

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

## **Title**

MR

## **First Name**

claimant\_first\_name

## **Last Name**

claimant\_last\_name

## **National Insurance number**

RN 00 00 64 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:**

Kidney Failure

**Approximate start date:**

1999-8-08

**About this condition or disability:**

description of the condition

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

Yes

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

**Name of condition or disability:**

Diabetes

**Approximate start date:**

1988-8-08

**About this condition or disability:**

description of the diabetes

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

No

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

Yes

**Health professional details**

**Name**

Doctor Who

**Profession:**

GP

**Phone number including dialling code:**

07777

**Their address**

Quarry House Leeds  
Leeds  
England  
LS1 1XX

**When did you last speak to them?**

October 2019

**Are there any other 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?**

Yes

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

reason not be able to 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 the difficulties you have with eating and drinking and how you manage them**

reason not be able to drink and eat unassisted

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

Yes

**Tell us about the difficulties you have with monitoring changes in your health condition or disability and taking medication, and how you manage them**

reason not be able to apply treatment

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

therapy taken at home that need the help of another person

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

Yes

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

reason not be able to washing

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

Yes

**Tell us about the difficulties you have with going to the toilet and how you manage them**

reason not be able to go to toilet unassisted

**Does your condition affect you dressing or undressing?**

Yes

**Tell us about the difficulties you have with dressing and undressing and how you manage them**

reason not be able to dressing unassisted

**Does your condition affect you talking, listening and understanding?**

Yes

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

reason not be able to communicate

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

Yes

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

reason not be able to read

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

Yes

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

reason not be able to social mixture withe others

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

Yes

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

reason not be able to manage own finance

## **Tell us about your mobility activities**

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

Yes

**Tell us more about the difficulties you have with planning and following journeys and how you manage them**

reason not be able to plan or navigate

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

Yes

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

Less than 20 metres

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

reason not be able to move

## **Tell us about anything else**

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

Yes

**Additional information:**

additional information to support claim

## **Declaration:**

Agreed

**End of questionnaire**

**Submitted: 13 November 2020**