

# Personal Independence Payment

## How your disability affects you

Full name

Luisa Lockhart

National Insurance (NI) number

N 2 4 6 8 9 1 3 D

### 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:

☒ The DWP has already appointed me to receive their benefits and deal with letters about their benefits

### Section 1 – About your health condition or disability

Name of your condition or disability	Approximate start date
<b>Example</b> – Kidney failure	<b>Example</b> - About 14 months ago
Learning problems	From birth
Mental health problems -	Over 30 years
Depression and anxiety	
High blood pressure	Long term
Asthma	Long term
Arthritis in right leg and foot	15 years

**Q1b Tell us about tablets or other medication you are taking or will be taking and the dosage.**

Medication	Dosage	How often do you take it?	Do you have any side effects?
<b>Example</b> - Paracetamol	500mg	Twice a day	Dizziness
See patient information chart			

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**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
<b>Example</b> - Physiotherapy	July 2014	Once a week
See patient information chart		

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

### Q3 Preparing food

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

<input type="checkbox"/>	No	<b>Now go to Q4</b>
<input checked="" type="checkbox"/>	Yes	<b>Continue with Q3</b>

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

She requires carers on a regular basis. Her learning problems mean she cannot prepare or cook meals without supervision or assistance.
She needs help to check the expiry on the food.

## Q4 Eating and drinking

**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

☐ Sometimes

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


## Q5 Managing your treatments

**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.

Although she has access to the blister pack provided by pharmacy, it is
necessary to monitor the medication pack. She needs prompting to
take inhalers when she needs them.

## Q6 Washing and bathing

**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.

She needs to be prompted to wash or bathe this is done by the carers
who visit her. If unprompted she would not wash or bathe.

## Q7 Using the toilet and managing incontinence

**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.

Wears pad to protect her from incontinence. It is necessary to prompt
her to use the toilet to minimise this problem

## Q8 Dressing and undressing

**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.

Her clothes are selected for her as she would put dirty clothes back on
and would wear shorts and t-shirt when it is cold outside. She needs
this help every day.

## Q9 Talking, listening and understanding

**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.

She uses picture aids to help express her needs. She cannot understand
what has been said during appointments or any complex information.
Someone is always with her to explain and simply what has been said.

## Q10 Reading

**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.**

She struggles to read. Another person reads for her most of the time as
she doesn't understand her letters.

## Q11 Mixing with other people

**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.**

Has difficulty talking to others. She has a small number of friends
but will not talk to anyone who is male. Interaction with females is
only with carers and friends.

## Q12 Managing money

**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.**

Has limited concept of money, costing or money management.
She needs support to make decisions about money. There have been
occasions when she has given her money away leaving her with no bus
fare to get home.

## Mobility Activities

### Q13 Planning and following a journey

**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.**

She ordinarily needs to be accompanied by her care worker when she
goes out due to her vulnerability. She has to have risk assessments for
the two places she can attend alone. All other places she is accompanied
to keep her safe due to her lack of awareness.

## Q14 Moving around

**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)

☐

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


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

A combination of her asthma and arthritis from her right leg and foot
restrict her walking. This is at its worst in cold and damp weather
which reduces movement. She has pins in her leg from previous
surgery which causes pain when walking too far.



## Q15 Additional information

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


FOR TRAINING USE ONLY

## Version History

**Title:** Miss Lockhart CQ

**Author:** Clinical Training Team

Version	Date	Sign off	Summary of changes
V1.0	19.08.19	Shah Faisal	New document
V1.1	18/01/21	Janine Goodchild	Updated to new CQ