

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

## Title

Ms

## First Name

claimant-first-name

## Last Name

claimant-last-name

## National Insurance number

RN 00 00 65 C

## Date of birth

08 August 1970

## Tell us about your health

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

Name of your first condition or disability:

Ab

Approximate start date:

1999-8-08

About this condition or disability:

Ab

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

No

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

No

**Tell us about your daily living activities**

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

No

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

No

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

No

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

No

**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?**

No

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

No

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

No

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

No

**Tell us about your mobility activities**

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

No

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

No

**Tell us about anything else**

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

No

**Declaration:**

Agreed

**End of questionnaire**

**Submitted: 13 November 2020**