

# 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

**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

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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**