

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

Title

none

First Name

Sarah

Last Name

Clark

National Insurance number

SC000239A

Date of birth

2000-01-01

Tell us about your health

What health condition or disability do you have?

Name of condition or disability

Kidney

Approximate start date

2 months ago

About this condition or disability

Unable to perform any activity

What health condition or disability do you have?

Name of condition or disability

Mental

Approximate start date

4 months ago

About this condition or disability

Mentally sick

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

Yes

Health professional details

Dr Jones

GP

01522000000

Their address

76 Ferrous Way

Lincoln

LN6 9ZN

y'day

Tell us about your daily living activities

Does your condition affect your ability to prepare food?

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 preparing food, or prevent you from doing so?

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 moving around?

Yes

How far can you walk using any aids or appliances you need?

It varies

Why does the distance you can walk vary?

Depends on the temperature, I struggle more in cold weather.

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

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

Does your condition affect you planning and following journeys?

No

Tell us about anything else

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

No

Declaration:

Agreed

End of questionnaire

Submitted: \${submissionDate}