

Name

Address
 Postcode

Profession

Phone number (include the diallingcode)

When did you last see them? (approximate date)

Name

Address
 Postcode

Profession

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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

Autistic Spectrum Disorder
Cluster headaches - Trigeminal Autonomic
Cephalgia
ADHD
Anxiety and Depression
PTSD symptoms
Self Harm
Dyslexia

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

See attached prescription list

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



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

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

Q3 Preparing Food

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

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

This includes things like:

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

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

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

Aids and appliances include things like:

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

Yes ☐ No ☒ Sometimes ☐

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

By this we mean:

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

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

Yes ☒ No ☐ Sometimes ☐

Q3c Extra information - Preparing Food

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

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

X does not do any cooking. He would be unable to follow simple instructions to make a meal and needs everything broken down for him. He is unable to process numerous, different tasks at once and make a meal with different components.

X is unaware of danger around him and has had several injuries from accidentally cutting himself with knives. x family have to provide a lot of supervision because he is unaware of hazards, so he gets into dangerous situations and doesn't understand the relationship between his actions and consequences. He has an obsession with sharp objects and requires close supervision.

Sam has very poor memory, attention and concentration and so he would be prone to leave the hob on, which poses a risk of harm to him. x does not understand when things are cooked so needs someone to tell him when things are safe to eat.

x has unpredictable and debilitating cluster headaches, which occur without warning, causing him to drop to the floor with pain. This puts him at risk in the kitchen as he could be around hazardous objects.

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



Q4 Eating and drinking

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

Tell us about whether you can eat and drink.

This means:

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

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

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

Aids and appliances include things like:

- weighted cups, adapted cutlery

Yes

☐

No

☒

Sometimes

☐

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

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

Yes

☐

No

☒

Sometimes

☐

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

By this we mean:

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

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

Yes

☒

No

☐

Sometimes

☐

Q4d Extra information - Eating and drinking

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

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

x has no regard for which food is safe to eat, for example, eating out of the bin or eating food that is mouldy. He lives near a farm and in the past he has attempted to eat dead animals he has found and tried to drink puddles in the past.

He needs to be supervised when eating because he eats food which is unsafe, posing a risk to his health.

He will not eat around others, even his own family, he has erratic eating patterns whereby he will not eat for long periods, he needs to be prompted, he then goes through periods where he will eat vast amounts of food which is not necessarily safe.

He will only eat with certain cutlery and will not eat unless he has the cutlery which he prefers.

If he has had a cluster headache attack and has had to use oxygen and Sumatriptan injections, he will feel very nauseous and not eat anything.

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 to be reminded to take his medications because of poor memory, concentration and attention span. He would be prone to accidental overdose or underdose because of his memory problems.

He needs to be supervised while taking medication which is kept securely and administered by his family. He would not know the correct dosage to take and would be prone to accidental overdose because he does not understand the consequences.

In the past he has taken medication prescribed for a dog because he thought it would be appropriate for his conditions.

x is unable to order his prescriptions, he does not understand the concept of filling in forms etc, so his family do this for him. If x has a cluster attack, pain is so severe that he does not comprehend that he needs his Sumatriptan injections. His family have to prompt him help set up his oxygen tank as the pain will be too severe to do this. x family dispose of his injections as he is at risk around sharps.

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



Q6 Washing and bathing

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

Tell us about whether you can wash and bathe.

This means things like:

- washing your body, limbs, face, underarms and hair, and
- using a standard bath or shower

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

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

Q6a Do you need to use an aid or appliance to wash and bathe yourself, including using a bath or shower?

Aids and appliances include things like:

- bath / shower seat, grab rails

Yes ☐ No ☒ Sometimes ☐

Q6b Do you need help from another person to wash and bathe?

By this we mean:

- do they physically help you?
- do they tell you when to wash and bathe?
- do they watch over you to make sure you are safe?

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

Yes ☒ No ☐ Sometimes ☐

Q6c Extra information - Washing and bathing

Tell us more about any difficulties you have when **washing and bathing**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to wash and bathe
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you have difficulty washing particular parts of your body? Which parts?
- does it take you a long time to wash and bathe?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you wash and bathe
- tell us about the **help you need from another person** when washing and bathing. This includes help you have **and** help you need but don't get

x has no concept of hygiene, he needs to be heavily prompted to wash and bathe. He will not shower, brush his teeth, shave or wash his hands unless specifically told to. He does not see the importance of keeping himself clean and has a tendency to self-neglect. The encouragement from his family can take hours before he will eventually wash himself, this encouragement is needed every day.

x does not understand hazards, and he will put the water temperature in the shower to hot.

