

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

## First Name

claimant\_first\_name

## Last Name

claimant\_last\_name

## National Insurance number

RN 00 00 64 C

## Date of birth

1970-8-08

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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

**County**

County1

**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 difficulties you have 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 difficulties you have 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 difficulties you have using the toilet or managing incontinence, 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

**How far can you 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 difficulties you have 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: 13 November 2020