

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

## First Name

Karthik

## Last Name

Menon

## National Insurance number

RN 00 00 01 A

## Date of birth

01 January 1990

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## Tell us about your health

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

#### Name of condition or disability

HCP condition 1

#### Approximate start date

1 month ago

#### About this condition or disability

This is the first condition

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

**Name of condition or disability**

Health condition 1

**Approximate start date**

1 month ago

**About this condition or disability**

This is second condition

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

Condition 3

**Approximate start date**

4 months ago

**About this condition or disability**

Condition 3

**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**

Health care professional 1

**Profession**

Profession1

**Phone number, including dialling code**

07700777799

## **Building and street**

asdasd

asdasd

## **Town or city**

asdasd

## **Postcode**

B161AA

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

12 months ago

## **Health or care professional details**

### **Their name**

Health care professional 2

### **Profession**

Profession 2

## **Phone number, including dialling code**

07700777788

## **Building and street**

Building 2

Street 2

## **Town or city**

Town2

## **Postcode**

B161AA

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

1 month ago

## Health or care professional details

### Their name

HCP 3

### Profession

Profession 3

### Phone number, including dialling code

07700777799

### Building and street

Building 3

Street 3

### Town or city

Town 3

### Postcode

B161AA

### When did you last speak to them?

14 months

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

No

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## 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

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

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

No

**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?**

Walking distance can vary

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

Walking distance

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**Tell us about anything else**

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

No

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**Declaration:**

Agreed

**End of questionnaire**

**Submitted: 03 June 2025**