

# Tell us how your health condition or disability affects you (PIP 2)

**First Name**

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**Last Name**

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**National Insurance number**

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**Date of birth**

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**Tell us about your health**

**What health condition or disability do you have?**

**Name of condition or disability**

Obstructive Sleep Apnoea, Fibromyalgia, Myofascial Pain Syndrome, Chronic Back Pain

**Approximate start date**

October 2007

**About this condition or disability**

■■■■■■■■■■■■■■■■■■■■ diagnosed me with obstructive sleep apnoea in October 2007 and I was referred for a sleep study. Due to administrative mistakes, several misdiagnoses, and the transition from paper-based to digital records, I struggled to get a sleep study until 2022. The sleep study in 2022 concluded with a formal diagnosis of obstructive

sleep apnoea and I was placed on CPAP therapy. As the OSA has not improved under CPAP therapy, I have been referred to [REDACTED] Hospital for polysomnography (an overnight sleep assessment evaluating brainwave and central nervous system activity). Fibromyalgia was diagnosed in 2012 by a doctor at [REDACTED]. I started a course of Tramadol 50mg. [REDACTED] Hospital diagnosed me with Myofascial pain syndrome in 2023. I have a history of chronic back pain, first diagnosed by [REDACTED], in 2004. I've had several appointments with physiotherapy.

## What health condition or disability do you have?

### Name of condition or disability

Fibromyalgia

### Approximate start date

2012

### About this condition or disability

Please see notes in first condition.

## What health condition or disability do you have?

### Name of condition or disability

Myofascial Pain Syndrome

### Approximate start date

2023

### About this condition or disability

Please see the notes from the first condition.

## What health condition or disability do you have?

### Name of condition or disability

Chronic Back Pain

### Approximate start date

2004

### About this condition or disability

Please see notes from the first condition.

**Do you have another condition or disability?**

No

**Are there any health or care professionals that you would like to tell us about?**

Yes

## **Health or care professional details**

**Their name**

Physio

**Profession**

Physiologist (Lung Function)

**Phone number, including dialling code**

██████████

**Building and street**

█ █████

**Town or city**

██████

**Postcode**

████ █████

**When did you last speak to them?**

January 2024

**Are there any other health or care professionals that you would like to tell us about?**

No

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**Tell us about your daily living activities**

**Does your condition affect you preparing food, or prevent you from doing so?**

Yes

**Tell us about difficulties you have preparing food and how you manage them**

The muscle flinching in my right arm is worsening. The muscle finching started in 2016. As the flinches are involuntary when I peel carrots (for example), I occasionally flinch and this causes me to push beyond the end of the carrot. I am right-handed. The muscle flinching is being evaluated as it could be a result of central nervous system activity.

**Does your condition affect you eating and drinking?**

Yes

**Do you use a feeding tube or similar device to eat or drink?**

No

**Tell us about difficulties you have eating and drinking and how you manage them**

I bite into my tongue and cheeks due to temporomandibular joint pain leading to jaw soreness. This is due to bruxism, a result of nighttime teeth grinding.

**Does your condition affect you managing your treatments?**

No

**Does your condition affect you washing and bathing?**

Yes

**Tell us about difficulties you have washing and bathing, and how you manage them**

I have difficulty in balancing. This is especially difficult when getting in and out of the shower. The chronic back pain and fibromyalgia cause stiffness and pain which limit the degree of movement of my hamstring and tendons.

**Does your condition affect you using the toilet or managing incontinence?**

No

**Does your condition affect you dressing or undressing?**

No

**Does your condition affect you talking, listening and understanding?**

Yes

**Tell us about difficulties you have talking, listening and understanding, and how you manage them**

OSA causes tiredness which leads to slurred speech when I'm tired in the afternoon. People have comments at times when I seem to be mumbling. A mouth guard I wear has moved my jaw forward over the 20 years I have been wearing it and I do at time have difficulty in pronouncing words.

**Does your condition affect your ability to read?**

No

**Does your condition affect you mixing with other people?**

Yes

**Tell us about difficulties you have when mixing with other people and how you manage them**

I have been through an assessment for autism. This is in progress. I have been diagnosed with depressive disorder.

**Does your condition affect you managing your money?**

No

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**Tell us about your mobility activities**

**Does your condition affect you planning and following journeys?**

No

**Does your condition affect you moving around?**

No

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**Tell us about anything else**

**Is there anything else you would like to tell us about?**

No

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**Declaration:**

Agreed

**End of questionnaire**

**Submitted: 23 January 2024**