

# Personal Independence Payment - How your disability affects you



Department  
for Work &  
Pensions

Full name

National Insurance (NI) number

**Please fill in this form and return it to us by 16 June 2023.**

If you do not return this form to us by this date, we may end your PIP claim. If you need to ask for more time to complete this form, please call us on **0800 121 4433** (0800 121 4493 if using a textphone).

If you do not want to continue with your PIP claim and will not be returning this form, please call us on **0800 121 4433** (0800 121 4493 if using a textphone).

## Filling in this form

### 1 Read through the 'How your disability affects you' information booklet.

In it we:

- explain the questions we ask
- help you answer the questions
- give you examples of other things you can tell us
- explain the supporting evidence you can send us
- tell you what you need to do next

### 2 Start collecting any supporting evidence you want to send us

### 3 Tear off the letter that came with this form and keep it safe

### 4 Sign the Declaration on page 8

### 5 Answer the questions

- use a pen
- take your time - you do not have to complete the form in one go
- use **Q15 - Additional information section** on page 39 if you run out of space on any question, tell us which question you are answering
- remember you can ask a friend, relative, carer or a local support organisation to help you complete it

- 6 Photocopy your supporting evidence and write your full name and reference number on the top of each page.** You can find your reference number at the top of the letter that came with this form (the reference number is usually the same as your National Insurance number).
- 7 Return this form to us with photocopies of your supporting evidence by the date at the top of this page.**

You may want to make a copy of the completed form and your supporting evidence before you send it back.

**Do not delay** sending your form if you are waiting for more supporting evidence. You can send it later to the address on the letter. If you do this, write your name and reference number on each piece of supporting evidence. You can find your reference number at the top of the letter that came with the form (the reference number is usually the same as your National Insurance number).

## **If you are filling in all or some of this form for someone else**

**Tell us who you are in the table below:**

<b>Name</b>	<b>Relationship with claimant (for example, partner/carer/adviser)</b>

We use this information to understand what help the claimant needs or has needed to fill in this form.

**If you are filling in some or all of the form because the person claiming PIP is not capable of answering for themselves, you can tell us about their needs and the help you give them from your point of view.**

### **Examples**

"Alex always has difficulty cooking safely by himself as he forgets if the hob is on."

"As his carer, I help Alex by supervising him while he cooks and prompting him if he forgets something."

This can be as well as or instead of the claimant giving the information themselves.

**If the person claiming PIP is capable of answering for themselves, but needs someone to physically put the answers onto the form.**

If the person claiming PIP needs help to physically put their answers onto the form, for example due to a visual or physical impairment, they can answer from their own point of view.

## Example

"I always have difficulty cooking by myself as I cannot safely cut up ingredients or lift pans because of my severe arthritis."

**IMPORTANT: The person this claim is for still needs to sign the Declaration on page 8 themselves, unless:**

- you have already been appointed to receive and deal with their benefits. For example, you are a benefit appointee (appointed by DWP), a Deputy or Receiver, or have a Power of Attorney, or
- they are too ill or disabled to sign for themselves

If either of the above applies, then you must sign the Declaration on their behalf.

## If you are signing the form for someone else

**If you are signing the form on behalf of the person claiming, please tell us why.**

Please read the list below and put a cross in the relevant box:

- ☐ **I have Power of Attorney for them**
- ☐ **I am a Deputy or Receiver for them** under a Court of Protection Order
- ☐ **I am a Tutor, Guardian, Curator bonis or Judicial factor for them** (under Scottish law)
- ☐ **I am a Corporate Acting Body or Corporate Appointee**  
An organisation appointed to act on their behalf, such as a local authority or firm of solicitors
- ☐ **I am in the process of becoming one of the above** listed in the first four options
- ☐ **The DWP has already appointed me** to receive their benefits and deal with letters about their benefits
- ☐ **I want DWP to appoint me** to receive their benefits and deal with letters about their benefits because they are too ill or disabled to claim benefits for themselves
- ☐ **None of the above apply, but the person claiming cannot physically sign for themselves** because of their disability, illness or health condition

If the person claiming does not know you are signing for them, please tell us why:



# Declaration

The information I have given on this form is correct and complete.

