A Layperson's guide to completing the Additional Questions for Personal Independence Payment (PIP)
Part One of this guide covers the legal requirements and rules around PIP. It only covers the basic rules and regulations of PIP, so that you have sufficient knowledge to understand its legalities. You can find more detailed information from:

Link to The DWP guide for assessment providers

Part Two focuses on examples of things you could write about when completing the additional information boxes in questions 3 - 14.

These are the questions that relate to your disability and how it affects you on a day to day basis, mentally and physically.

Part Three: Explains your rights and responsibilities regarding your Medical Assessment

Part Four: Next steps.

Warning:
This form can damage your health!
Take your time, pace yourself.
Get expert help/advice if you can

Your local library may be able to give you information regarding when to find advice in your local area.
You can find your local Citizens Advice Bureau here:
https://www.citizensadvice.org.uk/

Disclaimer
Every care has been taken to ensure that the content of this work is accurate and that legislation and case law used is current at the time of writing. However, no responsibility for loss occasioned to any person acting or refraining from action as a result of any statement in this work can be accepted by the author. Thanks to Gail Ward for her input.
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What is Personal Independence Payment (PIP)?

PIP has been replacing Disability Living Allowance (DLA) since 2013. The Government intends that all current recipients of DLA over the age of 16 will be moved over by the end 2017.

- PIP is not means-tested, doesn’t require national insurance contributions.
- PIP can claimed whether you are working or not,
- PIP is tax free and acts as a passport (allows access) to other benefits and premiums.
- It is always paid on top of any other benefit you receive.
- PIP is based on how your condition affects you and not the disability itself or the medication you take, **It takes into account help you require whether you receive it or not.**
- PIP can give some claimants access to the Motability scheme and automatic entitlement to a Blue Badge.

PIP is divided into two parts (components): A daily living component and a mobility component

In order to qualify for and receive PIP the DWP needs to be satisfied that you have limited or severely limited abilities to carry out daily living and/or mobility activities.

**The Daily Living component** – intended to act as a contribution to the extra costs disabled people face in their day-to-day lives that do not relate to mobility; and

**The Mobility component** – intended to act as a contribution to the extra costs disabled people face in their day-to-day lives related to mobility.

Both components are payable at either a standard rate or an enhanced rate, depending on a claimant’s circumstances.

- You must satisfy the disability conditions for one or both of the two components
- You can qualify for either or both components.
- Each component is payable at two rates
- Each activity has a selection of questions (descriptors) relating to the severity of your disability and how it affects your day to day living and your ability to carry out that activity.
- Each descriptor carries a number of points.
- The activities investigated during the PIP assessment are:

**Daily Living Component** - (10 activities):

- Preparing food • taking nutrition
- Managing therapy or monitoring a health condition
- Washing and bathing
- Managing toilet needs or incontinence
- Dressing and undressing
• Communicating verbally
• Reading and understanding signs, symbols and words
• Engaging with other people face to face
• Making budgeting decisions

The Mobility component - (2 activities):
• Planning and following journeys
• Moving around

Who is eligible?
• You must be 16 -64 to claim. You cannot claim PIP once you have reached the age of 65 - you must then claim Attendance Allowance.
• You must have had the disability for 6mths previously and your needs must still be expected to last for nine months at the same level throughout your award.
• Hospitals and Care Homes:
  o If you are receiving PIP before you go into hospital, your award will only continue for the first 28days of your stay .
  o There is a 28day "linking”rule, which means that different periods spent as a patient separated by 28days or less are linked together as one period.
  o If you are in a Care home you cannot received the daily living component. However you can receive the mobility component.
• If you are terminally ill, you do not have to satisfy a required period condition; and automatically receive the enhanced rate of the daily living component. You should get a DS1500 form completed by a medical professional and explain this when you claim.
• Claims by terminally ill people are known as ‘special rules’ claims.
• PIP ceases to be payable after 28 days where someone is being detained in legal custody.
• You must not be a ‘person subject to immigration control. - You must meet residence and presence conditions (normally including being ‘habitually resident”, and having been present in Great Britain for two of the past three years) - You will need to seek help if you fail either of these tests.

How points are awarded

Each question is divided into different activities or "Descriptors,”

A score is allocated to each activity.

You will be allocated a descriptor (and score) for each question during the medical assessment.

There is a minimum score ("threshold") that you must reach to become entitled to a component. The thresholds are:
8 points for the standard rate of a component; and/or
12 points for the enhanced rate of a component.
The total scores for all of the activities related to each of the components are added together to determine entitlement for that component.
Terminology:

Reliability
For each question you must show that you are unable to carry out the activity
“reliably, which means that you can carry out the activity:

‘Safely’ - it is unlikely to cause harm to the individual, either directly or through
vulnerability to the actions of others, or to another person. This means that if you
cannot manage the activity safely, as often as you need to during the day

'To an acceptable standard' - in a manner that would be deemed satisfactory or
adequate

'In a reasonable time period' in under twice the maximum time it would normally
take someone with no disability or health problem.

‘Repeatedly’ - completed as often during the day as the individual activity requires.
Consideration needs to be given to the cumulative effects of symptoms such as pain
and fatigue.

Think about the following questions, which will help you to decide if you can or
cannot do things reliably.
- Can you complete these tasks safely?
- What difficulties do you have with these tasks?
- What help you need? Remember – what matters is whether you need help – not
whether it is actually provided
- How long does it take you to complete each task?
- Can you complete each task to an acceptable standard? For instance – do you get
lost?
- Can you complete each task as often as you need to?
- Fluctuating condition - (Your condition varies from day to day) Do the
difficulties that you have vary from day to day or throughout the day? If so, how
does it vary and how often?

Each activity is considered over a 24hour period. (The Required Period)

If more than one of the descriptors apply to you for over 50% of the time, say this in
the ‘extra information’ box.
You should score points for the activity on over half the days in the ‘required period
for a single descriptor or a combination of descriptors
You are awarded the highest scoring descriptor from an activity that applies to you on
over half of the days in the required period.
If no descriptor applies on over half of the days, but you score points for two or more
of the scoring descriptors (added together) on over half of the days, the descriptor that
applies most often and scores some points is awarded.

You can read more here: https://www.gov.uk/government/publications/personal-
independence-payment-assessment-guide-for-assessment-providers
section 3.2. Applying the criteria
Other important factors when completing the form

Fatigue and stress
Fatigue and/or stress may affect you before and/or after you carry out any activity.
- You might be able to carry out an activity, but it takes a great deal of time to do so. You might have to take several rests, or even give up the attempt until you have found more energy.

Rebound.
How long it take you to recover from any activity?
- You may be able to do an activity but it takes you a long time, such as preparing your meal, leaving you completely exhausted, anxious and experiencing a worsening in your symptoms.
- The activity may leave you so fatigued you are unable to do anything else for some time
- The activity may leave you so mentally distressed you are unable to do anything else for some time

Pain.
Pain/stress/fear is relative only to you. Only you know what level you endure, so include how much pain/stress/fear you are in and what effect it has on your body and mind.

Support from other people
The assessment takes into account where claimants need the support of another person or persons to carry out an activity, including where that person has to carry out the activity for them in its entirety. The criteria refer to various types of support:
- Supervision is a need for the continuous presence of another person for the purpose of ensuring the claimant’s safety to avoid a serious adverse event from occurring. The risk must be likely to occur in the absence of such supervision. To apply supervision must be required for the full duration of the activity
- Prompting is support provided by another person by reminding or encouraging a claimant to undertake or complete a task or explaining it to them but not physically helping them. To apply, this only needs to be required for part of the activity
- Assistance is support that requires the presence and physical intervention of another person to help the claimant complete the activity, including doing some, but not all of the activity in question. To apply, this only needs to be required for part of the activity.

Aids and Appliances
- You can receive points if you use an aid or adaptation and it is accepted that you need to use this as a result of your illness or disability. And you are unable to use it without the help from another person.
- You may lose points if it is decided that you do not need help from another person if you use an aid or adaptation that replaces an impaired function.
- Always include any aids and appliances:
  - Explain how they help you
  - Make it clear if a health professional advised you to use them
  - Include any that would help you if you had them
  - Include any that your condition prevents you from using - for example, you can't grip a walking stick because of arthritis in your hands
• Explain if you use an aid to reduce mental or physical feelings (like pain, discomfort or tiredness) when standing or walking. Make it clear if it only reduces that feeling and that you still experience something.

