Section 2 - About your health condition or disability

Although it's your responsibility to send supporting information, occasionally we may ask the main health professional who knows about your condition for information. This may be your GP, hospital consultant or a specialist nurse. Please provide their details below.

Name

Profession GP

Address

Postcode

Surgery telephone
(including dialling code)

Giving us your consent to obtain further information

If we do need to contact one of your health professionals, or other people or organisations that support you for more information, we need your consent to do this.

You don't have to agree to us contacting these people or organisations but if you don't, we may not have all the information we need when we make our decision about your PIP.

Do you agree that:

- **we, or someone working on our behalf, may ask your GP, or other people or organisations, for this information and**
- **your GP, or other people or organisations, can give us, or someone working on our behalf, this information?**

Yes ☑

No ☐

You can withdraw your consent at any time by calling us on **0800 121 4433**.

Section 2 - About your health condition or disability continued

Tell us below about any **current health conditions or disabilities** you have:

- include existing conditions **and** any new conditions since we last looked at your award

- tell us approximately when each one started

Health condition or disability	**Approximate start date**
Example: Diabetes	
Multiple Sclerosis Bladder Prolapse	

What medication are you currently taking?

Medication	**Dosage**	**Frequency**
Example: Aspirin	500mg	Once a day
Please see attached prescription list		

If you have a copy of your **current repeat prescription**, send this to us as part of your supporting information. **DO NOT** send factsheets or leaflets about your medications.

Tell us about any treatments, therapies or surgery since we last looked at your award

Name of treatment, therapy or operation	When did you have it or when will it start?	How often did or will you have it?
Example: Physiotherapy		
N/A		

If you have copies of your **test results** or **care plans** for example, send these to us as part of your supporting information. **DO NOT** send appointment cards or letters about appointments.

Tell us about any hospital admissions since we last looked at your claim also tell us about any future hospital stays you already know about

Reason for admission	Admission Date	Discharge Date
Example: Hip replacement surgery		
N/A		

If you have copies of your **hospital discharge papers** or **treatment plans** for example, send these to us as part of your supporting information.

If you need more space, use a separate sheet of paper. Remember to write your name and National Insurance number on each additional sheet and tell us which questions your comments refer to.

Section 3 - How your health condition or disability affects you

This section asks you to tell us about any changes in **how** you carry out the 12 PIP daily living or mobility activities since we last looked at your award Also use this section to tell us if things have stayed the same.

If the effects of your health condition can change for example during the day, day by day or from week to week, please include as much detail as you can in your answers.

You need to answer **all** the questions and the information sheet can help you with this.

Remember to send us supporting information that tells us **how** your health condition or disability affects you now. Examples of the types of information you should send are on the information sheet.

If you need more space, use a separate sheet of paper. Remember to write your name and National Insurance number on each additional sheet and tell us which questions your comments refer to.

1. Preparing food and cooking

Tell us if something has changed and approximately when.

As per previous award, I cannot prepare a meal by myself and unable to cook safely anymore.
In the past I have opened the oven and held the baking tray without protection.
I cannot lift anything weighty as I have severe fatigue, and numbness in my hands which impacts my grip.

Tell us how you manage this activity now, including the use of any aids that you need.

I cannot cook a meal by myself. I have tried to prepare things while sitting down but have ended up cutting myself without realising. I become very fatigued due to my MS and cannot stand up for long as a result of this.
I have a very poor memory and have injured myself in the past.

Tell us about any changes to the help you need or the help you get from another person.

There have been no changes to this activity. I still need assistance from my X who prepares all meals as I am still unable to cook or make anything myself, if it wasn't for the help I have I would not be able to eat.

2. Eating and drinking

Tell us if something has changed and approximately when.
As per my previous award, I still need points as I rely on help from someone to cut my food up for me. I have weakness in my hands, and my x prepares all my meals, he will cut my food into bite size pieces.
Tell us how you manage this activity now, including the use of any aids that you need.
I have my food cut up for me due to limited my grip and weakness in my hands where I have areas that are numb due to MS.
Tell us about any changes to the help you need or the help you get from another person.
There have been no changes to this activity since my previous award. My x cooks foods that are easy to eat and swallow, and cuts my food into bite size pieces as I find it difficult to do this myself, which results with spillages on myself and the floor when trying to do this.

3. Managing treatments, taking medication and monitoring your health condition

Tell us if something has changed and approximately when.
My x administers my medication, and helps me keep track of intervals between doses, making sure that I have taken them. I have tried pill boxes in the past but my memory is now so extremely poor and I would get confused and miss doses.
Tell us how you manage this activity now, including the use of any aids that you need.
I have regular blood tests. The nurses come to the house to do this. My x is unable to administer any injections due to his dislike of needles. I need prompts to take my medication at the right time and to ensure I take the right dose.
Tell us about any changes to the help you need or the help you get from another person.
My x ensures that I take my medication throughout the day. I rely on his help, if he didn't administer this I would forget and miss doses or double the dose instead.

4. Washing and bathing

Tell us if something has changed and approximately when.

As per my previous award, I need to use my shower chair, grab rail and have the support of my x to get in and out of the shower. It is a large shower with lots of room so I can get in and out with support.
My x will wash my lower body as I struggle to bend and do this myself.

Tell us how you manage this activity now, including the use of any aids that you need.

I have a shower chair and grab rail to help stabilise myself. The grab rail has been positioned at an angle to help me with my mobility issues. I need help as I struggle with standing up.
I cannot bend to wash my lower body and I experience severe fatigue after washing and need to rest.

Tell us about any changes to the help you need or the help you get from another person.

There have been no changes to this activity. I tend to avoid washing so do not wash every day due to the fatigue it causes. My movements are very restrictive and I cannot bend to wash my lower body. My x has to help me with this or I will just let the water flow over me in the shower.