I have provided the best information available to me at this time to support my claim.

I will tell the Department for Work and Pensions straight away, by phone or in writing, of any changes that may affect my claim.

If my ability to carry out day-to-day activities or get around improves or gets worse, the amount of Personal Independence Payment (PIP) I get might change.

If the information I give you is wrong or incomplete, or I do not report changes straight away:

- my PIP payments might stop or reduce
- I might be paid too much PIP and have to pay this back
- I might have to pay a financial penalty
- I might be prosecuted

**Signature**  
\_\_\_\_\_  
  
\_\_\_\_\_

**Date**  
\_\_\_\_\_  
**01/06/23**  
\_\_\_\_\_

**Print your name here**  
\_\_\_\_\_  
  
\_\_\_\_\_

Section 1 - About your health condition or disability

Q1a Tell us in the space below:

- what health condition or disability do you have?
- the approximate start date

By condition or disability, we mean physical, sight, hearing or speech difficulties, learning, developmental or behavioural difficulties or mental health conditions.

You can add other conditions and disabilities later if you need to.

Name of your condition or disability	Approximate start date
Example - Kidney failure	Example - About 14 months ago
FROZEN SHOULDER x 2	ABout 1 1/2 years AGO
SCIATICA	ABout 2 years AGO
Mental health Conditions	ABout 1 year AGO
Depressio n	ABout 1 year AGO

Q1b Tell us about tablets or other medication you are taking or will be taking and the dosage. If you have side effects from taking your medication, please tell us what they are.

Medication	Dosage	How often do you take it?	Do you have any side effects?
Example - Paracetamol	500mg	Twice a day	Dizziness
Am,TRIPTYline	25 mg	TWICE AT NIGHT	DIZZLINESS TIRED DRAINED
TRAMADOL	50 mg	1 BEFORE BED	VOMITING, DRAINED
CITALOPRAM	20 mg	1 EACH DAY	HEADACES, TIRED
SINDEFALL	100mg	WHEN NEEDED	TIRED
PARACETMEL	500 mg	WHEN I HAVE Severe Headache	TIRED, VOMITING



Section 1 - About your health condition or disability continued

Q1c Tell us about any treatments you have had, you are currently having or have planned for the future (include private as well as NHS funded treatments).

Name of treatment, therapy, or operation	When did it start / When will it happen?	How often do you have it?
Example - Physiotherapy	July 2014	Once a week
PHYSIOTHERAPY	2022	AWAITING Appointment

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Section 2 - About your health professionals

We ask you to send us supporting evidence with your form, but sometimes we may contact the health professionals who support you for further information.

Q2 Please tell us below about any health professionals who treat or care for you most regularly and who are best placed to advise us on how your health condition or disability affects you. For example, a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor or support worker.

If you need more space, you can use the Additional information section on page 39 where there is room for anything else you want to tell us.

Name of health professional 1

Address

1 ROAD

Bendon

Profession

Phone number including the dialling code

When did you last see them? This can be an approximate date - for example, 10 2020

/

Name of health professional 2

Address

Postcode

Profession

Phone number including the dialling code

When did you last see them? This can be an approximate date - for example, 10 2020

/



**Section 2 - About your health professionals** continued

**Name of health professional 3**

**Address**

Postcode

**Profession**

**Phone number** including the dialling code

**When did you last see them?** This can be an approximate date - for example, 10 2020

/



## Section 3 - How your health condition or disability affects your day-to-day life

Personal Independence Payment is assessed on how your condition affects you, not the condition itself.

Tell us in the rest of this form how your health condition or disability affects your day-to-day life.

### Daily Living Activities

#### Q3 Preparing food

This means making a simple, one course meal for one. This includes:

- peeling and chopping ingredients
- opening tins
- cooking or heating food on a standard hob or using a microwave

Do consider if you can prepare food safely and without being supervised.