**Keeping a dairy**
• It is a good idea to start a daily diary of how your disability/illness affects you
• This is useful if you have a deteriorating illness/disability
• This is a useful way to record how long it takes you to recover from a stumble or fall
• If you are prone to flare ups, you could record how long it takes you to recover.

*See Appendix for a template that you could use.*

**PIP: The route and possible outcomes**

Starting your claim
Getting in touch with DWP

Completing the form

Face to face medical assessment

**PIP not awarded**

Requesting a mandatory reconsideration

**PIP is awarded**

Appeal the decision

**PIP not awarded**
Making a claim for PIP

Before you start:

It is advisable to keep a record of your all your contacts with DWP
For each phone call keep record:

- The date
- The time you rang the DWP, time the operator picked up the call and time the call ended
- The name of the person you spoke to
- A summary of what they said including dates by which you should receive forms and paperwork from DWP.

Deadlines - The start of any deadline is always the date on the letter or award notice you have received from The DWP
- Time, date and place for your assessment.

Take photos - If you are unable to keep your home clean, or you cannot throw anything away and your home is stacked full with your drawers and cupboards overflowing, a photo can be an excellent indication of how you are coping.

You receive your invitation to apply for PIP:

If you are already claiming Disability Living Allowance you will receive a letter from The DWP inviting you to claim PIP.

You will need to contact the DWP within four weeks from the date on the invitation letter, if you are going to make a claim PIP.

Your initial phone call to The DWP:
- The number is on your invitation letter
- If someone else calls on your behalf then you will need to speak on the phone and pass a "quick identity check".

Information you need to start your claim
- Your full name, address and phone number
- Your National Insurance number
- Your bank or building society account details
- Contact details of your GP or other health professionals you deal with
- The dates and details of any stays in hospital or residential care
- Your nationality or immigration status
- If you’ve been abroad for more than 4 weeks at a time in the last 3 years (you’ll need the dates and details)
- You’ll be asked if you have any disabilities relating to your mental health, a learning difficulty or behavioural disability. These questions are asked to check if you need any additional help or support with your claim.
The DWP will assess whether you meet the basic eligibility conditions.

- If you do, The DWP will send you a PIP2 claim form.
- You will be told that the PIP2 form should arrive within 14 days - MAKE A NOTE OF THIS DATE - If you’ve waited 14 days and your PIP2 form has not arrived, contact the PIP claims line and ask them for an update. - Make a record of this phone call
- If you do not meet the eligibility conditions you will need to seek Advice.
  https://www.citizensadvice.org.uk/ Your local Library may have a list of Advice Agencies in your area.

IMPORTANT: As your form will take two weeks to arrive you can start compiling your responses to the questions by using descriptors in this guide and the blank information sheets in the Appendix

Gathering Evidence to support your claim

While you're waiting, you need to gather any evidence to support your claim.

Health professionals.

- If you have different health professionals, contact them tell them that you’re making a claim for PIP and ask them to provide medical evidence regarding your disability and how it affects your day to day life

Your evidence could be a letter from a doctor, health profession, counsellor and not just a current prescription list showing your medication

It’s important to do this because PIP is based on how your disability affects you and not the disability itself or the medication you take
Making a Claim for PIP

You can start to complete your additional information by using the Additional Information sheets found in Appendix 2
If you are using a computer keep a separate back up if you can.

- For each question, it is advisable to record all the information of how your illness/disability affects you first, then read the example questions to see if there is any additional information that you have not thought about. It is common to underestimate your condition.
- Add any relevant information to your notes
- Transfer these notes to additional information box. If there is not enough space in the box then use a sheet of paper clearly marked with:
  - Your name
  - National Insurance Number.
  - The question the your answer is to
  - Sign each sheet before you attach them to the form.
- You may find that your response may apply to more than one question. If it does then repeat it for each of the questions that apply to you

The Questions

Question 1: Listing your health professionals

You can Include:

- Doctors, GPs, consultants and nurses
- Counsellors, psychotherapists and occupational therapists
- Care workers, support workers, social workers and physiotherapists
- Their contact details - in case the DWP need to know more about your condition
- The date you last saw them - If you don’t know the exact date you last saw them it's ok to just give the year.
- If you’ve not seen a health professional in the last 3 months it’s a good idea to try and get an appointment with them so that they’re up to date if the DWP contact them.

Question 2: listing your conditions, medications and treatments

Question 2a
The DWP want to know what are your health conditions or disabilities, and approximately when each of these started?
- List all the physical and mental health conditions and disabilities you have and the date they started.
- You don't need to go into any detail about how your conditions affect you - you can add these details in questions 3 to 15.
- You don’t need to be too specific about the date if you’re not sure - the year it started will be enough.
Question 2b
"Tell us about any tablets or other medication you're taking or will be taking, any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis, regardless of whether NHS or private, and please include information on any side effects these have on you."

- List all the tablets, medications, treatments and therapies you use and any that you’re about to start.
- This includes anything you pay for yourself (for example, painkillers) as well as anything you’ve been prescribed.
- If you’ve got a printed prescription list you can attach this to your claim form - write your name and National Insurance number on it.
- You don’t have to record the frequency, dosage and reason you take it.
- If you’re not sure whether a tablet, medication, treatment or therapy is relevant, it’s best to include it anyway.

Side effects from medication

If you have medication to help you with side effects from another medication, you should include it.
Also, if there’s medication you should take but can’t because of the side effects you have, include it here too.
This section of this guide solely focuses on the Additional Information box

Daily living activities and descriptors
The activities, descriptors and points listed below are the legal test laid out in the Social Security (Personal Independence Payment) Regulations 2013.

When completing the form you will see that each question has a series of tick boxes. Think carefully about the tick boxes. You may find that in some sections you need to tick the No box, while in others you chose the Yes or Sometimes Box. If you are unsure you can find information here for each question here: [https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/fill-in-form/3-prepare-and-cook-meal/](https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/fill-in-form/3-prepare-and-cook-meal/)

Question 3 Preparing food
This activity considers your ability to prepare a simple, cooked meal for one from fresh ingredients.

It is not designed to assess your culinary skills, but to assess the impact of any impairment on their ability to perform the tasks required to prepare and cook a simple meal.

Terminology
A ‘simple meal’ means a cooked one course meal for one using fresh ingredients – not a ready meal.
‘Prepare’ means making food ready for cooking or eating and ‘cook’ means to heat food above waist height.
‘Unaided’ means without using an aid or appliance and without supervision, prompting or physical help.
‘Assistance’ means physical intervention by another person and does not include speech.
‘Prompting’ means reminding, encouraging or explaining by another person.
‘Supervision’ means the continuous presence of another person to keep you safe.

The Descriptors

| a Can prepare and cook a simple meal unaided. | 0 Points |
| b Needs to use an aid or appliance to be able to either prepare or cook a simple meal. | 2 Points |
| c Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave. | 2 Points |
| d Needs prompting to be able to either prepare or cook a simple meal. | 2 Points |
| e Needs supervision or assistance to either prepare or cook a simple meal. | 4 Points |
| f Cannot prepare and cook food. | 8 Points |
Examples of things you could write about:

