

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

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

If you need to add more please continue at 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

Example: Diabetes

Emphysema

Psoriatic Arthritis

Bursitis in Shoulders

Bulging Discs

Depression

Approximate start date

May 2010

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

Medication side effects:

Therapies;

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 am unable to prepare or cook a meal reliably or repeatedly due to pain in my joints. I have a perching stool but unable to use it due to intense back pain. I have bulging disks which cause pain when sitting.

I cannot stand for any length of time as pain will intensify radiating down my back, left leg and feet. This is not variable.

My grip is poor due to psoriatic arthritis, so it is not safe to carry items as I tend to drop them. I need drinks and food brought to me,

I cannot chop, peel, grip, slice or strain safely because of deterioration in my grip and I have cut myself previously being unable to hold the knife properly.

Stiffness in my neck makes it a struggle to move my head down to look at the work surface.

I lack motivation I cannot be bothered to eat as I always feel exhausted.

I have a real issue with smoke/steam and heat, my Emphysema starts to flare up and I become so breathless that I have to leave the room to use my inhaler.

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

When eating I use a fork and have lightweight cutlery and knives.

I have no motivation to eat, especially if no one is around to prepare my meal I will just eat junk food.

My family bring my meals to me, some days as I cannot carry my plate or sit at the table, it is too painful.

Eating makes me very breathless, and the incessant coughing causes further issues, this leaves me feeling very fatigued and exhausted.

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 a dosette box that my son sorts out for me. I struggle opening this because of pain and tenderness in my fingers, hands and wrists.

My right wrist tends to be worse than the left.

I have set alarms on my phone to remind me when to take my medication as I often sleep through my medication times.

Injectons are administered by my son twice weekly as I am unable to hold the syringe or administer it safely myself due to tenderness in my joints, and spasms in my hands.

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 have grab rails in the shower to help and support me and a rubber mat as I am not steady on my feet because of pain/inflammation in my joints. When it becomes steamy I get breathless quite quickly because of my emphysema which can quickly deteriorate so I have to keep my inhaler with me at all times.

I struggle to get in/out of a bath, my son has to assist me for the majority of the time, he supervises and helps me into the shower as I cannot wash my hair and back, and reaching behind or above me causes intense aching in my arms, I have to ask for help or go without. I cannot bend down or lift up my leg up so my son washes my legs and feet.

I feel too fatigued to bathe, everything is an effort so I just wipe over my hands and face with a face cloth most of the time. I really struggle to brush my hair, so very often I don't bother.

Cutting my toenails is difficult, so my son does them for me.

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 use a raised toilet seat with handles as I struggle to get on and off the toilet depending how bad the pain is in my back at that current time.

I struggle to wipe myself because of the pain in my hands, wrists and fingers caused by the psoriatic arthritis and at times unable to reach behind to wipe myself so need to shower to be clean.

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

My son will help to dress/undress me. I struggle to lift up my arms due to swollen joints. I had a neck fusion for degenerated discs leaving my movements restricted when turning my neck and bending down.

I am unable to reach or bend to take socks on/off or fasten shoes so I tend to wear trainers which my son fastens, I have a shoe horn, but I struggle to grip it properly and get very breathless on exertion when trying.

I wear easy clothing to avoid discomfort getting dressed causes such as loose clothes to stay comfortable.

Buttons, fastenings and laces produce a great challenge for me.

Due to weak ankles and knee, I wear an ankle and a knee brace, I need help to put this on.

Putting a coat on is painful because of shoulder pain so I need help with this.

Dressing is very exhausting for me and I cannot do anything for a while afterwards, I have to pace myself.

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

Independent

PLEASE NOTE:

Communicating Descriptor:

you need to have a Hearing Aid in both ears, or Almost Deaf, not just Tinnitus, or Memory issues etc.

You need to have support from a trained or experienced person in communicating with people.

'Complex verbal information'; information conveyed verbally in your own language in more than one sentence or one complicated sentence.

If most of the time you are able to understand or speak two short sentences or one long one without support of an experienced person, you won't score points.

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

Independent

PLEASE NOTE:

Reading Descriptor;

If you cannot read 51% of the time a simple line of text, not necessarily understand it, but read it, then only those with significant sight issues will apply unless they are significantly Dyslexic etc, no points are given if illiterate.

If you can speak on phone you are communicating fine.

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 am very wary about meeting people due to my lack of confidence and feeling depressed, I get so tired and worry about it beforehand, often to the point where I have talked myself out of going.

I stay at home with my family so I don't really see anyone. On bad days I stay in bed, where I just want to be alone so I can try and sleep, my depressions plays a large part in this preventing me from wanting to leave the house..

Often pain is worse when I am out of the house, the weather affects my joints, and my coughing and breathing. When I go into warmth from outdoors, I frequently have a coughing episode, which worries me and is therefore something I am avoiding doing more and more as winter is upon us.

Often I cannot string a sentence together that makes sense which embarrasses and frustrates me.

The process of having to go out in public to mix with others is very stressful. I have been to the shop before and I have felt the sudden urge to leave and had to go 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 am able to manage my money and finances independently.

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

I feel that people do not understand my illness and I don't think people cannot understand my conditions and why I am so out of breath or wheezy.

I can plan an outing but by the time it comes round to me going out I can talk myself out of going due to sheer stress and anxiety. I imagine all kinds of things that could happen and I don't feel confident enough on my own. I would need support from my son if I were to go out due to the anxiety I feel.

I could plan a journey to a familiar place but not unfamiliar and I would need someone with me to make me feel safe and will be there for support.

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	<input type="checkbox"/>	Between 20 and 50 metres	<input checked="" type="checkbox"/>	Between 50 and 200 metres	<input type="checkbox"/>
200 metres or more	<input type="checkbox"/>	It varies	<input type="checkbox"/>		

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

Walking aids include:

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

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Sometimes	<input type="checkbox"/>
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Q14c Do you use a wheelchair or similar device to move around safely, reliably and repeatedly and in a reasonable time period?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Sometimes	<input type="checkbox"/>
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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

The pain in my body is constant but fluctuates with regards to the level of pain. I become breathless very easily, and need to stop, sit down and rest after a few minutes to get my breath back, especially if it is a colder day.

I have become so breathless to the point I had a severe attack and this makes me very anxious, as I struggle to breathe.

Due to bulging discs I cannot walk very far without having to stop and rest, the pain travels down my legs, so each step is extremely painful even though I am wearing my splints.

Anything I do has a delayed effect on my body so I will be exhausted days later and in pain if I pushed myself further.

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.

I am unable to sit or travel for long distances due to my pain. I would require accessible toilets and close parking.

Declaration

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

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

How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, visit our website

www.gov.uk/dwp/personal-information-charter or contact any of our offices.