**Q3a Does your condition affect you preparing food, or prevent you from doing so? (Put a cross in one box below)**

☐

No

**Now go to Q4**

☒

Yes

**Continue with Q3**

**Q3b Tell us about the difficulties you have with preparing food and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

#### Examples

"About twice a year, for about three weeks at a time I have difficulty remembering to turn the hob off because I get too distracted to complete tasks like this. My partner supervises me in the kitchen to make sure I stay safe."

"Every day, I have difficulty standing while preparing food because my leg is too stiff and painful. I need to use a perching stool so I can rest my leg while preparing food."



### Q3 Preparing food continued

Having Frozen Shoulder everyday I have difficulty in Kitchen/peeling, Chopping ingredients, opening tins and reaching items in Cupboards pots etc as they are heavy for my arms im also challeged with the task of preparing my own meals. Which means Taking longer becuse my leg is too stiff and very much painful, at that point I will use a chair or rest for a few minutes. I constantly have difficulty remembering to turn the hob off Because getting distracted or not being able to move Quick enough. A Friend will supervise if they have time, usually Twice maybe more a Week, very stressful for me as ive skipped Meals (Dietry problems) I have to be prompted to eat and drink, Its very painful Just to get a meal preped.

## Q4 Eating and drinking

This means:

- remembering when to eat
- cutting food into pieces
- putting food and drink in your mouth
- chewing and swallowing food and drink

Do consider if you need help cutting up food, getting it to your mouth or if someone needs to prompt, encourage or remind you to eat.

**Q4a Does your condition affect you eating and drinking?** (Put a cross in one box below)

☐

No

**Now go to Q5**

☒

Yes

**Continue with Q4**

**Q4b Do you use a feeding tube or similar device to eat or drink?** (Put a cross in one box below)

☒

No

☐

Yes

**Q4c Tell us about the difficulties you have with eating and drinking and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

"At least five times a week, I have difficulty cutting up my food at dinner because my right hand hurts when I hold a knife. I need adapted cutlery so I can cut up my food myself."

"I always have difficulty eating enough food at mealtimes to keep healthy because I am preoccupied with my weight and get very upset. My partner prompts me to manage my portion size and eat my meals."



#### Q4 Eating and drinking continued

I always have difficulty eating and drinking  
I've been having problems eating at right  
intervals and having my medication  
on an empty stomach, which is not good  
My depression doesn't help as I feel I'm  
in a medication circle. I often get  
prompted to eat from friends which helps.  
I have blacked out before and I've seen  
Dr and he may think I maybe (diabetic)

(INVESTIGATION)

Also very preoccupied with my weight and get  
very upset and makes me more upset and  
depressed

## Q5 Managing your treatments

This means:

- monitoring changes in your health condition or disability (for example, your blood sugar level, mental state or pain levels)
- taking medication in the right way and at the right time
- managing therapies that take place at home which have been recommended by a health professional or pharmacist (for example, physiotherapy or home dialysis)

**Q5a Does your condition affect you managing your treatments?** (Put a cross in one box below)

☐

No

Now go to Q6

☒

Yes

Continue with Q5

**Q5b Tell us about the difficulties you have with monitoring changes in your health condition or disability and taking medication, and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

"About four days a week, I have trouble taking my arthritis medication because my wrists hurt when I try to open the pill bottle. I put my pills in a Dosette box so I do not need to open the pill bottle on days when I am unable."

"Every evening, I have trouble monitoring my blood glucose levels because I forget and get confused on how to do it. My partner prompts me and helps me measure my blood glucose levels in the evening."



## Q5 Managing your treatments continued

Because my eating habits are so bad  
Sometimes meals can be skipped, which means  
it hard for me to control my Blood Sugars  
so I constantly feeling drained and tired  
So someone has to remind me or observe  
me eat at regular times. Also need help  
Arranging appointments for PHYSIOTHERAPY,  
HOSPITAL APPOINTMENTS As I'm very  
ANXIOUS AND DEPRESSED ABOUT TRAVEL  
AS IT TAKES A LOT TO GET ON A BUS OR TRAIN IN MY  
CONDITION. THERE HAS SOMETIME BEEN FRIEND  
there to explain how much medication I  
should take and when. Because I've made  
Mistakes before due to forgetting or just  
distracted.