- Does another person help you to cook, or cook for you, because of your health condition? Explain what they do to help you.
- Did you used to cook for yourself, but find that you can no longer do it because of your health condition?
- Do you find it difficult to motivate yourself to prepare or cook food because eating or drinking could result in diarrhoea, nausea or pain?
- Do you find it difficult to prepare or cook food because you are tired?
- Do you tend to skip meals? If so, why?
- Do you often miss meals or forget to eat or drink?
- Do you binge eat or purge?
- Does your medication cause tremors or spasms which make eating or drinking alone difficult?
- Do you need someone to remind, prompt, supervise or assist to ensure to eat and drink?
- Do you have a mental health issue and you need help with motivation to eat, if you are feeling too exhausted and ill to eat?
- Are you unable to feed yourself and need help tube feeding? If you are unable to bring food to your own mouth and need someone to help you. Describe the process of eating and how long it takes.
- If you use any aids to help you eat and drink mention this in this section and any help you need to use them.
- Do you tend to eat ‘ready meals’ or snacks because it is difficult for you to prepare a meal from scratch or you lack motivation to do so?
- Do you have difficulty chopping or peeling food, opening tins or packets, or handling hot food? For example, you may have difficulty chopping food because of joint pain.
- Do you need to use an aid or appliance, such as a perching stool, while cooking?
- Does it take you a long time to prepare a meal because of fatigue, or because you keep needing to stop to rest or to use the toilet
- Do you have difficulty watching over food that is cooking, because you need to have frequent, unpredictable or prolonged trips to the toilet? This could make it difficult to ensure that food is properly cooked and not burnt. Leaving cooked food unattended may also be dangerous.
- You may have difficulty coordinating tasks so that everything is ready at the same time for the same reason.
- Do you have to follow a special diet or have to avoid certain foods? You won’t automatically score points for this. However, following a special diet may make it more difficult for you to prepare a meal. It may mean that preparing meals takes longer or involves extra tasks such as mashing food or chopping it more finely. Or you may need prompting, assistance or supervision from another person to make sure you follow the correct diet. Explain this on the form.
- If you suffer from diarrhoea or bowel incontinence, does this make it more difficult to maintain hygiene while preparing food?

Can you do this activity Reliably: See pages 6-8
Safely
Question 4: Taking nutrition

This question asks about your ability to feed yourself by cutting up food on a plate, lifting it to your mouth and chewing and swallowing it or by using a therapeutic

This question looks at eating, it does not take into account shopping for the food, preparing it or cooking it

‘Take nutrition’ means cutting food up, putting it in your mouth, chewing and swallowing it. ‘Unaided’ means without the use of an aid or appliance; or without supervision, prompting or assistance.

‘Assistance’ means physical intervention by another person and does not include speech.

‘Prompting’ means reminding, encouraging or explaining by another person.

‘Supervision’ means the continuous presence of another person to keep you safe.

‘Therapeutic source’ means parenteral or enteral tube feeding, using a rate-limiting device such as a delivery system or feed pump source.

The Descriptors

Examples of things you could write about:

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Can take nutrition unaided.</td>
<td>0 points</td>
</tr>
<tr>
<td>b. Needs either (i) to use an aid or appliance to take nutrition; (ii) supervision to be able to take nutrition; (iii) assistance to cut up food</td>
<td>2 points</td>
</tr>
<tr>
<td>c. Needs a therapeutic source to take nutrition</td>
<td>2 points</td>
</tr>
<tr>
<td>d. Needs prompting to take nutrition</td>
<td>4 points</td>
</tr>
<tr>
<td>e. Needs assistance to manage a therapeutic source to take nutrition</td>
<td>6 points</td>
</tr>
<tr>
<td>f. Cannot convey food and drink to their mouth and needs another person to do so</td>
<td>10 points</td>
</tr>
</tbody>
</table>

- Do you spill food and have to change your clothes after meals?
- Are you able to see if you have dropped food or drink onto your clothes?
- Do you need to use specifically coloured plates so that the colour contrast allows you to distinguish different food items?
- Do you need someone to cut up your food on your behalf?
- Do you need help taking bones out of fish?
- Do you have any special cutlery?
- Do you find it difficult to motivate yourself to eat because you know that eating is likely to result in diarrhea or nausea?
- Do you need enteral nutrition (tube feeding) or parenteral nutrition? If so, describe what this involves, any difficulties you encounter and any help you need from another person.
• If the symptoms of your disability are likely to be affected by what you eat, explain the importance of eating regular healthy meals and snacks to manage your condition. If you cannot do this - Explain why.
• Do you need prompting, assistance or supervision from another person to make sure you follow the correct diet?
• Do you often miss meals or forget to eat or drink? Explain why.
• Do you have difficulty maintaining your weight? If you have lost weight or are underweight due to your condition, it may be helpful to state how much weight you have lost. If you are significantly underweight, you could state your weight and height or body mass index (BMI). You won’t automatically score points for being underweight, but it is an indication that you may have difficulty taking nutrition.
• Do you binge eat or purge?
• Are you Anorexic? - How does this affect you
• Do you suffer from bloating?
• Do you suffer from mouth ulcers? Do the ulcers make eating painful or uncomfortable?
• Do you have difficulty cutting up food on your plate or using cutlery? For example, you may have difficulty with this because of joint pain.
• If you are unable to bring food to your own mouth and need someone to help you. Describe the process of eating and how long it takes.
• Do you have a mental health issue and you need help with motivation to eat, if you are feeling too exhausted and ill to eat?
• Does your medication cause tremors or spasms which make eating or drinking alone difficult?
• Do you need someone to remind, prompt, supervise or assist to ensure to eat and drink?
• Are you unable to feed yourself and need help tube feeding?
• If you use any aids to help you eat and drink mention this in this section and any help you need to use them.

<table>
<thead>
<tr>
<th>Can you do this activity</th>
<th>Reliably: See pages 6-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safely</td>
<td></td>
</tr>
<tr>
<td>To an acceptable standard</td>
<td></td>
</tr>
<tr>
<td>Repeatedly</td>
<td></td>
</tr>
<tr>
<td>In a reasonable time period</td>
<td></td>
</tr>
</tbody>
</table>

**Question 5: Managing therapy or monitoring a health condition:**
This question asks about your ability to take medication, manage other treatments and monitor your health.

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The Descriptors

<table>
<thead>
<tr>
<th>a</th>
<th>Either</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) does not receive medication or therapy or need to monitor a health condition; or</td>
<td></td>
</tr>
<tr>
<td>(ii) can manage medication or therapy or monitor a health condition unaided.</td>
<td>0 points</td>
</tr>
<tr>
<td>b</td>
<td>Needs either</td>
</tr>
<tr>
<td>(i) to use an aid or appliance to be able to manage medication; or</td>
<td></td>
</tr>
<tr>
<td>(ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition.</td>
<td>1 points</td>
</tr>
<tr>
<td>c</td>
<td>Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.</td>
</tr>
<tr>
<td>d</td>
<td>Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.</td>
</tr>
<tr>
<td>e</td>
<td>Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.</td>
</tr>
<tr>
<td>f</td>
<td>Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.</td>
</tr>
</tbody>
</table>

Examples of things you could write about:

• Do you need help to administer enemas or suppositories, to apply cream or to change dressings?

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• Do you need to be reminded or prompted to take your medication? For example, you may need reminding because of a condition such as depression which makes you forgetful
• Do you not want to take your medication, or are you unable to take it, because of side effects?
• Do you need to use an aid or appliance to manage your medication? For example, if you have to take a lot of different medication you may need to use a Dossett box to organise your tablets and make sure that you take the correct ones at the right time. Or you may set a timer on your mobile phone to remind you when to take your medication.
• Do you need assistance from another person to check and monitor the condition of your anal or rectal area?

Can you do this activity Reliably: See pages 6-8
Safely
To an acceptable standard
Repeatedly
In a reasonable time period

Question 6: Washing and bathing:
This question asks about your ability to keep your body and hair clean.

