to-day activities.

### Q3 Preparing Food

Use page 7 of the Information Booklet to help answer these questions.

**Tell us about whether you can prepare a simple one course meal for one from fresh ingredients.**

This includes things like:

- food preparation such as peeling, chopping or opening packaging, and
- safely cooking or heating food on a cooker hob or in a microwave oven

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

**Q3a Do you need to use an aid or appliance to prepare or cook a simple meal?**

Aids and appliances include things like:

- perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators

Yes ☐ No ☐ Sometimes ☐

**Q3b Do you need help from another person to prepare or cook a simple meal?**

By this we mean:

- do they remind or motivate you to cook?
- do they plan the task for you?
- do they supervise you?
- do they physically help you?
- do they prepare all your food for you?

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

Yes ☐ No ☐ Sometimes ☐

## Q3c Extra information - Preparing Food

Tell us more about any difficulties you have when **preparing and cooking food**:

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

I have pain and weakness in both my hands with my left thumb being moreso, as I am left handed and because of my stoma bag and painful hips I cannot stand for long periods to cut and peel food safely. I have tried a perching stool but found this too painful for my hips.

I avoid handling hot pans or anything heavy because I cannot hold them properly and I am at risk of dropping them and harming myself, which I have done in the past, when splashing my feet with boiling water, this resulted in going to A&E.

I often become confused in the kitchen and reading instructions, I have also forgotten that I have food cooking almost causing a fire..

When I am in too much pain and fatigued I need someone to prepare and cook my meals for me.

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 need my food cutting up into small pieces so that it is easier for me to chew but I am not always able to do this myself because of painful and weak hands.

Because my weight drops very easily, I need lots of food throughout the day because my weight drops very easily, but due to my depression and no appetite I have to be prompted and reminded to eat and drink otherwise I would not bother very much.

I have people around me that make sure I eat the correct amount of food.

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

## Q5 Managing treatments

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

**Tell us about whether you can monitor changes in your health condition, take medication or manage any treatments carried out at home.**

Monitoring changes includes things like:

- monitoring blood sugar level
- changes in mental state, and
- pain levels

A home treatment includes things like:

- physiotherapy, and
- home dialysis

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

**Q5a Do you need to use an aid or appliance to monitor your health conditions, take medication or manage home treatments?**

For example using a Dosette Box for tablets.

Yes ☐ No ☐ Sometimes ☐

**Q5b Do you need help from another person to monitor your health conditions, take medication or manage home treatments?**

By this we mean:

- do they remind you to take medications and treatment?
- do they supervise you while you take your medication?
- do they physically help you take medication or manage treatments?

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

Yes ☐ No ☐ Sometimes ☐

## Q5c Extra information - Managing treatments

Tell us more about any difficulties you have with **managing your treatments**:

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

I have to inject myself 6 times a day. However,if my hands have flared up then I cannot do this safely, I end up and need someone to administer these for me. When I have done this I often end up with bruises because I haven't injected properly.
with bruising as I haven't done it properly.

I have a stoma bag which I must empty up to 15 times a day, this is including several times during the night. My stoma often leaks so I require help for the majority of the time to help change my bag as I am not always able to change this myself.

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 am unable to raise my leg to step into or out of the bath safely, and need assistance with this incase I fall which I have many times resulting in severe bruising and banging my head on the sink.
I have a shower over the bath and a shower stool where I sit and let the water run over me, I can become dizzy and fall which I have taking the shower curtain with me and hitting my head on the radiator, luckily someone was outside the bathroom door to pick me up. This was quite a shock and now I get anxious of falling.

Showering is a difficult process because of pain and fatigue. Washing my lower body is very difficult, as I cannot bend because of back pain.

I have no motivation to shower especially when I have been awake throughout the night, so often I just wipe myself down when the stoma bag has leaked.

I can go 3 weeks without washing my hair because I only shower when the stoma bag has leaked and literally wash just the parts of my body that is dirty.

Showering makes me more fatigued and tired and I need to rest afterwards.

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

## Q7 Managing toilet needs

Use page 9 of the Information Booklet to help answer these questions.