## Q6 Washing and bathing

This means:

- washing your body, limbs, face, underarms and hair
- using a normal bath or shower
- getting in and out of a normal bath or shower

Do consider if you can wash or bathe safely and without being supervised. And consider how much time it takes you and whether you do it too often or not often enough.

**Q6a Does your condition affect you washing and bathing?** (Put a cross in one box below)

☐

No

Now go to Q7

☒

Yes

Continue with Q6

**Q6b Tell us about the difficulties you have with washing and bathing and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

"For about three months of the year, I cannot motivate myself to bathe because I feel too depressed. My parents prompt me for several minutes every day to go and shower when I cannot motivate myself."

"About five days a week, I have difficulty washing my lower body because my back is too stiff and painful. I use a shower seat so that I can rest my back when I shower."



## Q6 Washing and bathing continued

I Try To bath at least once a day but Ive failed to do so as this activity is very painful and dishartens me everytime. I can just about wash my top half of my body but Can not wash bottom half. And that is in a shower. I can not wash in a Bath Because of my back and the position of sitting in bath. its also taking very long to get a shower as I have to plan for it and Make sure I have everything I need and no dangerous items around or floor slippery from being wet. I have to be extra Careful when on my own. I Try holding basin or objects to Steady myself. Which gets me depressed and down that I Can not complete these Simply Tasks



## Q7 Using the toilet and managing incontinence

Using the toilet means:

- being able to get on or off a normal toilet
- cleaning yourself after using the toilet

Managing incontinence means:

- managing the emptying of your bowel and bladder when you have difficulty controlling this, including if you need a collecting device such as a catheter or stoma bag
- cleaning yourself after doing so

This does not mean physically getting to the bathroom.

**Q7a Does your condition affect you using the toilet or managing incontinence?** (Put a cross in one box below)

☐

No

**Now go to Q8**

☒

Yes

**Continue with Q7**

**Q7b Tell us about the difficulties you have using the toilet and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

"I always have difficulty cleaning myself after a bowel movement because I cannot safely reach behind myself while using the toilet. My care worker assists me in cleaning myself following a bowel movement."

"I suffer from bladder incontinence and buy my own pads to avoid embarrassment."

## Q7 Using the toilet and managing incontinence continued

Using the toilet is very painful with my Cyatica  
Because i have severe back pains also leg pains  
Get much worse, also Trying to Clean up  
after toilet is the worst time. Because you  
need to reach. also pulling up Trousers  
pants etc. is most uncomfortable and pain-  
ful, Takes me Twice The Time.

The past Two months or so I have noticed  
im having difficulty passing urine AND  
number 2, so im in more pain as I have  
to sit or stand which is painful.

no aids available CAN NOT always get someone  
To help



## Q8 Dressing and undressing

This means:

- putting on and taking off clothing, including shoes and socks
- needing help to fasten or undo zips or buttons
- knowing when to put on or take off clothes

Do consider if it takes you too long to dress or undress.

**Q8a Does your condition affect you dressing or undressing?** (Put a cross in one box below)

☐

No

Now go to Q9

☒

Yes

Continue with Q8

**Q8b Tell us about the difficulties you have with dressing and undressing and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

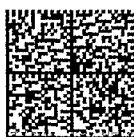
### Examples

"About three times a week, I have trouble dressing my upper body because my hands shake too much to do up the buttons on my shirt. I use a button hook to do the buttons on my shirt."

"Most days my partner has to remind me to get dressed during the day."

## Q8 Dressing and undressing continued

ABOUT 4-5 Time a week I have Trouble Dressing Because my FROZEN shoulders are very painful and STIFF. especially BOTTOM half Because I have to Bend my BACK etc something as simple as putting Socks on is a big Task. Average was 5 mins Dress Time, now ITS Taking over 15 mins SHOES seem to be very hard to deal with Because laces, fasten. also know To Sleep in same clothes overnight because Sometimes I pysically cant take clothes off. Friends help out When they Can and Remind me change I Can Smell you.