Terminology
“unaided” means without the use of an aid or appliance and without any supervision, prompting or assistance.
“assistance” means physical intervention by another person and does not include speech;
“bath” includes get into or out of an unadapted bath or shower;
“prompting” means reminding, encouraging or explaining by another person;
“supervision” means the continuous presence of another person to keep you safe

The Descriptors

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Can bathe unaided</td>
<td>0</td>
</tr>
<tr>
<td>b. Needs to use an aid or appliance to be able to wash or bathe</td>
<td>2</td>
</tr>
<tr>
<td>c. Needs supervision or prompting to wash or bathe</td>
<td>2</td>
</tr>
<tr>
<td>d. Needs assistance to be able to wash either their hair or body below the waist</td>
<td>2</td>
</tr>
<tr>
<td>e. Needs assistance to be able to get in or out of a bath or shower</td>
<td>3</td>
</tr>
<tr>
<td>f. Needs assistance to be able to wash their body between the shoulders and waist</td>
<td>4</td>
</tr>
<tr>
<td>g. Cannot wash and bathe at all and needs another person to wash their entire body</td>
<td>8</td>
</tr>
</tbody>
</table>

Examples of things you could write about
• Do you need prompting to stay focused on washing or prompting to complete tasks or carry out the tasks involved in washing in the right order.
• Does another person help you to wash, bathe or shower? Explain what they do to help you.
• Do you need handrails by the bath or shower?
• Do you need to use a bidet to clean yourself?
• Do you need to use an appliance such as a shower seat or long-handled brush?
• Do you have difficulty or discomfort when climbing in or out of the bath?
• Do you need to wash or shower more often because you suffer from leakage, incontinence, infections or fistulas?
• Do you have to take extra care when washing or cleaning yourself because of infections, fistulas, ulcers or lesions?
• Does it take you a long time to wash, shower or bathe?
• Is it painful to wash or clean yourself because of infections, fistulas, ulcers or lesions?
• Do you find it difficult to stand in the shower? For example, if you are weak, tired or unsteady on your feet.
• Do you find it difficult or painful bending, twisting or reaching to wash your genitals, perineum, anus, feet, back, or any other part of your body? Do you have difficulty washing your hair? Say which part(s) of the body you find it difficult to clean.
• Do you need help to reach, open or dispense items such as shower gel or shampoo?
• Do you sometimes feel too tired or depressed to wash, bathe or shower?
• Do you strip wash at the sink because it is too difficult to have a bath or shower?
• Have you had falls (or nearly fallen) while having a bath or shower?
• Do you need another person to supervise or assist to reduce the risk of falls?

Can you do this activity Reliably: See pages 6-8
Safely
To an acceptable standard
Repeatedly
In a reasonable time period
Question 7: Managing toilet needs or incontinence

This activity looks at whether you need any help, supervision, prompting, reminding or explaining to use the toilet safely, to an acceptable standard, repeatedly and in a reasonable time period.

Going to the toilet includes cleaning yourself properly afterwards.

Terminology

‘Toilet needs’ means getting on and off the toilet, urinating and emptying the bowel, and then cleaning yourself afterwards.
‘Managing incontinence’ means dealing with involuntary urination or emptying of the bowel and cleaning yourself afterwards.

“unaided” means without the use of an aid or appliance and without any supervision, prompting or assistance.
“assistance” means physical intervention by another person and does not include speech;
“manage incontinence” means manage involuntary evacuation of the bowel or bladder, including use a collecting device or self-catheterisation, and clean oneself afterwards;
“prompting” means reminding, encouraging or explaining by another person;
“supervision” means the continuous presence of another person for the purpose of ensuring C’s safety;

“toilet needs” means –
(a) getting on and off an unadapted toilet;
(b) evacuating the bladder and bowel; and
(c) cleaning oneself afterwards; and the use of collecting devices

The Descriptors

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Can manage toilet needs or incontinence unaided.</td>
<td>Score 0</td>
</tr>
<tr>
<td>b Needs to use an aid or appliance to be able to manage toilet needs or incontinence.</td>
<td>Score 2</td>
</tr>
<tr>
<td>c Needs supervision or prompting to be able to manage toilet needs.</td>
<td>Score 2</td>
</tr>
<tr>
<td>d Needs assistance to be able to manage toilet needs.</td>
<td>Score 4</td>
</tr>
<tr>
<td>e Needs assistance to be able to manage incontinence of either bladder or bowel.</td>
<td>Score 6</td>
</tr>
<tr>
<td>f Needs assistance to be able to manage incontinence of both bladder and bowel.</td>
<td>Score 8</td>
</tr>
</tbody>
</table>
Examples of things you could write about:

- How frequently do you need to have a bowel movement? You won’t score any extra points just because you need to use the toilet frequently, but this helps to give an indication of the severity of your condition. It may also help to explain why you are fatigued or have difficulty with other activities.
- If you use special equipment such as a commode or rails around the toilet, does this stop you from needing help each time you see to your toilet needs or do you still need assistance (some or all of the time)? If so, what kind of assistance and why?
- Do you sometimes need to spend a long time on the toilet, or have to return to the toilet repeatedly with only short breaks in between?
- If you suffer from diarrhoea, describe the effects. How often do you have diarrhoea? Is it watery, explosive or bloody?
- Do you sometimes suffer from constipation? How often does this happen? How long does it last? Does it result in pain, tears in the anus or bleeding?
- Do you suffer from leakage from your bowels or bladder, or leakage from fistulas? How often does this happen? How much leakage is there?
- If you suffer from fistulas, describe how they affect you.
- Do you suffer from bleeding during bowel movements? If so, do you have difficulty dealing with the bleeding or cleaning yourself afterwards?
- Do you suffer from bladder infections?
- Are your bowel movements painful? Describe the pain – for example is it burning, cramping or stinging?
- Do you have problems with your bowels such as constipation or diarrhea (perhaps you have been diagnosed with Irritable Bowel Syndrome) which can lead to pain, weakness and vomiting whilst you are on the toilet, commode or bedpan? If so, do you need someone with you to help?
- Do you suffer from urgency which means you need to hurry to the toilet with little warning? Do you find it difficult to get to the toilet on time?
- Do you suffer from incontinence of the bowels and/or bladder? How often does this happen?
- Do you try to avoid or reduce the risk of incontinence by making sure you are close to a toilet most of the time?
- Do you use incontinence pads? If so, explain whether you use them all the time or just at certain times. How often do they need changing? Do the pads ever leak so that your clothes, seat or bedding ever get soiled or wet despite using the pads? Do you have difficulty changing the pads or need help from another person to do this?
- Do you have problems with incontinence which lead your sheets/clothes to become soiled? Does this mean that your bed linen needs to be changed?
- If you use a stoma bag, explain how you use it, how often you need to empty it and how you clean the stoma site. Describe any problems with bag leakage/bursting, and explain whether you need help from another person.
- Do you need to use any other aid or appliance such as a commode, raised toilet seat, bottom wiper, bed pad or waterproof sheet or seat pad? Explain if you need help from another person to use the appliance – for example, if you use a commode you may need someone else to empty it for you.
- Do you have to take extra care cleaning yourself after using the toilet because of infections, fistulas, ulcers or lesions?
- Do you need to use a bidet to clean yourself after a bowel movement?
• Do you feel exhausted or need to rest after a bowel movement?
• If another person helps you with using the toilet or dealing with incontinence, explain how they help you. Bear all these things in mind when stating what encouragement you need.
• Are you always aware that you need to pass urine or have a bowel movement or (if you are incontinent) that you have done so?
• Perhaps, due to the effort of using the toilet/commode/bedpan, you put off doing so and need someone to encourage you to go sooner for the sake of your health?
• Perhaps you wear incontinence slips and need someone to check if they are soiled and need changing?
• Perhaps you are trying to overcome incontinence and need someone to encourage you to use a bedpan or commode rather than rely on your incontinence slips?
• Perhaps you delay asking for someone to change your wet incontinence protection due to the effort involved? • Do you use the toilet, a commode, a bedpan or a combination of all three? If you do not use the toilet, why do you need to use a commode or bedpan? Does using the toilet, commode or bedpan exacerbate your symptoms in any way?
• Does your illness make you very thirsty so that you drink a lot and need to empty your bladder frequently?
• Do you have to use enemas due to your bowel problems?
• For women, do you have problems coping with sanitary protection during periods? Perhaps you need someone to change your sanitary towels or insert tampons because you are too weak or in too much pain to do so yourself? If you have leaks, do you need someone to help you change your underwear and clothes? Why?
• Do you have trouble with washing your hands after seeing to your toilet needs?

• Do you have difficulty with getting on and off the toilet? Do you feel weak or unsteady when rising after using the toilet?
• Are you safe to be left alone on the toilet, commode or bedpan or are you likely to become weak and unsteady without someone there to support you?
• Do you need someone to get you into an appropriate position for using a bedpan (for example, sitting you up or placing cushions around you?)
• Do you find it difficult to clean yourself after using the toilet or following an episode of incontinence? ?
• Do you need someone to do this for you? If you are in bed do you need someone to bring you soap, water and towels?
• Do you need help to change and rinse the bedding if you experience incontinence or leakage while in bed?
• Can you sit in a chair while your bedding is changed? If not what do you do while you wait.

