

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

Title

none

First Name

Sarah

Last Name

Clark

National Insurance number

SC000239A

Date of birth

2000-01-01

Tell us about your health

Do you have another condition or disability?

No

What health condition or disability do you have?

Name of condition or disability

Kidney

Approximate start date

1 month ago

About this condition or disability

Struggling with health

Are there any other health or care professionals that you would like to tell us about?

No

Are there any health or care professionals that you would like to tell us about?

Yes

Health or care professional details

Dr Jones

GP

01522000000

Their address

76 Ferrous Way

Lincoln

LN6 9ZN

y'day

Tell us about your daily living activities

Does your condition affect you preparing food, or prevent you from doing so?

Yes

Tell us about the difficulties you have with preparing food and how you manage them

Struggling preparing food myself

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 the difficulties you have with eating and drinking and how you manage them

Struggling with eating myself

Does your condition affect you managing your treatments?

Yes

Tell us about the difficulties you have with monitoring changes in your health condition or disability and taking medication, and how you manage them

Struggling with taking medicines

Tell us about any therapies you take at home that need the help of another person

Exercise

Does your condition affect you washing and bathing?

Yes

Tell us about the difficulties you have with washing and bathing and how you manage them

Struggling bathing myself

Does your condition affect you using the toilet or managing incontinence?

Yes

Tell us about the difficulties you have using the toilet and how you manage them

Struggling with going toilet myself

Does your condition affect you dressing or undressing?

Yes

Tell us about the difficulties you have with dressing and undressing and how you manage them

Struggling with dressing myself

Does your condition affect you talking, listening and understanding?

Yes

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

Struggling with listening and understanding

Does your condition affect your ability to read?

Yes

Tell us about the difficulties you have with reading words or symbols and how you manage them

Struggling with reading myself

Does your condition affect you mixing with other people?

Yes

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

Unable to mix with other people

Does your condition affect you managing your money?

Yes

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

Unable to manage money myself

Tell us about your mobility activities

How far can you walk using any aids or appliances you need?

It varies

Why does the distance you can walk vary?

Unable to walk

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

Struggling with moving around myself

Does your condition affect you planning and following journeys?

Yes

Tell us more about the difficulties you have with planning and following journeys and how you manage them

Unable to make and follow travel plans

Tell us about anything else

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

Yes

Additional information

Sick

Declaration:

Agreed

End of questionnaire

Submitted: \${submissionDate}