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
Fibromyalgia Spondyloarthritis Hypertension Type two Diabetes Mellitus	

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 attached prescription list.

Aids/Adaptations;

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 complex health needs which have severely impacted my functional abilities in the kitchen environment. My x prepares and cooks all my meals. I can prepare a simple meal such as toast and rely on convenience foods such crisps if x is not present to prepare a meal.

I have Fibromyalgia resulting in widespread pain, weakness and fatigue.
I am unable to stand or sit long enough to prepare and cook a meal. I get shooting pains in my back and hips which radiate into my buttocks and legs. I use a perching stool in the kitchen to rest on.

Repetitive movements exacerbates the pain and stiffness. I cannot lift anything weighty or chop/peel, due to pain in my arms and weakness from tendonitis.
I have a hot water dispenser as I cannot lift a kettle. I have lightweight pots and pans, electric tin opener and jar aids. Even with these aids I cannot safely or reliably prepare or cook a meal.

I suffer from brain fog, short term memory loss and fatigue which impacts my concentration, I become distracted when trying to complete tasks.

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 have a poor appetite if not prompted I would not eat as I cannot be bothered. I have foam handled cutlery to assist my grip with a table over the bed as I eat in bed the majority of times for ease.

I get tendonitis in my thumb and have arthritis in my fingers, I have poor sensation in my hands and lack grip and strength, which results in me regularly dropping things.

I do not have a hot drink unless someone can do this for me. I use a travel cup with a lid and a non spill cup. My arthritis makes my joints swell so using my hands is painful. I have steroid injections in my knuckles.

I am unable to sit for prolonged periods of time due to widespread pain in my lower back and hips which make sitting during meals difficult and uncomfortable hence the reason I eat in bed the majority of time.

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 experience brain fog and fuzziness due to medications I take and conditions. My memory is poor and I struggle to focus. I need to write things down or be reminded to take my medication by my x. When I am severe pain this makes it predominantly harder to focus.

Without prompting and encouragement I would miss doses completely or be at risk of overdosing.

I use a dosette box for my medication which is filled by x, I am unable to take the medication out of blister packets as I struggle to execute fine motor control due to lack of grip, weakness and lack of strength in both hands.

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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 shower as frequently as required as a result of pain, fatigue and lack of motivation. I am only able to shower once a week maximum. I need support and supervision when getting and out of the bath due to my lack of balance and risk of falls.

I have shoulder pain, from tendonitis, so I cannot raise my arms without it being painful, therefore someone has to wash my hair for me. I only wash my hair once a week and require help from someone else to do so.

Movement exacerbates pain, I cannot bend forward to wash my lower body and feet or reach around my back. I must be sat down when washing, I have a bath board and bath step.

I struggle to dry myself as I cannot bend, stretch or reach to dry certain areas of my body. I wear a towelling robe to dry myself.
This activity increases my levels of exhaustion I need a considerable amount of rest afterwards. Everything requires a lot of effort and energy.

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 frequently constipated, with some overflow leakage which I am often unaware of so I wear pads for this. I always have a change of clothes with me. I have many accidents as I cannot reach the toilet in time due to pain and poor mobility.

I struggle with sitting and standing so using the toilet is very difficult due to pain and weakness, my x has to help me get on and off the toilet.
I am often bed bound due to chronic pain, fatigue and weakness.

Pain restricts my movements, I struggle to twist to clean myself adequately therefore use a bottom wiper and baby wipes to make it easier, however some days I am unable to do this and my x will have to help me.

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

Dressing is difficult due to my conditions. I require help from my x and the use of aids. I have widespread pain due to fibromyalgia and degenerative discs with weakness in my shoulders from tendonitis. My upper body movements are restricted so it is difficult to raise my arms above my head or raise my legs.

I am unable to grip properly or use fine finger movements reliably when trying to fasten clothing. I tend to wear clothes that are easily accessible ie elasticated bottoms. I have skin sensitivity so I have to wear cotton clothing and remove labels. I lack grip in my hands so fastening buttons and zips can be difficult to manage. I wear slip on shoes and avoid button fastenings.

I am unable to bend when pulling on socks or underwear therefore I avoid wearing them. I often remain in my pyjamas when attending appointments at my GP's.

Pain and fatigue adversely affects how quickly I can perform these tasks, I have to stop to regain control of the pain. I need plenty of time to allow myself to dress and time to rest afterwards.

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 depression and anxiety, I do not like to interact with others as I feel they are judging me; I get upset about how I present myself to others. I feel very vulnerable when I am outside or in a social setting.

I worry about my bowel overflow due to diarrhea which is variable. I would be unable to go out reliably and repeatedly because of this.

When I am in pain and frustrated about my condition I become agitated and short tempered. I get very self conscious. Some days I cannot move from my bed due to pain and exhaustion.
I try to initiate conversations but this is very difficult for me, I do not mix easily with those I do not know as I struggle to communicate effectively. I find socialising terrifying as I lack confidence and worry what people may think of me.

I try to encourage myself to go out with my x fortnightly, however this is extremely hard due to my chronic pain, fatigue and anxiety. I prefer to stay at home.

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 have difficulty retaining information whether verbal or written, therefore require help with understanding bills and letters.

I had help helped setting up my bills on direct debits for ease, I then have allowance for what I can spend.

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

My anxieties affect my ability to plan and follow routes and leave the house.
I would not be able to plan and follow a familiar or unfamiliar route due to my anxieties, I feel overwhelmed when in unfamiliar surroundings so I avoid going to places I do not know, therefore I would require support and reassurance.

I require support when completing short journeys that are familiar to me, leaving the house exacerbates my anxiety, I worry about what people think and feel others are judging me. I rarely leave the house, only to attend GP appointment where I am accompanied.

When leaving the house I have to plan in advance, prepare myself mentally and pace myself.

I struggle to process and retain information therefore if lost in an unfamiliar place, I would struggle to remember all verbal directions given, or ask someone I did not know for directions. If I was alone I would panic, I would be unable to cope or function. I would worry about getting lost hence why I will not go anywhere unfamiliar without being accompanied.

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

I struggle to stand from my bed most days. I have to stop after just a few steps due to pain in my back and legs. My feet feel as if I am walking on glass. My pain medication makes me drowsy and wobbly which impacts my balance, stability and spatial awareness.

I cannot walk on uneven grounds and have difficulty with upward slopes/stairs and steps due to the pain it causes. I have to go down these one at a time holding onto grab rails for support. I cannot do this in one fluid movement.

My left leg can give way making me at risk of trips and falls. I walk at a noticeably slower pace requiring additional time to complete journeys. I cannot stand or sit without constant pain. I suffer delayed reactions if I have walked too far and will need to rest the following 2-3 days.

All my conditions overlap in that they cause chronic pain and fatigue. I could not walk safely, reliably and repeatedly, without pain and discomfort.

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

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 have to attend an assessment centre I would need level access and be in close proximity to a bathroom. I would like plenty of notice so I can have someone come with me for support.

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