Can you do this activity Reliably: See pages 6-8
Safely
To an acceptable standard
Repeatedly
In a reasonable time period
Question 8: Dressing and undressing:
This question asks about your ability to dress and undress yourself, including putting on socks and shoes and includes selecting appropriate clothing.

Terminology
“unaided” means without the use of an aid or appliance and without any supervision, prompting or assistance.
“assistance” means physical intervention by another person and does not include speech;
“prompting” means reminding, encouraging or explaining by another person;
“supervision” means the continuous presence of another person for the purpose of ensuring your safety.

The Descriptors

<table>
<thead>
<tr>
<th>a. Can dress and undress unaided.</th>
<th>0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Needs to use an aid or appliance to be able to dress or undress.</td>
<td>2 points</td>
</tr>
</tbody>
</table>
| c. Needs either
  (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or
  (ii) prompting or assistance to be able to select appropriate clothing. | 2 points |
| d. Needs assistance to be able to dress or undress their lower body. | 2 points |
| e. Needs assistance to be able to dress or undress their upper body | 4 points |
| f. Cannot dress or undress at all. | 8 points |

Examples of things you could write about:

- Do you find it difficult or painful to bend to put on your lower clothing, socks or shoes?
- Do you need appliances or adaptations, such as elasticised shoelaces or a shoehorn?
- Do you need to wear clothes which are easy to undo, such as trousers that are elasticised or have Velcro fastening instead of buttons, so you can pull them down quickly if you need the toilet urgently?
- Do you have fine motor skill problems?
- Do you have sensory issues with clothing?
- Do you have to put your clothes on in a special order?
- Do you go to sleep in your day clothes as you are too exhausted to change into your nightwear?
- Do you need to wear clothes which accommodate a stoma?
- Do you have to take extra care when selecting clothing or putting it on because of skin lesions or ulcers?
- Do you need advice from another person about which clothes will be appropriate?
- Do you need someone to check that the clothes you are wearing are clean and do not have stains on them?
- Do you need someone to check that your clothes do not have any holes or need minor repairs?
• Do you use aids or other methods to help you to identify or reach your clothes
• Do you rely on another person or your sense of touch to tell whether clothes are inside out or on the right way around?
• Are you easily distracted so that dressing and undressing take a long time?

Can you do this activity Reliably: See pages 6-8
Safely
To an acceptable standard
Repeatedly
In a reasonable time period

Question 9: Communicating verbally:
This activity considers your ability to communicate verbally and includes your ability to understand what someone is saying and be understood by someone else.

Terminology
"Support" means support from a person who is trained or experienced in communicating with people with specific communication needs interpreter, for example a sign language
NOTE: this does not include interpreter support for other languages
“basic verbal information” means a simple sentence.
“complex verbal information” means more than one sentence or one complicated sentence
“unaided” means without the use of an aid or appliance and without any supervision, prompting or assistance.
“prompting” means reminding, encouraging or explaining by another person

The Descriptors

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Can express and understand verbal information unaided.</td>
<td>0 Points</td>
</tr>
<tr>
<td>b</td>
<td>Needs to use an aid or appliance to be able to speak or hear</td>
<td>2 Points</td>
</tr>
<tr>
<td>c</td>
<td>Needs communication support to be able to express or understand complex verbal information.</td>
<td>4 Points</td>
</tr>
<tr>
<td>d</td>
<td>Needs communication support to be able to express or understand basic verbal information.</td>
<td>8 Points</td>
</tr>
<tr>
<td>e</td>
<td>Cannot express or understand verbal information at all even with communication support.</td>
<td>12 Points</td>
</tr>
</tbody>
</table>

Examples of things you could write about:
• Do you use an aid or appliance to communicate with others?
• Do you need help from another person to communicate with others?
• Do you need extra time to process what is being said?
• Does your illness or medication makes it difficult for you to be understood by, or understand other people when you are talking?
• Do you need to be familiar with the person you are communicating with?
• Is it hard for you to keep your train of thought when you are speaking to people?
• Do you get easily confused when someone is explaining things to you?
• Do you put off making phone calls due to your illness?
• Can you keep eye contact with people when
• Do you become anxious or self-conscious in social situations due to your condition and need reassurance?
• Do you find it hard to understand complex sentences
• Do you need to write things down to communicate?
• Do you use sign language as you have difficulty making yourself understood in spoken language?
• Do you get confused by figures if speech, sarcasm, humour etc?
• Do you struggle to understand non-verbal communication such as body language, facial expressions and/or gestures?
• Due to your condition do you get agitated and become anxious or paranoid easily?
• Do you feel exhausted after conversations or as a result of having to listen and take in information?
• Do you have poor concentration and cannot follow conversation?
• Are times when you are simply too unwell to communicate with other people?

Can you do this activity Reliably: See pages 6-8
Safely
To an acceptable standard
Repeatedly
In a reasonable time period

Question 10: Reading and understanding signs, symbols and words:
This activity is about your ability to read and understand written signs, symbols and words in your own language.

“basic written information” means signs, symbols and dates written or printed standard size text.
“complex written information” means more than one sentence of written or printed standard size text.
“unaided” means without the use of an aid or appliance and without any supervision, prompting or assistance.
“prompting” means reminding, encouraging or explaining by another person;
The Descriptors

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Can read and understand basic and complex written information either</td>
<td>0 Points</td>
</tr>
<tr>
<td>unaided or using spectacles or contact lenses.</td>
<td></td>
</tr>
<tr>
<td>b. Needs to use an aid or appliance, other than spectacles or contact</td>
<td>2 Points</td>
</tr>
<tr>
<td>lenses, to be able to read or understand either basic or complex written</td>
<td></td>
</tr>
<tr>
<td>information.</td>
<td></td>
</tr>
<tr>
<td>c. Needs prompting to be able to read or understand complex written</td>
<td>2 Points</td>
</tr>
<tr>
<td>information.</td>
<td></td>
</tr>
<tr>
<td>d. Needs prompting to be able to read or understand basic written</td>
<td>4 Points</td>
</tr>
<tr>
<td>information.</td>
<td></td>
</tr>
<tr>
<td>e. Cannot read or understand signs, symbols or words at all.</td>
<td>8 Points</td>
</tr>
</tbody>
</table>

Examples of things you could write about:
- Do you use an aid or appliance other than spectacles or contact lenses to read or understand signs, symbols and words?
- Do you need help from another person to read or understand signs, symbols and words?
- Are you able to read and understand the post you receive, for example your gas bill or bank statement?
- Can you follow simple written instructions for example the guidance on your medication which explains how much and when you should take it?
- As a result of your illness you may struggle cognitively with taking in and understanding information.
- Do you need to have things repeated and to be explained in several different ways?
- Do you need extra time to process your thoughts?

Can you do this activity Reliably: See pages 6-8
Safely
To an acceptable standard
Repeatedly
In a reasonable time period

Question 11: Mixing with other people: This activity looks at your ability to engage socially with other people face to face.
“engage socially” means safely and successfully interacting with others in a contextually and socially appropriate manner, understanding body language and establishing relationships;
If you suffer from anxiety or distress when mixing with other people, you will need to show that this is linked to a mental health condition. For example, you may have been diagnosed with anxiety or depression.
Sometimes the stress of living with a physical health condition can contribute to a deterioration in mental health.