**Q9 Talking, listening and understanding**

This means doing the following in your own language:

- communicating by speaking clearly to people
- being understood by others
- listening and understanding what people say

**Q9a Does your condition affect you talking, listening and understanding?** (Put a cross in one box below)

☐ No      **Now go to Q10**

☒ Yes      **Continue with Q9**

**Q9b Tell us about the difficulties you have with talking, listening and understanding and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

**Examples**

"I always have difficulties listening because I am hard of hearing. I use two hearing aids to help me hear what other people are saying."

"I have difficulty speaking and expressing myself due to having a stroke several years ago. I use a communication board to help me communicate with others."

**Q9 Talking, listening and understanding** continued

DUE to my mental health issues I find it  
hard listening or understanding, I've had  
Mental health help from Homerton Hospital  
But has not help. They have just perscribed  
Depression MEDS etc Then Took me off  
BOOKS Because They Said I Was aggresive +  
Violent TOWARDS A MEMBER OF public,  
DUE TO MY CONCENTRATION, DISLEXIA, <sup>CANNOT</sup> ~~ADD~~  
complete and fully understand.



## Q10 Reading

This means doing the following in your own language:

- reading written words and numbers both indoors and outdoors
- reading signs and symbols (for example, a green exit sign on a door)

For this question, you must be able to see the information. Using braille to read is not counted as reading and you should give more detail about how your condition affects your ability to read.

**Q10a Does your condition affect your ability to read?** (Put a cross in one box below)

☐

No

**Now go to Q11**

☒

Yes

**Continue with Q10**

**Q10b Tell us about the difficulties you have with reading words or symbols and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

"I am never able to read one sentence after another because I confuse the order of the letters and words. I use a portable scanner to help me understand written words more quickly."

"I have dyslexia and need to use a yellow filter to help me to read."

"Most days, I am unable to read at all because I experience double vision and am unable to focus. My partner reads for me when I am unable to do it myself."



**Q10 Reading** continued

I have dyslexia and need to use a yellow filter to help me read my friends will translate when required as my focus is off and need glasses to try and read.



# Q11 Mixing with other people

This means:

- meeting people face to face
- understanding how they are behaving towards you including body language
- behaving appropriately towards them
- being able to make new relationships with other people

This means doing these things with both people you know well and people you do not know.

**Q11a Does your condition affect you mixing with other people?** (Put a cross in one box below)

☐

No

Now go to Q12

☒

Yes

Continue with Q11

**Q11b Tell us about the difficulties you have with mixing with other people and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any help you get from another person
- any help you feel you need but do not get
- whether severe anxiety or distress stops you from doing this
- about any risk of harm to you and others

## Example

"I am always unable to meet new people by myself because I become very distressed. My carer supports me when I interact with new people so I do not become distressed."

**Q11 Mixing with other people** continued

I am always unable to meet new people by myself as I get very stressed from engaging also very anxious, My friend will sometimes fill in forms or talk to people for me to lessen the strain, on my mental health and wellbeing.



## Q12 Managing money

This means:

- understanding how much things cost
- understanding how much change you should get
- managing your own budgets, paying your own bills and planning your own future purchases

This does not mean taking a bill to the post box or being able to hold your change.

This also does not mean being able to read a bill or physically open a letter.

**Q12a Does your condition affect you managing your money?** (Put a cross in one box below)



No

**Now go to Q13**



Yes

**Continue with Q12**

**Q12b Tell us about the difficulties you have with managing your money and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any help you get from another person
- any help you feel you need but do not get

### Examples

"Most days I have difficulty making decisions about bills and household budgets because I become very anxious and panicked. My partner helps me make financial decisions."

"I always have difficulty paying for things in shops because I find it difficult to calculate how much things cost. My carer helps me understand how much I need to pay."

## Q12 Managing money continued

most days I have problem making decisions about bills and household Budget. because of my Mental problems and Dislexia I find it very hard to engage. So family or Sometimes a good friend will Give advice or Organise for me.

