

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

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	
Hypocondraplasia (Dwarfism) Learning difficulties Spinal stenosis Chronic back and leg pain Spinal spasms Depression and anxiety	

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		
I have a support worker through adult support each week who supports me at home, physically and mentally Spinal injections CBT - awaiting another course for pain management Steroid injections Massage therapy		

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		

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.

I continue to experience severe back and leg pain which restricts my movement, the pain has begun to affect my upper back and neck also. I have started with pain in my hands and have had steroid injections, however I still experience a lot of pain and have a weak grip. I am easily fatigued. I am quite low in mood and lack motivation.

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

I still have a perching stool which I need to sit on to cook. I sometimes struggle to chop food because of pain in my hands, my husband or a member of my family to help me. I get very fatigued and often lack motivation so I sometimes need prompting to prepare a fresh meal.

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

There has been no change. I was previously awarded 2 points for this activity for needing the use of an aid.

2. Eating and drinking

Tell us if something has changed and approximately when.
I am always in pain and very fatigued, I lack energy to complete many daily tasks. I am generally low in mood and lack the motivation to look after myself.
Tell us how you manage this activity now, including the use of any aids that you need.
I still need prompting and encouraged to eat by my family. I often just snack on food because I do not bother to have a proper meal. My support worker makes sure I have something to eat in the mornings.
Tell us about any changes to the help you need or the help you get from another person.
I still need to be prompted to eat, as indicated in my previous form.

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

Tell us if something has changed and approximately when.
I experience a lot of fatigue and I am very forgetful as I struggle with brain fog.
Tell us how you manage this activity now, including the use of any aids that you need.
I use a Dosette box to take my medication. I am usually alright taking them in the morning, but in the evening I will be drowsy and fatigued, so I don't always take them independently, I will need to be prompted by my husband. I have forgotten to take my medication on several occasions.
Tell us about any changes to the help you need or the help you get from another person.
I still need an aid and prompting to manage my medication, as indicated in my previous form.

4. Washing and bathing

Tell us if something has changed and approximately when.
I continue to experience severe pain in my legs and lower back, but it has now started in my upper back and neck also. This limits my movement, particularly to bend. I get very fatigued after limited exertion and I am often low in energy and motivation.
Tell us how you manage this activity now, including the use of any aids that you need.
I have now been provided with two grab rails to help me get in and out of the bath and to support me when standing in the shower. I struggle with bending to wash my lower half because of my neck, back and leg pain and need help washing my hair, my husband will help me with this.
Tell us about any changes to the help you need or the help you get from another person.
There has been no change. I was previously awarded 2 points for needing to use an aid to wash and bathe. This remains the same.

5. Managing toilet needs or incontinence

Tell us if something has changed and approximately when.
I continue to experience a lot of pain in my back and legs, as well as fatigue which makes my legs feel very heavy and weak.
Tell us how you manage this activity now, including the use of any aids that you need.
I use a toilet frame and a step to use the toilet. I need the frame to support me when standing and sitting because of pain in my legs and back. I struggle to clean myself after I have been to the toilet because movement is restricted.
Tell us about any changes to the help you need or the help you get from another person.
There has been no change. I was previously awarded 2 points for needing an aid to manage my toilet needs. I believe I continue to meet this descriptor.

6. Dressing and undressing

Tell us if something has changed and approximately when.
I continue to experience severe pain in my legs and lower back, this has now started in my upper back and neck also. This limits my movement, particularly bending down. I get very fatigued after limited exertion and I am often low in energy and motivation.
Tell us how you manage this activity now, including the use of any aids that you need.
I wear loose clothing which is easy for me to slip on and off to avoid exacerbating my pain and fatigue. I struggle to bend to put on my socks because of pain in my back. It takes me quite a long time to dress and I will be fatigued afterwards. I need to be motivated by my husband or support worker to dress most mornings.
Tell us about any changes to the help you need or the help you get from another person.
There has been no change. I was previously awarded 2 points for needing an aid to get dressed and undressed. I believe I continue to meet this descriptor.

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

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

8. Reading and understanding signs, symbols and written words

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

9. Mixing with other people

Tell us if something has changed and approximately when.
I am low in mood and lack motivation. I experience anxiety and I have become quite withdrawn.
Tell us how you manage this activity now, including the use of any aids that you need.
I avoid social situations as much as possible. I avoid meeting up with friends and rarely speak to anyone outside of my immediate family. I feel very isolated because I worry that my friends don't really understand what I am going through. I do not like speaking to unfamiliar people and this causes a lot of anxiety.
Tell us about any changes to the help you need or the help you get from another person.
I continue to need prompting in social situations, as indicated in my previous form.

10. Making decisions about spending and managing your money

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

11. Planning and following a route to another place

Tell us if something has changed and approximately when.
I am low in mood and lack motivation. I experience anxiety and I have become quite withdrawn. I have a lot of worries about whether places will be accessible for me.
Tell us how you manage this activity now, including the use of any aids that you need.
I need someone to come with me to unfamiliar places as I become anxious around crowds and feel very vulnerable. My support worker or family will take me most places, my support worker is good at getting me out of the house as I would not go out otherwise. I avoid going out unless it is necessary as I am low in motivation and anxious.
Tell us about any changes to the help you need or the help you get from another person.
I need to be prompted to go out and about.

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.

I use an electric wheelchair to mobilise outdoors and my stick when mobilising indoors. My mobility is limited by pain in my back and legs, and I walk very slowly. I get very fatigued and my legs will feel very heavy and weak. If I push myself one day, I feel the after effects the next and I will be in severe pain. I have been provided with a blue badge.

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

I was previously awarded 12 points for this activity because I am unable to mobilise more than 20 metres. This remains the same and I continue to meet this descriptor.

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.

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Yes

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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.

I have been provided with a number of aids by occupational therapy; grab rails, toilet frame, perching stool.

I use an electric wheelchair, and awaiting for a ramp to allow me to use my wheelchair indoors, because some days I struggle to walk around my house.