“unaided” means without the use of an aid or appliance and without any supervision, prompting or assistance.
“prompting” means reminding, encouraging or explaining by another person;
“psychological distress” means distress related to an enduring mental health condition or an intellectual or cognitive impairment;
“social support” means support from a person trained or experienced in assisting people to engage in social situations;

The Descriptors

<table>
<thead>
<tr>
<th>Option</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Can engage with other people unaided</td>
<td>0</td>
</tr>
<tr>
<td>b. Needs prompting to engage with other people</td>
<td>2</td>
</tr>
<tr>
<td>c. Needs social support to engage with other people</td>
<td>4</td>
</tr>
<tr>
<td>d. Cannot engage with other people due to such engagement causing</td>
<td>8</td>
</tr>
<tr>
<td>either (i) overwhelming psychological distress to the claimant; or</td>
<td></td>
</tr>
<tr>
<td>(ii) the claimant to exhibit behaviour which would result in a</td>
<td></td>
</tr>
<tr>
<td>substantial risk of harm to the claimant or another person.</td>
<td></td>
</tr>
</tbody>
</table>

Examples of things you could write about:

- Do you become distressed or extremely anxious at the prospect of mixing with other people?
- Do you find it difficult to meet new people due to anxiety?
- Do you have panic attacks?
- Has your condition caused you to lose self confidence or become embarrassed about mixing with people?
- Do you get anxious or distracted when mixing with people because you are thinking about needing to be close to a toilet, or worried about the risk of urgency, leakage, incontinence or flatulence?
- Do you need somebody you know well to accompany you when mixing with other people, to provide reassurance or support?
- Do you tend to avoid social activities or meeting people?
- Have you given up social activities which you previously enjoyed, or lost touch with friends, because you find it difficult to mix with people?
- Do you find it very tiring to engage with other people, or need to rest afterwards?
- Do you become panicky, lose your temper, become paranoid or behave in an inappropriate way?
- Are you aware of personal space
- Are you aware of social cues
- Do you have difficulty in reading body language?
- Do you use inappropriate language
- Do you talk at people rather than with them
Do you talk repeatedly and obsessively about certain topics?

Do you need help to ensure all your bills are paid and you have enough money to buy essential items such as food?

Do your illness make you overly generous with your money? Do you give money away without realising?

Do you need someone to go to the shops with you to help you with making payment and getting the right change?

Do you get confused by the different amounts of money?

**Can you do this activity Reliably: See pages 6-8**

Safely
To an acceptable standard
Repeatedly
In a reasonable time period

**Question 12: Making decisions about money**

This question is about your ability to understand money and prices, work out a household budget and pay bills. It does not cover the physical aspects of walking around shops, getting cash out of a purse or carrying shopping.

**The Descriptors**

**Examples of things you could write about:**

- Do you need help to ensure all your bills are paid and you have enough money to buy essential items such as food?
- Does your illness make you overly generous with your money? Do you give money away without realising?
- Do you need someone to go to the shops with you to help you with making payment and getting the right change?
- Do you get confused by the different amounts of money?

<table>
<thead>
<tr>
<th>Category</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can manage complex budgeting decisions unaided</td>
<td>0 points</td>
</tr>
<tr>
<td>Needs prompting or assistance to make complex budgeting decisions</td>
<td>2 points</td>
</tr>
<tr>
<td>Needs prompting or assistance to make simple budgeting decisions</td>
<td>4 points</td>
</tr>
<tr>
<td>Cannot make any budgeting decisions at all.</td>
<td>6 points</td>
</tr>
</tbody>
</table>

“simple budgeting decisions” means decisions involving calculating the cost of goods; and calculating change required after a purchase.

“complex budgeting decisions” means decisions involving calculating household and personal budgets, managing and paying bills and planning future purchases;

“unaided” means without the use of an aid or appliance and without any supervision, prompting or assistance.

“prompting” means reminding, encouraging or explaining by another person;

“assistance” means physical intervention by another person and does not include speech.
• Do you forget that you have paid for items?
• Do you become overwhelmed and find it hard to make decisions about budgeting?
• Can you budget for bigger things, such as a TV or sofa?
• Do you become exhausted dealing with paperwork and bills and need help with managing this?
• Does your lack of your concentration or memory affect your ability to do any of this activity?
• Does your mood (for example, anxiety, depression or lack of motivation); or
• Does tiredness or confusion that you may have following a seizure affect your ability to do any of this activity?
• Can you add figures up or do simple calculations, or does someone help you?
• If you are dyslexic, can you read your bills?

| Can you do this activity Reliably: See pages 6-8 |
| Safely |
| To an acceptable standard |
| Repeatedly |
| In a reasonable time period |

**Mobility Component**

When identifying descriptors for the mobility component think about:

• What difficulties do you have with getting around?
• What help you need? Remember – what matters is whether you need help – not whether it is actually provided
• Do the difficulties that you have vary from day to day or throughout the day? If so, how does it vary and how often?
• Can you plan and follow a route safely and how long does it take?
• Can you plan and follow a route to an acceptable standard? For instance – do you get lost?

Terminology
• "assistance" means physical intervention by another person and does not include speech;
• "prompting" means reminding, encouraging or explaining by another person;
• "stand" means stand upright with at least one biological foot on the ground;
• "supervision" means the continuous presence of another person for the purpose of ensuring C’s safety;
• "unaided" means without - (a) the use of an aid or appliance; or (b) supervision, prompting or assistance.
• Can you plan and follow a route as often as you need to? "aided" means with - (a) the use of an aid or appliance; or (b) supervision, prompting or assistance; "aid or appliance" - (a) means any device which improves, provides or replaces C’s impaired physical or mental function; and (b) includes a prosthesis;
• “assistance dog” means a dog trained to guide or assist a person with a sensory impairment;
• “orientation aid” means a specialist aid designed to assist disabled people to follow a route safely;
• “psychological distress” means distress related to an enduring mental health condition or an intellectual or cognitive impairment;

Aids and Appliances:
Always include any aids and appliances:

• **You can receive points** if you use an aid or adaptation and it is accepted that you need to use this as a result of your illness or disability and you are unable to use it without the help from another person.

• **You may lose points** if it is decided that you do not need help from another person if you use an aid or adaptation that replaces an impaired function.

• Explain how they help you
• make it clear if a health professional advised you to use them
• include any that would help you if you had them
• include any that your condition prevents you from using - for example, you can't grip a walking stick because of arthritis in your hands
• Explain if you use an aid to reduce mental or physical feelings (like pain, discomfort or tiredness) when standing or walking. Make it clear if it only reduces that feeling and that you still experience something.

Planning and following journeys

**Question 13 Going out:** This question is about how your condition makes it difficult for you to follow the route of a familiar or unfamiliar journey as well as to plan and undertake a journey including your ability to:

• Plan and follow a route to a place you know
- Plan and follow a bus or train route to a place you don't know. It does **not** take into account any physical difficulties involved in using public transport (such as lack of toilets or difficulty getting on and off a bus).
- Cope in places that you don't know
- If applicable, leave the house because of stress or anxiety

This question could be relevant to you if you have a condition such as anxiety, depression, agoraphobia, learning difficulties or sight problems, which then affects your physical ability to get around

### The Descriptors

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Can plan and follow the route of a journey unaided.</td>
<td>0 points</td>
</tr>
<tr>
<td>b</td>
<td>Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant</td>
<td>4 points</td>
</tr>
<tr>
<td>c</td>
<td>For reasons other than psychological distress, Cannot plan the route of a journey</td>
<td>8 points</td>
</tr>
<tr>
<td>d</td>
<td>For reasons other than psychological distress, Cannot follow the route of an unfamiliar journey without another person, an assistance dog or orientation aid</td>
<td>10 points</td>
</tr>
<tr>
<td>e</td>
<td>Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant</td>
<td>10 points</td>
</tr>
<tr>
<td>f</td>
<td>For reasons other than psychological distress, Cannot follow the route of a familiar journey without another person, an Assistance dog or an orientation aid.</td>
<td>12 points</td>
</tr>
</tbody>
</table>

The following is a non-exhaustive list of examples of situations where a person with a mental condition (unaccompanied by a physical condition) could receive the mobility component of PIP at the enhanced rate:

1. A person (person A) with a cognitive impairment who cannot, due to their impairment, work out where to go, follow directions or deal with unexpected changes in their journey, even when the journey is familiar, would score 12 points under descriptor f in mobility activity 1 (“planning and following journeys”), and hence be entitled to the enhanced rate of the mobility component. Examples of such conditions could include dementia, or a learning disability such as Down’s Syndrome. (Some people covered by this example may experience psychological distress as well, and may also meet descriptor b, requiring “prompting” – i.e. reminding, encouraging or explaining – from another person in order to be able to undertake a journey. They will still receive 12 points under descriptor f and be entitled to the enhanced rate.)

2. A person (person B) with a developmental disorder could qualify on a similar basis to person A if the disorder affects their ability to work out where to go, follow directions or deal with unexpected changes in their journey. If their disorder results in them having difficulty assessing and responding to risks, or in impulsivity, then they could also score 12 points under descriptor f on the basis that they need to be accompanied for their own safety. Examples of
developmental disorders which could have these effects include Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder (ADHD).