There is always a risk that x could have a cluster headache attack while in the shower; this is a potential hazard as he tends to drop to the floor because the pain is so severe.

x family are always around while he is having a shower due to the risk of harm.

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 does not like using the bathroom, he tends to go outside instead; he does not understand that this is not appropriate, he would need to be told to go to the toilet in an appropriate place.

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



Q8 Dressing and undressing

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

Tell us about whether you can dress or undress yourself.

This means:

- putting on and taking off clothes, including shoes and socks
- knowing when to put on or take off clothes, and
- being able to select clothes that are appropriate

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

Q8a Do you need to use an aid or appliance to dress or undress?

Aids and appliances include things like:

- modified buttons, front fastening bras, velcro fastening, shoe aids or an audio colour detector

Yes ☐ No ☒ Sometimes ☐

Q8b Do you need help from another person to dress or undress?

By this we mean:

- do they physically help you?
- do they select your clothes?
- do they tell you when to dress or undress?
- do they tell you when to change your clothes?

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

Yes ☒ No ☐ Sometimes ☐

Q8c Extra information - Dressing and undressing

Tell us more about any difficulties you have when **dressing and undressing**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to dress and undress
- does whether you can dress or undress yourself vary throughout the day? Tell us about good and bad days
- do you only have difficulty dressing certain parts of your body? Which parts?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you with dressing and undressing
- tell us about the **help you need from another person** when dressing and undressing. This includes help you have **and** help you need but don't get

x would wear the same clothes constantly unless he was told to get changed. He does not see the importance of hygiene and will remain in the same clothes, regardless of being dirty or unfit to be worn. He becomes very upset and distressed if someone tries to tell him to change, his family often have to physically take his clothes from him in order for them to be washed. He often does not want to get dressed remains in the same clothing that he wore all night.

x does not wear clothes which are appropriate for different weather conditions, he has to be told what to wear. If left to his own device he will wear inappropriate clothing, for example he has tried to wear a wet suit out in the past.

During a cluster headache attack he is unable to do anything at all due to the severity of the pain. Following a headache he is also unable to do anything because of overwhelming fatigue.

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 communicating.

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



Q10 Reading

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

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

This means:

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

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

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

Aids and appliances include things like magnifiers

Yes

☒

No

☐

Sometimes

☐

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

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

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

Yes

☒

No

☐

Sometimes

☐

Q10c Extra information - Reading

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

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

x has difficulties with reading owing to cognitive functioning restrictions and dyslexia.

If x was out and about and had to read toilet signs, he would not be able to read the words 'men' and 'ladies', he would simply have to rely on the pictures. He has to be assisted with all reading.

He is unable to read a simple series of words, such as an address. During school, x had coloured overlays and glasses as well as a scribe and reader because of his difficulties with reading.

He attended a specialist school and had a full plan in place for his needs.

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



Q11 Mixing with other people

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

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

This means how well you are able to:

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

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

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

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

By this we mean:

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

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

Yes ☒ No ☐ Sometimes ☐

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

Yes ☒ No ☐ Sometimes ☐

Q11c Extra information - Mixing with other people

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

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

x is very socially anxious and avoids engaging with anyone outside his very immediate family, for example, avoiding his cousins. He is unable to hold a conversation and does not reciprocate in social situations, mostly responding 'yes' and 'no'. He does not establish eye contact. He is very literal and does not understand social nuances, body language, sarcasm and idioms. He struggles to empathise with others and can find it difficult to read emotions.

x does not understand what is socially acceptable, and on rare occasions that x is around others he is prone to do and say things which are likely to upset or offend. He is very vulnerable and could easily be exploited or come to harm by offending others unintentionally. He has been coerced and manipulated in the past because he cannot read what is acceptable and what isn't.

He becomes very distressed and panicky in social situations, which makes him feel physically unwell. He is very isolated, he has no interest in mixing with other people and no motivation to do so.

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 does has no concept of the value of money, for example, how much a loaf of bread or pint of milk should cost.

He is unaware of the importance of money. He has lost his wallet in the past with no interest in getting it back because he was unable to comprehend the value of it. It also transpired that he had his pin number taped to his card.

x has been exploited for money in the past, again because he does not understand the value of it, he is very vulnerable and easily coerced. He would give money away if asked to do so, this has happened numerous times.

x mum is his DWP appointee as he is not able to manage his own financial matters.