5. Managing toilet needs or incontinence

Tell us if something has changed and approximately when.

I use a walking stick and a grab rail to help with getting on and off the toilet. My condition varies with days where I cannot get into a position to wipe myself properly, I need assistance with this.

Tell us how you manage this activity now, including the use of any aids that you need.

I now have a bladder prolapse which causes urine urgency. It is a struggle to manage this and there are frequent accidents. I need to use my walking stick and grab rail to help me get up and down off the toilet even though I have a raised seat.
I have a commode to help me overnight.

Tell us about any changes to the help you need or the help you get from another person.

As per my previous award, I still need points for using an aid to help with toileting. I rely on the grab rail and walking stick to steady myself and get up and down off the toilet.
I now have frequent accidents resulting from a prolapsed bladder, my x will try to help me manage these as best as he can.

6. Dressing and undressing

Tell us if something has changed and approximately when.

I still need assistance to get dressed and undressed as I become incredibly breathless and tired. I cannot put on socks or shoes because I cannot bend down, so I do not wear them.

I wear slip on shoes, as I can no longer put my shoes on by myself or fasten them.

Tell us how you manage this activity now, including the use of any aids that you need.

I struggle to get dressed every day, most days I stay in my nightclothes. Getting dressed is very tiring and is something I do not do often in an effort to prevent overwhelming fatigue that follows. My x will try to help me where he can, I am usually okay putting on a top, but I struggle with the bottom half and need assistance with this.

Tell us about any changes to the help you need or the help you get from another person.

There have been no changes to this activity since my previous award. I still require help with getting dressed and undressed owing to my restricted mobility and severe fatigue.

7. Speaking to people, hearing and understanding what they say and being understood

Tell us if something has changed and approximately when.

As per my previous award, I have an aid in one ear to help with hearing. It is battery operated and clips over my ear. Although this helps with my hearing loss, it amplifies background noise where I have to remove it, so I struggle to wear it.

Tell us how you manage this activity now, including the use of any aids that you need.

I still use a hearing aid in one ear. I try to lip read when, but with COVID-19 face masks this is much more difficult.
My x often tells people I am hard of hearing and will ask them to speak louder letting them know that I am not being ignorant.

Tell us about any changes to the help you need or the help you get from another person.

There have been no changes to this activity, I still require the use of a hearing aid to help communicate.
Without this I struggle to follow a conversation and communicate with others.

8. Reading and understanding signs, symbols and written words

Tell us if something has changed and approximately when.
There have been no changes to this activity.
Tell us how you manage this activity now, including the use of any aids that you need.
There have been no changes to this activity.
Tell us about any changes to the help you need or the help you get from another person.
There have been no changes to this activity.

9. Mixing with other people

Tell us if something has changed and approximately when.
There have been no changes to this activity.
Tell us how you manage this activity now, including the use of any aids that you need.
There have been no changes to this activity.
Tell us about any changes to the help you need or the help you get from another person.
There have been no changes to this activity.

10. Making decisions about spending and managing your money

Tell us if something has changed and approximately when.
My cognitive skills are not what they were due to the deterioration of my MS. My x manages all of our finances making sure that all bills are paid. He monitors the incomings and outgoings and ensures we do not end up in financial difficulty.
Tell us how you manage this activity now, including the use of any aids that you need.
There are no aids to help with this activity. I rely on my x to monitor our financial affairs on my behalf.
Tell us about any changes to the help you need or the help you get from another person.
My x monitors all of our finances. We have a joint account, and he will ensure we do not miss any bills and stay up to date on everything. I rely on him to do this, as I could not concentrate to do this myself.

11. Planning and following a route to another place

Tell us if something has changed and approximately when.
I do not go out on my own, because I feel anxious and distressed. I have a mobility scooter but I would not be able to plan and undertake a journey by myself. My x always takes me out to attend appointments.
Tell us how you manage this activity now, including the use of any aids that you need.
I can no longer plan and undertake journeys by myself, my x plans these for me. I need help with this and do not often go out on my own without having someone to come with me.
Tell us about any changes to the help you need or the help you get from another person.
I struggle to plan and follow journeys alone, my x does this for me now. I would feel too distressed if I had to go anywhere on my own. He tries to encourage me to go out but I cannot do this by myself.

12. Moving around

How far can you walk?

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 ☐

Do you need to use an aid or assistance from another person to help you walk (tick the boxes that apply to you).

No	☐	*I sometimes need an aid*	☑	*I always need an aid*	☐
		I sometimes need assistance	☑	I always need assistance	☐

Tell us how you manage this activity now, including the use of any aids that you need.

My mobility is incredibly limited and I often stumble or trip myself up. I have a mobility scooter which I use to help with my movement and a walking stick, I use furniture to try and stabilise myself when at home. I live in a ground floor flat to help with moving around. I cannot not manage stairs, steps or uneven ground nor walk up/down inclines.

Tell us about any changes to the help you need or the help you get from another person.

I am no longer able to walk up to 50 metres due to weakness caused by MS. I have a mobility scooter, and a walking stick to help. I also hold onto my x to try and steady myself.
I can manage approx 10 metres, but would need to rest after this as I would be so fatigued.

The Motability Scheme

The Motability Scheme allows disabled people to lease a car, scooter or powered wheelchair in exchange for all or some of their mobility payments.

If you're eligible to join the Motability Scheme would you like us to post you information about the help they can offer you? We won't share your personal details with Motability.

☐ Yes
☐ No

If you decide you don't want to receive information about Motability in the future, please contact us on **0800 121 4433** to let us know.

13. Is there anything else you think we should know about your health condition or disability?

For example, you may be waiting for adaptations to your home.