3. A person (person C) who suffers psychosomatic pain could qualify for the enhanced rate through satisfying descriptors e or f in mobility activity 2 (“moving around”). The case of NK v SSWP [2016] UKUT 146 (AAC) concerned a claimant who suffered significant pain when moving around, but the pain resulted from a mental condition rather than any physical impairment. The Upper Tribunal found that the claimant could score points towards an award of the mobility component under mobility activity 2, even though her pain did not have a physical cause.

4. A person (person D) who has chronic fatigue syndrome (CFS) and experiences symptoms including significant fatigue following physical exertion, muscular and joint pain and balance problems, together with psychological difficulties which manifest as depression and panic attacks, could qualify for the enhanced rate under mobility activity 2, or by scoring points on a combination of mobility activity 1 (4 points under descriptor b, for requiring prompting to avoid psychological distress when undertaking any journey) and mobility activity 2 (8 points under descriptor c, for being able to stand and then move unaided more than 20m but no more than 50m). As explained above, Chronic Fatigue Symptom (CFS), also known as myalgic encephalomyelitis (ME), has complex causes which are still not well understood, but which may involve both physical and psychological factors.

It is important to say how your mental health condition affects your ability to move around
Can you do this activity Reliably: See pages 8-9
Safely
To an acceptable standard
Repeatedly
In a reasonable time period

Examples of things you could write about: Do you only attempt a journey during quiet times of the day - for example, when the shops aren't busy or there's less traffic on the road, if so, why?
- Does going out makes you very anxious, panicky or distressed – If so does this affect you physically
- Do you feel that it would take you longer to complete a journey because of your sight loss? - Does this cause you to become anxious/fatigued?
- Do you avoid environments that are too crowded or noisy – does this trigger panic attacks – if so what physically happens to you. – Do you become a danger to yourself unless aided by another
- Do you tend to avoid going out and need to be encouraged to go out? Explain why.
• Is it helpful to have someone with you when you go out, to help you find your way around or to calm and reassure you? – Explain why mental health issue you have that if you didn’t have someone with you
• If you have had panic attacks, describe how you feel when this happens. Do you have physical symptoms such as breathlessness or dizziness?
• Do you become anxious, panicky or distressed during journeys because you are worried about not being able to find a toilet?
• Do you get anxious about the prospect of having to cope with urgency, leakage or incontinence during a journey?
• Have you ever had to abandon outings and return home because you were too upset to continue?
• Do you find it difficult or distressing to have to cope with unexpected disruptions or changes to your journey, such as road works or changed bus-stops?
• Do you find it difficult to concentrate to follow a route in an unfamiliar area? For example, you may find it more difficult to concentrate if you are tired, anxious or distracted because you are worried about needing the toilet.
• Do you find it difficult to understand timetables or plan a route using public transport?
• Do you need prompting to undertake journeys due to “overwhelming psychological distress”, or if you are unable to undertake journeys due to overwhelming psychological distress.
• Would your cognitive symptoms (such as loss of concentration, loss of coordination and poor spatial awareness) make it difficult for you to judge traffic speed and so put you in danger when crossing roads?
• Could some of your symptoms worsen suddenly so that you need someone with you to ensure that you are safe?
• Have you been housebound for so long that going out in an unfamiliar place would cause you to become anxious or panicky
• Could you feel so unwell that your speech would be affected making it difficult to cope if someone spoke to you or you needed to ask for help?
• Do you feel unsafe panicky in open spaces?
• Do you need someone other than the driver to be with you to help if your symptoms worsen (for example, might you need someone to help if you vomited)?
• Do you need someone with you to reassure you because you experience anxiety or confusion or severe pain?
• Do you need someone with you to communicate to others on your behalf? For example would the exertion of being moved cause you to lose your ability to speak or understand conversation; might you forget important things and not be able to communicate your needs to others? (This may be relevant when being transported by strangers).
• Does your condition mean that you get confused and disorientated when you are out?
• Do you sometimes feel so ill when out that you need someone to take you home?
• How would having someone with you minimize the problems that you experience when being out of the home? Could they protect you from things that would worsen your symptoms?

Question 14 Moving around

This question considers your physical ability to move around without severe discomfort, such as breathlessness, pain or fatigue
The assessment looks at your ability to move around outdoors on normal outdoor surfaces - that includes pavements and kerbs but not flights of stairs or rough terrain.

“unaided” means without the use of an aid or appliance and without any supervision, prompting or assistance.
“aided” means with the use of an aid or appliance or supervision, prompting or assistance “aid or appliance”-
(a) means a device to improve, provide or replace a physical or mental function;
(b) includes a prosthesis; and
(c) does not include an aid or appliance ordinarily used by a person without a physical or mental condition which limits that person’s ability to carry out daily living or mobility activities;
“assistance” means physical intervention by another person and does not include speech;
“stand” means stand upright with at least one biological foot on the ground;

**Question 14a**
How far can you walk taking into account any aids you use? · to give you an idea of distance, 50 metres is approximately 5buses parked end to end.

- Less than 20 metres
- Between 20 and 50 metres
- Between 50 and 200 metres
- 200 metres or more
- It varies

Tick the question that applies to you

**Question 14b**
Do you use an aid or appliance to walk? Walking aids include:
- walking sticks, · walking frames, · crutches, and · prostheses.

Yes   No   Sometimes

Tick the question that applies to you

**Question 14c**
Do you use a wheelchair or similar device to move around safely, reliably and repeatedly and in a reasonable time period?

Yes   No   Sometimes

Tick the question that applies to you

The Descriptors

| a Can stand and then move more than 200 metres, either aided or unaided | 0 points |
| b Can stand and then move more than 50 metres but no more than 200 metres, | 4 points  |
**either aided or unaided**

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<tbody>
<tr>
<td>c</td>
<td>Can stand and then move unaided more than 20 metres but no more than 50 metres.</td>
</tr>
<tr>
<td>d</td>
<td>Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.</td>
</tr>
<tr>
<td>e</td>
<td>Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.</td>
</tr>
<tr>
<td>f</td>
<td>Cannot, either aided or unaided, (i) stand; or (ii) move more than 1 metre.</td>
</tr>
</tbody>
</table>

**Examples of things you could write about:**

- Can you walk at all? If not, why not? What would happen if you were to try?
- Do you ever go outside? If not, why not? What would happen if you were to try?
- If you are able to walk, approximately how many steps can you take before you have to rest (this may just mean pausing for a moment)?
- How much longer does it take you to walk compared to a non-disabled person?
- Are there times when you cannot walk at all?
- What symptoms do you experience when you try to walk and how do these affect the speed of your walking? Is every step an effort so that you have to pause between each step?
- What symptoms do you experience when you try to walk and how do these affect the way in which you walk? For example, do your muscles feel painful, tight or weak leading you to drag your feet or do you feel unsteady, faint or dizzy leading you to be very wobbly?
- Do you stumble or fall: why do you fall?
- Do you need someone to hold onto you?
- Are you so weak that you would not be able to stand or walk without falling if you did not have someone to support you physically? - Do you need someone to hold onto you?
- Do you have blackouts which might cause you to fall if someone were not there to support you?
- How else does your illness affect your walking? For example, can you only walk on flat surfaces? Do you need to walk slowly, or sit down every few steps?
- Do you have poor coordination which makes it difficult for you to navigate around obstacles? Could this cause you to stumble or fall?
- Do you use equipment to help you walk such as a walking frame, walking stick or crutches? Are you able to walk normally when you use these or do you still have problems? What are the problems? - Do you still need someone with you? Why is this- how do they help?
- Does walking exacerbate your symptoms? For example do you feel pain, experience muscle spasms or fast heart rate, become exhausted? Does this happen whilst you are walking or afterwards or both? Does this mean that you have to limit how much you walk?
- What happens if you walk a little too far?
- If you were to walk would this affect your ability to do other important tasks? For example, would trying to walk then make it difficult for you to wash or feed yourself later in the day? Does this mean that you have to limit how much you walk?
• Are you able to travel in a car? If so, do you need someone to drive you? Do you need someone to make you comfortable in the car (for example, recline the seat, place pillows, cushions, blankets etc around you)?
• Do you need the help of a guide dog but this is not available to you? Explain why
• Can you use public transport? Do you need help to identify the bus you need, find the right bus stop or platform, use prepaid ticket readers, find an empty seat, recognise where to get off?
• Do you require public transport information, e.g. timetables, in alternative formats like large print, audio or Braille?
• Do you need customer assistance to enable you to find your bus stop/stand or train platform?
• Do you need help with navigation?
• Do you need someone to steady you if you lose your balance or become weak?
• Do you need someone to help you step up and down curbs?
• Do you need someone to make sure that you do not trip?
• Do you have to look down at your feet when you are walking and thus need someone to steer you in the right direction?
• Do you need someone to make sure that you do not bump into obstacles?
• Do you need help to know when steps begin and end or read road signs or get in and out of buildings?
• Do you need sighted assistance to cross the road?
• Can you cross the road at a controlled pedestrian crossing (a traffic light) without sighted assistance? If so, can you see the ‘green man’ or do you rely on the tactile rotating cone?
• If the rotating cone was not working, would you need to ask for sighted assistance?
• Is there a chance that you might suddenly feel faint/have a muscle spasm/lose your balance/something else when crossing the road and get stuck in the middle of the road if you didn’t have help?
• Can you visually identify and avoid hazards such as lamp posts, bollards or A-boards?