Rent

Council Tax

Electric + GAS etc

Household Budget

I also need to have a emergency pot of money because I was running out of money and not being able to eat etc So medication was make me sick. So my friends keep a eye on Budget or money.



# Mobility Activities

## Q13 Planning and following a journey

This means doing the following:

- leaving your home to go out
- following a route you know well
- working out a new route and following it, for example, if you find a road is closed on a route you know well and need to plan and follow a different route

This question is not about if you can physically move around.

**Q13a Does your condition affect you planning and following journeys?** (Put a cross in one box below)

☐

No

**Now go to Q14**

☒

Yes

**Continue with Q13**

**Q13b Tell us more about the difficulties you have with planning and following journeys and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids you have, such as an assistance dog or long cane
- any help you get from another person
- if severe anxiety or distress stops you from leaving the home, following or completing a journey
- any help you feel you need but do not get

### Examples

"About three times a week I am unable to go by myself to shop for food at my local shop because I am too anxious to leave the house. My carer does my shopping for me when this happens."

"I am never able to follow a new or familiar journey safely by myself because I am unable to see. My guide dog helps me stay safe when following journeys."

"I am never able to plan new journeys as I find it too difficult to understand maps. My carer plans new journeys for me and tells me how to follow them."

### Q13 Planning and following a journey continued

ABOUT Two Times a week I am unable to go to the shops by myself to get food, Toilet washing Because im to Anxious to leave the house. worried about how people look at me and my illness. ABOUT once or Twice a week a friend will help by driving me or bring me some items then I will pay them for goods. Im not able to plan new Journeys as I find it difficult to understand maps very confusing for my dyslexia and I Cant over exhort myself from the Journey or it wont be Completed.



Q14 Moving around

This means how well you can walk without any specialist equipment or support from another person.

Q14a Does your condition affect you moving around? (Put a cross in one box below)

- ☐ No
- Now go to Q15
- ☒ Yes
- Continue with Q14

Q14b How far can you walk using any aids or appliances you need? (Put a cross in one box below)

To give you an idea of distance, 50 metres is about 5 buses parked end to end.

Walking aids and appliances include walking sticks, walking frames, crutches, artificial limbs.

A wheelchair or mobility scooter does not count as an aid or appliance for this question.

If you use a wheelchair or mobility scooter, please answer this question by telling us how well you can stand and move without using it.

- ☐ I cannot stand and move even using my aids or appliances
- ☐ Less than 20 metres
- ☒ Between 20 and up to 50 metres
- ☐ Between 50 and up to 200 metres
- ☐ More than 200 metres
- ☐ It varies

Please tell us why

I can stand and walk between
20-50 meters anything more
will bring heavy pain. Which
will do more damage.
Sometimes I will use a item
to stand or steady myself.



## Q14 Moving around continued

**Q14c Tell us more about the difficulties you have with moving around and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty - tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids, appliances or devices you use to get around including wheelchairs or mobility scooters
- any help you get from another person
- any help you feel you need but do not get

### Examples

"I can only walk down one aisle of my local supermarket leaning on the trolley for support."

"I am never able to walk more than 20 metres as quickly as most people do, because I can only walk very slowly without being at risk of falling. My carer physically supports me when we walk outside to make sure I do not fall."

everyday I have difficulty the further, more difficult.  
From sitting position to standing is very painful  
Because of my back and sciatica makes it  
hard for me to walk. Hence I use a crutch  
for aid.  
Because without crutch: Once I miscalculated  
street kerb and fell over, I was very  
lucky as a man on a bike helped and rang  
ambulance. Since then I'm scared to go out  
in case I need emergency help.  
Also included is public transport, I have  
to have planned my journey, top up etc  
Because the journey takes a lot out of me standing



## Q14 Moving around continued

and sitting for long periods of time  
Which makes journeys longer than I expected  
30 mins earlier at least Twice a week  
Maybe a friend will drive me in their car  
to do shopping to get essentials,  
Because if I fall over at any point my  
back will be ~~be~~ beyond repair.  
My legs are very weak from Siatia + back  
so very strenuous/painful. Many days I've  
just stayed in ~~be~~ bed because pain is unbearable  
often need aids to do task CHAIRS, RAILS FOR  
SUPPORT

## Q15 Additional information

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

Tell us anything else you think we should know that you have not already told us about how your health condition or disability affects you.

