

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

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

County

County2

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

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

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