

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

First Name

Karthik

Last Name

Menon

National Insurance number

RN 00 00 04 A

Date of birth

01 January 1990

Tell us about your health

What health condition or disability do you have?

Name of condition or disability

Condition 1

Approximate start date

1 month ago

About this condition or disability

This is my difficulty

Do you have another condition or disability?

No

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

Yes

Health or care professional details

Their name

HCP1

Profession

Profession1

Phone number, including dialling code

07700777799

Building and street

HCP Address one

HCP Street 1

Town or city

HCP Town

Postcode

B161AA

When did you last speak to them?

12 months ago

Are there any other health or care 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?

Yes

Tell us about difficulties you have preparing food and how you manage them

I face difficulty preparing food

Does your condition affect you eating and drinking?

Yes

Do you use a feeding tube or similar device to eat or drink?

Yes

Tell us about difficulties you have eating and drinking and how you manage them

I face difficulty eating drinking

Does your condition affect you managing your treatments?

Yes

Tell us about difficulties you have monitoring changes in your health and taking medication, and how you manage them

I have difficulty treatment

Tell us about therapies you take at home with help from another person

I have difficulty attending therapy

Does your condition affect you washing and bathing?

Yes

Tell us about difficulties you have washing and bathing, and how you manage them

I have difficulty washing

Does your condition affect you using the toilet or managing incontinence?

Yes

Tell us about difficulties you have using the toilet or managing incontinence, and how you manage them

Affecting toilet

Does your condition affect you dressing or undressing?

Yes

Tell us about difficulties you have dressing and undressing, and how you manage them

I have difficulty dressing

Does your condition affect you talking, listening and understanding?

Yes

Tell us about difficulties you have talking, listening and understanding, and how you manage them

I have difficulty talking listening and understanding

Does your condition affect your ability to read?

Yes

Tell us about difficulties you have reading words or symbols, and how you manage them

I have difficulty reading

Does your condition affect you mixing with other people?

Yes

Tell us about difficulties you have when mixing with other people and how you manage them

I have difficulty mixing with other people

Does your condition affect you managing your money?

Yes

Tell us about difficulties you have managing your money and how you manage them

I have difficulty managing money

Tell us about your mobility activities

Does your condition affect you planning and following journeys?

Yes

Tell us about difficulties you have planning and following journeys, and how you manage them

I have difficulty planning and following journey

Does your condition affect you moving around?

Yes

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

More than 200 metres

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

asdasdsad

Tell us about anything else

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

Yes

Additional information

This is the additional info

Declaration:

Agreed

End of questionnaire

Submitted: 03 June 2025