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



Q13 Going out

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

Tell us about whether you can plan and follow a route to another place. Also tell us if severe anxiety or stress prevents you from going out.

This includes planning and following a route to another place using public transport.

This activity doesn't look at your ability to walk which is covered in Question 14, **Moving around**.

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

Q13a Do you need help from another person to plan and follow a route to somewhere you know well?

By this we mean do you:

- need someone to help you plan a route, or plan it for you?
- need to be encouraged to go out or have someone with you when going out to reassure you?
- need help from an assistance dog or specialist aid, such as a white stick?
- need someone to be with you to keep you safe or stop you getting lost?

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

Yes ☒ No ☐ Sometimes ☐

Q13b Do you need help getting to somewhere you don't know well?

By this we mean do you:

- need to be encouraged to go out or have someone with you when going out to reassure you?
- need help from an assistance dog or specialist aid, such as a white stick?
- need someone to be with you to keep you safe or stop you getting lost?
- need help using public transport?

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

Yes ☒ No ☐ Sometimes ☐

Q13c Are you unable to go out because of severe anxiety or distress?

Yes ☒ No ☐ Sometimes ☐

Q13d Extra information - Going out

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

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

x needs supervision when undertaking a journey. He very easily gets lost because of poor attention span, memory and concentration. He comes to harm easily because he has a fixation with knives and sharp objects - he has had to attend A&E numerous times because of sustained injuries. He picks up things he finds or will enter himself into dangerous situations because of this fixation. He does not understand the implications or consequences of his actions and there is a significant risk of harm to him.

He would not approach a stranger to ask for help or directions if he was alone. x rarely goes out owing to his anxiety and depression, he avoids busy places because he dislikes being around others. He is sensitive to numerous stimuli, including loud noises and bright lights, which cause him a lot of distress.

There is always a constant risk of a cluster headache attack, he has had them when out in public and has dropped to the floor with pain. He needs someone with him who knows how to respond.

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 suffers with cluster headache attacks which can occur 5/6 times a day. During the attacks, he is unable to function at all, and drops to the floor with serious pain.

Following an attack he is extremely fatigued both from the extent of the pain and from the Sumatriptan injections and oxygen which he has during attacks.

He is unable to walk even a short distance repeatedly due to the ongoing effects of fatigue, dizziness and nausea.

His balance and coordination is poor.

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



Q15 Additional information

Tell us anything else you think we should know about your health conditions or disabilities and how these affect you that you haven't mentioned already.

- If any carers, friends or family want to provide further information they can do it here
- You don't have to complete this part if you've covered everything in the form

x was previously in receipt of DLA on a lifetime award since childhood at the higher rate for daily living and lower rate for mobility.

x had significant 1:1 support during school, including a scribe, a reader, as well as extra time, coloured overlays and glasses. He attended a specialist school and when at a mainstream school he was under the special needs department.

This form has been completed by Katie Wright LLB(Hons), Welfare benefits advocate, Fightback4justice 200b Bury Road, Tottington, Bury BL8 3DX 01616727444. I completed this form alongside x mum/appointee, who sought our help for advice on the changeover to PIP.

I consider that the decision maker ought to consider the need for supervision alongside the risk of harm to x. The principle established in RJ, GMcL and CS v Secretary of State for Work and Pensions v RJ (PIP) [2017] UKUT 105 (AAC) ought to apply owing to x lack of awareness of danger and his unpredictable headache attacks. The case law stipulates that the decision maker must consider whether there is a real possibility that cannot be ignored of harm occurring, having regard to the nature and gravity of the feared harm in the particular case. Both the likelihood of the harm occurring and the severity of the consequences are relevant.

I would support the fact that x requires a paper based assessment, calling him to a face-to-face would be extremely distressing for him and he may behave unpredictably. He has a lack of insight into his own condition and would struggle to engage in the assessment process. There is also a real possibility that he could experience a cluster headache attack during the assessment, and his mum would need to bring his oxygen and injections to the assessment.

It is clear that x has significant difficulties and there is a need for supervision in his case. He is very vulnerable and lacks an understanding and awareness of common dangers.

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.

x should be assessed on paper, having to engage with an unknown assessor is likely to cause him significant distress and he may behave unpredictably.

Declaration

We cannot pay any benefit until you've signed the declaration and returned this form to us. Please return

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

