

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

## First Name

TestFirst

## Last Name

TestSurname

## National Insurance number

SC 00 02 39 A

## Date of birth

01 January 2000

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## Tell us about your health

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

#### Name of condition or disability

C1

#### Approximate start date

12 months ago

#### About this condition or disability

This is the details about C1

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

**Name of condition or disability**

C2

**Approximate start date**

12 months ago

**About this condition or disability**

This is the details about C2

**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**

Jim

**Profession**

GP

**Phone number, including dialling code**

07808555876

**Building and street**

123

Testing Street

**Town or city**

Newcastle

**Postcode**

NE6 5DX

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

October 2019

## Health or care professional details

### Their name

Jim

### Profession

GP

### Phone number, including dialling code

07808555876

### Building and street

123

Testing Street

### Town or city

Newcastle

### Postcode

NE6 5DX

### When did you last speak to them?

October 2019

### 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?

Yes

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

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**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**

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**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?**

Yes

**Tell us about the difficulties you have using the toilet and how you manage them**

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**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

**Distance you can walk using any aids or appliances you need**

It varies

**Why does the distance you can walk vary?**

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

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**Tell us about anything else**

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

Yes

### **Additional information**

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### **Declaration:**

Agreed

**End of questionnaire**

**Submitted: 01 April 2023**