

# A H (fictitious case)

## PIP2 form

Dated one month ago

Name of your conditions or disabilities	Approximate start date		
Back problem	10 years ago		
Osteoarthritis to shoulders, knees and hands	4 years ago		
Depression	3 years ago		
Heart attack	7 years ago		
Memory problems and migraines	3 years ago		
Medications	Dosage	How often do you take it?	Do you have any side effects?
GTN spray	Two puffs	As required	No
Co-codamol	30/500mg	Two tablets four times per day	No
Naproxen	500mg	Twice daily	
Isosorbide	60mg	Once daily	No
Lansoprazole	15mg	Daily	No
Sertraline	50mg	Daily	No
Atenolol	100mg	Daily	No
Atorvastatin	20mg	Daily	No
Aspirin	75mg	Daily	No
Name of treatment, therapy or operation	When did it start/when will it happen	How often do you have it	
None	-	-	

About your health professionals			
Profession		When did you last see them?	
GP		One month ago	
Daily living activities		No	Yes
<b>Q3a</b>	<b>Activity 1:</b> Does your condition affect you preparing food, or prevent you from doing so?	✓	
<b>Q3b</b>	Tell us about the difficulties you have with preparing food and how you manage them	I struggle to chop things due to arthritis in my hands, my partner does most of the cooking, however I do like to help.	
<b>Q4a</b>	<b>Activity 2:</b> Does your condition affect you eating and drinking?		✓
<b>Q4b</b>	Do you use a feeding tube or similar device to eat or drink?		✓
<b>Q4c</b>	Tell us about the difficulties you have with eating and drinking and how you manage them	I don't have problems with this.	
<b>Q5a</b>	<b>Activity 3:</b> Does your condition affect you managing your treatments?	✓	
<b>Q5b</b>	Tell us about the difficulties you have with monitoring changes in your health condition or disability and taking medication, and how you manage them	My partner puts out my tablets as my fingers don't grip well.	
<b>Q5c</b>	Tell us about any therapies you take at home that need the help of another person	N/A	
<b>Q6a</b>	<b>Activity 4:</b> Does your condition affect you washing and bathing?		✓
<b>Q6b</b>	Tell us about the difficulties you have with washing and bathing and how you manage them	I take my time getting in and out the bath, as the shower is over the bath, I have a rubber mat to stop me slipping and hold on.	

<b>Q7a</b>	<b>Activity 5:</b> Does your condition affect you using the toilet or managing incontinence?	✓	
<b>Q7b</b>	Tell us about the difficulties you have using the toilet and how you manage them	This is fine.	
<b>Q8a</b>	<b>Activity 6:</b> Does your condition affect your dressing or undressing?		✓
<b>Q8b</b>	Tell us about the difficulties you have with dressing and undressing and how you manage them	Getting dressed takes longer due to pain and stiffness in my back. I find shirt buttons difficult as they are tiny so my partner helps with these.	
<b>Q9a</b>	<b>Activity 7:</b> Does your condition affect you talking, listening and understanding?	✓	
<b>Q9b</b>	Tell us about the difficulties you have with talking, listening and understanding and how you manage them	N/A	
<b>Q10a</b>	<b>Activity 8:</b> Does your condition affect your ability to read?	✓	
<b>Q10b</b>	Tell us about the difficulties you have with reading words or symbols and how you manage them	N/A	
<b>Q11a</b>	<b>Activity 9:</b> Does your condition affect you mixing with other people?	✓	
<b>Q11b</b>	Tell us about the difficulties you have with mixing with other people and how you manage them	N/A	
<b>Q12a</b>	<b>Activity 10:</b> Does your condition affect you managing your money?		✓
<b>Q12b</b>	Tell us about the difficulties you have with managing your money and how you manage them	My partner has always looked after the bills.	

Mobility activities		No		Yes	
<b>Q13a</b>	<b>Activity 11:</b> Does your condition affect you planning and following journeys?	<input checked="" type="checkbox"/>			
<b>Q13b</b>	Tell us more about the difficulties you have with planning and following journeys and how you manage them	N/A			
<b>Q14a</b>	<b>Activity 12:</b> Does your condition affect you moving around?			<input checked="" type="checkbox"/>	
<b>Q14b</b>	How far can you walk using any aids or appliances you need	Cannot stand and move	Less than 20 metres	20 to 50 metres	50 to 200 metres
					<input checked="" type="checkbox"/>
<b>Q14C</b>	Tell us more about the difficulties you have with moving around and how you manage them	Too much walking can bring on my angina pains so I pace myself. I use a stick for support because of pain and stiffness to my knees. I am not able to do very much due to back pain and angina I used to be very active so find this difficult to get my head around.			
<b>Q15</b>	Is there anything else you would like to tell us about?	N/A			
Attending an assessment with a health professional - Please be specific about the needs you or they have.		I don't manage steps well so would need lift access and somewhere to park close by.			