**Tell us about whether you can use the toilet and manage incontinence.**

Using the toilet means:

- being able to get on or off a standard toilet, and
- cleaning yourself after using the toilet

Managing incontinence means:

- emptying your bowel and bladder, including if you need a collecting device such as a bottle, bucket or catheter, and
- cleaning yourself after doing so

This doesn't include difficulties you have getting to the bathroom.

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

**Q7a Do you need to use an aid or appliance to use the toilet or manage incontinence?**

Aids and appliances include things like:

- commodes, raised toilet seats, bottom wipers, bidets, incontinence pads or a stoma bag

Yes ☐ No ☐ Sometimes ☐

**Q7b Do you need help from another person to use the toilet or manage incontinence?**

By this we mean:

- do they physically help you?
- do they tell you when to use the toilet?
- do they watch over you to make sure you are safe?

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

Yes ☐ No ☐ Sometimes ☐

## Q7c Extra information - Managing toilet needs

Tell us more about any difficulties you have with your **toilet needs or incontinence**:

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

I am diagnosed with Dumping Syndrome, where foods often become stuck, causing severe pain and blockages.
I have Crohn's disease and a painful fistula, every few weeks the abscess fills and bursts. The removal of my gallbladder causes bile salt mal-absorption resulting in an increase to my stoma output so I must change my stoma bag up to 15 times a day including several times in the night.
My bag leaks a lot so I have to put pads on my bed. I struggle to change my stoma bag when my hands are flared up as my grip and fine motor skills are affected so assistance is required to change it for me.

I have a raised toilet seat and grab rail to help get me on and off the toilet due to my back and hip pain and weakness. However when I am having a flare up and too fatigued I need help with this, especially when I have sever cramping stomach pain.

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 fasten buttons and zips so I tend to wear clothing that doesn't have these or someone will help me. My fine motor skills are impaired and my fingers are painful.
I wear loose, easy clothing as this is easier for me to wear and slip on shoes because I cannot bend to tie fastening or laces.

I have no motivation to dress so I do not get dressed every day. I suffer with depression, low moods, pain and fatigue, spending most of my time in the house so tend to dress only when I have to go out.

Dressing is a long painful process and exhausting and often half way through dressing because of fatigue I will stop to rest or not bother at all. I have can cancelled many appointment because it has been far too much for me.

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 am independent with this activity.

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

## Q10 Reading

Use page 10 of the Information Booklet to help answer these questions.

**Tell us about whether you can read and understand signs, symbols and words in your native language. Also tell us about difficulties you have concentrating when doing so.**

This means:

- signs, symbols and words written or printed in your native language, **not braille**
- understanding numbers, including dates
- other instructions, such as timetables

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

**Q10a Do you need to use an aid or appliance other than spectacles or contact lenses to read signs, symbols and words?**

Aids and appliances include things like magnifiers

Yes ☐ No ☐ Sometimes ☐

**Q10b Do you need help from another person to read or understand signs, symbols and words?**

By this we mean do they read or explain signs and symbols to you?

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

Yes ☐ No ☐ Sometimes ☐

**Q10c** **Extra information - Reading**

Tell us more about any difficulties you have when **reading and understanding signs, symbols and written words**:

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

I am independent with this activity.

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

## Q11 Mixing with other people

Use page 10 of the Information Booklet to help answer these questions.

**Tell us about whether you have difficulties mixing with other people.**

This means how well you are able to:

- get on with other people face-to-face, either individually or as part of a group
- understand how they're behaving towards you, and
- behave appropriately towards them

It includes both people you know well and people you don't know.

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

**Q11a Do you need another person to help you mix with other people?**

By this we mean:

- do they encourage you to mix with other people?
- do they help you understand how people are behaving and how to behave yourself?