Carers, friends or family who want to give us additional information can also do so here.

You do not have to complete this part if you have covered everything in the form.

If you are using this space to give us more detail on earlier questions, tell us which questions you are answering.

this illness has been in my life for about 2 years and its very painful I currently have 2 frozen shoulders which prevent me raising arms above head and other positions. And A severe serious back problem which has also connected to Siatica. Ive thought about ending my life so many times Hence Mental health issues This illness has also affected my Bowls and urine aswell as erectile dysfunction Very painful when Try intercourse OR Trying to sleep which has affected upon my life in a big way. It preventing me getting out and meeting family + friends as they live 2-3 miles AWAY and cant possibly do with BACK + SIATICA problems.

If you need more space, you can use separate pieces of paper. Remember to send them to us with this form.

If you do this, write your name and reference number at the top of each extra page.

You can find your reference number at the top of the cover letter (the reference number is usually the same as your National Insurance number). Tell us which questions your comments refer to.



# Section 4 - What happens next

Please send this form to us in the envelope provided. On the back of the form you will see the address to return it to. Place the form in the envelope provided so that the address shows through the window. It does not need a stamp.

Remember to include your supporting evidence.

You do not need to contact us. We may call you if we have got any questions about this form. The number may show as withheld, unrecognised or may start 0800.

Please confirm your preferred contact number

Tell us any times of the day we cannot call 

NIGHT BECAUSE IVE TAKEN MEDICATION

When we receive your form, we may invite you to attend an assessment with a health professional. This will give you the chance to tell us more about how your health condition or disability affects your daily life.

**If we invite you to an assessment, you must attend. If you do not attend and you do not have good reason, your PIP claim will end. If you currently get Disability Living Allowance this will stop.**

However, if you have given us enough information, an assessment may not be needed.

## Attending an assessment with a health professional

If you are invited to an assessment appointment with a health professional:

- you may be able to have someone with you
- tell us if you need an interpreter, for example British Sign Language
- you will need to have 2 forms of identity with you, like your passport or UK utility bill
- the health professional will talk to you about how your health condition or disability affects your daily life, it is not a physical examination
- the assessment will take about an hour

Tell us on this form about any help you (or someone who may accompany you) would need if you have to go for a face-to-face assessment. This will help us meet your needs. For example, tell us if you or they:

- cannot get up and down stairs
- have difficulty travelling or using public transport
- have communication needs, what support you or they will need
- need accessible toilets

Please be specific about the needs you or they have.

NO STEPS  
ANY RAILS (AIDS)  
TRANSPORT

If you do not attend your assessment and you do not have good reason, your PIP claim will end. If you currently get DLA this will stop.



# How DWP collects and uses information

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

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please visit [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)

## Final Checklist

Please check you have answered all the questions on this form and tick the box.

Step 1	Signed your <b>declaration</b>	Page 8	<input checked="" type="checkbox"/>
Step 2	Read and understood all the notes	Pages 5 to 7	<input checked="" type="checkbox"/>
Step 3	Answered all the questions	Pages 9 to 39	<input checked="" type="checkbox"/>
Step 4	Taken off and kept the letter at the front of this form		<input checked="" type="checkbox"/>
Step 5	Included <b>photocopies</b> of supporting evidence with this form		<input checked="" type="checkbox"/>
Step 6	If you want to, make a copy of your completed form and supporting evidence for you to keep		<input type="checkbox"/>



## How your disability affects you (Personal Independence Payment)



Freepost RTEU-HGTR-JXZX  
Personal Independence Payment 2  
Mail Handling Site A  
Wolverhampton  
WV98 1AB

### **Please return the completed form to this address.**

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope does not need a stamp unless you live outside the United Kingdom.

If you have access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website: **[www.gov.uk/pip](http://www.gov.uk/pip)**

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