



Department  
for Work &  
Pensions

# Personal Independence Payment

## How your disability affects you

Full name

Keith Murphy

National Insurance (NI) number

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

Tell us who you are in the table below:

Name	Relationship with claimant (for example, partner/carer/adviser)
Elton Jones	Appointee

**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**
- ☐ **B243[I am a Deputy or Receiver for them]** under a Court of Protection Order]  
**B51[I am a Controller]** appointed by the Department of Justice]
- ☐ **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 bullet points
- ☒ **The DWP has already appointed me** to receive  
their benefits and deal with letters about their benefits
- ☐ **I want B243[DWP] B51[DfC] 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

**Signature**

Elton Jones

**Date**

/ /

**Print your name here**

Elton Jones

## 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

Name of your condition or disability	Approximate start date
<b>Example</b> – Kidney failure	<b>Example</b> - About 14 months ago
See attached care plan	
Keith has a cognitive impairment	Over ten years
Lives in 24 hour supervised care	
Has to be PEG fed	
Seizures	
Hypoxic brain injury - head injury	
Wheelchair bound	
Epilepsy	

**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?
<b>Example - Paracetamol</b>	500mg	Twice a day	Dizziness
See attached list			

**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 - Physiotherapy</b>	July 2014	Once a week
See attached list		

## Section 3 – 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 ever 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.**

Does not have the physical or mental capacity to cook or prepare any form
of meal. He lives in 24-hour care. He is nil by mouth and has to have feed
via his PEG.

#### 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

☐

Sometimes

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

Nil by mouth and has to be PEG fed.

## **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.**

Medication is locked away and administered by staff.

**Q5d Tell us about any therapies you take at home that need the help of another person.**


## **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)

<input type="checkbox"/>	No	<b>Now go to Q7</b>
<input checked="" type="checkbox"/>	Yes	<b>Continue with Q6</b>

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

He has no form of capacity to wash any part of his body and requires
two staff members to wash and bathe him.

## 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.**

Wears incontinence pads 24 hours a day. He has no form of capacity to manage his toilet needs.

## 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.**

He has no form of capacity to dress or undress himself. He requires
24hour care and supervision.

## **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.**

He has cognitive impairment – please see care plan. He requires 24
hour care and support.



## 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**

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Yes

**Continue with Q10**

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

He cannot read or respond to written information.

## 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.**

Requires 24 hour care and supervision. He lives in a nursing home
and has no verbal communication to mix with people.

## 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.**

Has no capacity to deal with own finances. This is managed by the
appointee

## 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.**

Unable to plan or go anywhere alone. He lives in 24 hour care and is wheelchair bound.

### 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)

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No

**Now go to Q15**

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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

He is wheelchair bound and has form of capacity to walk.

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


## Q15 Additional information

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


## Version History

**Title:**

**Author:** Clinical Training Team

Version	Date	Sign off	Summary of changes
1.0	19/08/19	Shah Faisal	New document
1.1	14/01/21	Janine Goodchild	Updated to new CQ