

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

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

James

Profession

Doctor

Phone number, including dialling code

07808555879

Building and street

124

Testing Street

Town or city

Newcastle

Postcode

NE6 5DX

When did you last speak to them?

November 2021

Are there any other 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?

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?

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

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

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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

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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?

Yes

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

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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

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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

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Does your condition affect you mixing with other people?

Yes

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

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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

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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

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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: 2023-04-01