<table>
<thead>
<tr>
<th>Can you do this activity Reliably: See pages 6-8</th>
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<tr>
<td>Safely</td>
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<td>To an acceptable standard</td>
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<td>Repeatedly</td>
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<tr>
<td>In a reasonable time period</td>
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**Question 15 is a blank page.**

You can use it if you run out of space on the claim form.

You can also use it to give any additional information you think necessary. There's no right or wrong type of information to include but it's a good idea to use this space to tell the DWP if:

- If someone had to fill in the form for you - explain why
- If filling in the form slowly due to pain, stress, anxiety or lack of concentration
• Note down the number have of sheets of additional information you have included.
• Note down that you have included medical evidence to support your claim.

Comments from other people

• If your carer, your health professional, friends or family have any information you think will help your PIP application they can add it here. - Again you can use a separate sheet of paper for Question 15
• Friends or family are your carers - you can include their contact details if you want but ask them first

Before sending off the form to The DWP

• If you have used a computer to record your additional information, print off two copies.
• Photocopy any pages that you have written on your PIP2 form.
• Photocopy any evidence that you are sending in.
• Number each page of additional evidence. - e.g. Page 1 of 20, Page 2 of 20 etc.
• Ensure that at the top of each page you have written your name and National Insurance Number.
• Ensure that you have signed each page at the bottom.
• Attach one copy to your PIP form
• Keep one copy for yourself
• Keep all this information together in one place so tat if you need it later you will know where to find it.

Before you seal the envelope:

• Check that you have included your form, additional information and all your evidence.

At the Post Office.

• Try to send your claim by Recorded Delivery.
• If you cannot afford this then always ask for proof of postage.

The Medical Assessment

Face-to-face consultations may be carried out at a range of locations, including an assessment centre, local healthcare centre or at your own home.

Home visits
If you have asked for a home visit and have not been given one, ring the assessment centre and state that due to your illness/disability you are unable to attend one of their centres. You should be given a Home Visit - Make a record of the call

**IMPORTANT:** If you cancel your appointment ring the assessment centre a couple of days before your cancelled appointment to confirm there is a record that you are not attending

You may find that you have sent in enough evidence that you do not need to have a medical. You will then be assessed on the basis of your medical history and the evidence you have provided

If your PIP claim is refused and you have not had a medical assessment seek advice immediately.

Although the decision on your claim will be made by the DWP, Atos and Capita will receive the *How your disability affects you* form, assess you against the PIP criteria and use this to decide the next steps for you.

**At the Assessment - Your Rights**
- If you are not sure what you are being asked, ask the assessor for an explanation
- Take your time to answer
- If you are asked to do something physical such as end/stretch and it causes you ANY difficulty or pain or you can't do it, then tell the assessor.
- You have the right to be accompanied at your medical assessment. You can ask a relative, friend, colleague or an advocate or support worker to go with you.
- You will be able to claim back reasonable expenses or getting to your assessment, so keep any bus or train tickets, or parking fees. You can claim taxi receipts if you can't get there by any other way and you have agreed it with them in advance
- You have the right to audio(no video) record the assessment, but you must tell the assessor before you attend the appointment that you are going to do so and you must be able to provide a copy to the assessor at the end of the session
- You have the right to complain about the assessment if you don't think it was conducted fairly
- You have a right to a copy of your medical assessment. You can request a copy to be sent to you. Ask for this before you leave the assessment.

**After your medical assessment.**
- As soon as possible after your assessment try to sit down and make a personal record of the events of the assessment as you understood it.
- "*Under The Data Protection Act you are entitled to a copy of your data The DWP hold. To ask for a copy of the personal information The DWP holds about you, please use our request for personal information form. You can write to us instead but you must use our form if you are asking for information on behalf of someone else. Requests for personal information are sometimes called subject access requests.*"

"*There is no charge to you for this service.*"

"If you write, please include a description of the information you want (for example Disability Living Allowance records) and tell us your:
Keeping a Diary
You can write a narrative or you can copy and paste the template provided. You may wish to record your feelings and write them out later. There is no set way to keep a diary, so choose whatever method you find easiest to do

Keeping a Diary - weekly
- If your condition fluctuates (you have good and bad days) it can be helpful to keep a diary. A diary is a handy way to record your bad days and how they affected you.

Keeping a longer term diary
- This is useful if a deteriorating illness/disability
- This is a useful way to record how long it takes you to recover form a stumble or fall
- If you are prone to flare ups, you could record how long it take you to recover.
- Are you are unsafe managing on your own – Have accidents have happened or nearly happened.

Just as with the questions remember to take into account the following:
• Can you do this activity reliably
  o Repeatedly
  o Safely
  o To an accepted standard
  o In a reasonable time period

• Do You:
  o Need aids or appliances to help you manage on your own;
  o Need prompting or reminding;
  o Help from someone else

Can You
  o manage on your own but it takes you a long time;
  o manage at certain times of the day but not at others;
  o manage on some days but not others:

---

**Activity Dairy**

Print Name.................................................................
National Insurance Number............................................
Your signature............................................................

<table>
<thead>
<tr>
<th>Activity</th>
<th>Morning 7am - 12</th>
<th>Afrenoon 12 -6pm</th>
<th>Evening 6pm - 11pm</th>
<th>Night 11pm - 7am</th>
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<tbody>
<tr>
<td>Preparing and cooking food</td>
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<td>Eating &amp; Drinking</td>
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<td>Managing Treatments</td>
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<tr>
<td>Washing &amp; Bathing</td>
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<td>Managing Toilet Needs</td>
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<tr>
<td>Dressing &amp; Undressing</td>
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<td>Communicating</td>
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<td>Reading</td>
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<td>Mixing with other people</td>
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<td>Making decisions about money</td>
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<td>Moving around</td>
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**PIP Additional Information**

Name (Print) ..........................................................................

National Insurance Number....................................................

**Q2 About your health condition and disabilities**

Q2a

Q2b

**Q3 Preparing Food**

Q3a

Q3b

**Q3 Additional Information Preparing Food**

**Q4 Eating and Drinking**

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Q4a
Q4b
Q4c
Q4 Additional Information Eating and Drinking

Q5 Managing Treatments
Q5a
Q5b
Q5 Additional Information Managing Treatments

Q6 Bathing and Washing
Q6a
Q6b
Q6 Additional Information Bathing and Washing

Q7 Managing Toilet Needs
Q7a
Q7b
Q7 Additional Information Managing Toilet Needs

Q8 Dressing and Undressing
Q8a
Q8b
Q8 Additional Information Dressing and Undressing

Q9 Communicating
Q9a
Q9b
Q9 Additional Information

Q10 Reading
Q10a
Q10b
Q10 Additional Information

Q11 Mixing with other People
Q11a
Q11b
Q11 Additional Information

Q12 Making decisions about Money
Q12a
Q12b
Q12 Additional Information

Q13 Going Out
Q13a
Q13b
Q13 Additional Information Going Out

Q14 Moving around
Q14a
Q14b
Q14c
Q14 Additional Information

Further Additional Information

Your signature..................................................