

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

## First Name

Karthik

## Last Name

Menon

## National Insurance number

RN 00 00 04 A

## Date of birth

01 January 1990

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## Tell us about your health

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

#### Name of condition or disability

Condition 1

#### Approximate start date

1 month ago

#### About this condition or disability

This is my difficulty

#### 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**

HCP1

**Profession**

Profession1

**Phone number, including dialling code**

07700777799

**Building and street**

HCP Address one

HCP Street 1

**Town or city**

HCP Town

**Postcode**

B161AA

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

12 months ago

**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**

I face difficulty preparing food

**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**

I face difficulty eating drinking

**Does your condition affect you managing your treatments?**

Yes

**Tell us about difficulties you have monitoring changes in your health and taking medication, and how you manage them**

I have difficulty treatment

**Tell us about therapies you take at home with help from another person**

I have difficulty attending therapy

**Does your condition affect you washing and bathing?**

Yes

**Tell us about difficulties you have washing and bathing, and how you manage them**

I have difficulty washing

**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**

Affecting toilet

**Does your condition affect you dressing or undressing?**

Yes

**Tell us about difficulties you have dressing and undressing, and how you manage them**

I have difficulty dressing

**Does your condition affect you talking, listening and understanding?**

Yes

**Tell us about difficulties you have talking, listening and understanding, and how you manage them**

I have difficulty talking listening and understanding

**Does your condition affect your ability to read?**

Yes

**Tell us about difficulties you have reading words or symbols, and how you manage them**

I have difficulty reading

**Does your condition affect you mixing with other people?**

Yes

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

I have difficulty mixing with other people

**Does your condition affect you managing your money?**

Yes

**Tell us about difficulties you have managing your money and how you manage them**

I have difficulty managing money

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**Tell us about your mobility activities**

**Does your condition affect you planning and following journeys?**

Yes

**Tell us about difficulties you have planning and following journeys, and how you manage them**

I have difficulty planning and following journey

**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?**

Distance i can walk vary

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

asdasdsad

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**Tell us about anything else**

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

Yes

**Additional information**

This is the additional info

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**Declaration:**

Agreed

**End of questionnaire**

**Submitted: 03 June 2025**