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

Yes ☐ No ☐ Sometimes ☐

**Q11b Do you find it difficult to mix with other people because of severe anxiety or distress?**

Yes ☐ No ☐ Sometimes ☐

## Q11c Extra information - Mixing with other people

Tell us more about any difficulties you have when **mixing with other people**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- do you have behaviours that could put yourself or others at risk?
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you avoid mixing with other people, some more than others?
- does it take you a long time to mix with other people?
- do you experience any other difficulties, **either during or after the activity**, like anxiety or distress?
- tell us about the **help you need from another person** when mixing with other people. This includes help you have and help you **need** but don't get

I have no inclination or motivation to mix with others because of my severe depression and pain.

I get anxious around those that I do not know well because of my stoma bag leakage preferring to have someone with me when meeting anyone, to calm me down and reassure me.

I only tend to mix with family and others with Crohn's disease, they understand my conditions and difficulties and I don't feel so anxious.

I rarely go out incase I need to rush to the toilet urgently or I have a toilet accident. I cannot go out for meals with friends. I am very anxious when out incase this happens which it has many times.

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 am independent with this activity.

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

When I am feeling well enough I am able to go to my x or the hospital which I know well. I do not always feel well enough to go out and my depression causes low moods.  I any lack motivation to go out and spend a lot of time at home.

When I going to somewhere new I have another person with me, to calm me down and reassure me.

I cannot use public transport as this causes high levels of anxiety. I have to use pads because of leakage. When travelling by bus some time ago I got asked to get off the bus because my stoma bag had leaked and it was for the safety of the other passengers. I was so traumatised I think about this daily.

I have had 2 suicide attempts in the past and scratch myself when I am depressed and anxious.

I will not eat before I have to go out to avoid my stoma bag from leaking.

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

## Q14 Moving around

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

**Tell us about whether you can physically move around.**

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

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

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

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

Less than 20 metres ☐ Between 20 and 50 metres ☐ Between 50 and 200 metres ☐

200 metres or more ☐ It varies ☐

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

Walking aids include:

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

Yes ☐ No ☐ Sometimes ☐

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

Yes ☐ No ☐ Sometimes ☐

## Q14d Extra information - Moving around

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

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

Walking and moving around causes a lot of pain.

The suture makes walking painful, I walk really slowly because of this and it frequently causes bleeding due to sharp pieces on the suture. The fistula causes recurring internal abscesses which are excruciating painful.

Due to scoliosis I get pain from my shoulders to my lower back and hips and need someone to hold on to as well as using my stick to steady myself as I get very dizzy causing a loss of balance and, I have fallen several times unable to get back up to standing, fortunately there has been someone to assist me

I avoid steps and stairs having fallen down them hurt myself. I have been unable to raise my feet and legs because of the pain in my hips, this also makes me feel unsteady where I have lost my balance.

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

Dumping Syndrome, foods often get stuck, causing severe pain and blockages. I have a Crohns fistula which is very painful, every few weeks the abscess fills and bursts. Crohn's disease gives me severe diarrhea. I have to empty my stoma bag up to 17 times a day, including several times during the night.

The Seton Suture makes walking painful, I walk really slowly because it frequently causes bleeding from the sharper pieces on the suture that secure it and the fistula has recurring internal abscesses which are excruciating.

I had my gallstones removed and the fact that I have an ileostomy, the removal of my gallbladder causes bile salt mal-absorption resulting in an increase to my stoma output.

Osteoarthritis affects my whole body (back, knees, hands, hips and most recently my right thumb. I have had two surgeries on this thumb to fuse the bone and help me to use it. This affects my grip because I am right handed and it is the left thumb which is affected. I have difficulty changing my stoma bag because of poor grip.

I have Severe back pain “A posterior disc protrusion at L4/5 which is impinging on the exiting right L4 nerve root”. I have pain when twisting and this affects my walking.

I have Mild Scoliosis, Osteopenia and Eroded joints.

I suffer with depression and a lack of motivation to carry out activities. I get very low because of my disabilities and because of the pain I suffer daily.
I have had 2 suicide attempts in the past and scratch myself sometimes when I am depressed and anxious.

I have a Stage three kidney injury as a result of Norovirus. This is monitored regularly.

I suffer frequent nausea which can be worse in the morning and after eating food.

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 I am called for an assessment I would like to request a centre to close to home or preferably a home visit due to leakages and mobility.

## 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