

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

First Name

TestFirst

Last Name

TestSurname

National Insurance number

SC000239A

Date of birth

01-01-2000

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

Do you have another condition or disability?

No

Are there any 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?

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

Tell us about your mobility activities

Does your condition affect you planning and following journeys?

No

Does your condition affect you moving around?

No

Tell us about anything else

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

No

Declaration:

Agreed

End of questionnaire

Submitted: 2023-04-01