

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

## First Name

TestFirst

## Last Name

TestSurname

## National Insurance number

SC 00 02 39 A

## Date of birth

01 January 2000

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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

#### Do you have another condition or disability?

No

**Are there any 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?**

No

**Does your condition affect you eating and drinking?**

No

**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?**

No

**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?**

No

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## **Tell us about anything else**

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

No

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## **Declaration:**

Agreed

**End of questionnaire**

**Submitted: 01 April 2023**