

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

Title

Ms

First Name

claimant-first-name

Last Name

claimant-last-name

National Insurance number

RN 00 00 65 C

Date of birth

08-08-1970

Tell us about your health

What health condition or disability do you have?

Name of your first condition or disability:

Ab

Approximate start date:

1999-8-08

About this condition or disability:

Ab

Do you have another condition or disability?

No

Are there any 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 ever 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 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: 13-11-2020