

## **PERSONAL INDEPENDENCE PAYMENT**

### **Hints and tips on completing the ‘*How your disability affects you*’ form**

#### **Introduction**

This document is intended as a guide to support you to complete the questions for the Personal Independence Payment ‘How your disability affects you’ form regarding your daily living and mobility. You must complete all parts of the claim form. You may find it helpful to read our Personal Independence Payment factsheet which covers the main criteria.

If you already have an award of Personal Independence Payment, you will be sent and ‘Award Review’ form known as an AR1. Where the questions are numbered differently on the AR1 form compared to the ‘How your disability affects you form’ we have noted this on this hints and tips leaflet.

#### **Before filling in the form**

Some points to consider before looking at the care needs part of the claim form:

- Limb loss will not automatically entitle you to Personal Independence Payment, unless you are affected by bilateral lower limb loss where you would automatically receive the enhanced mobility component
- It is not the disability or condition that you have, but how that disability or condition affects you that will entitle you the benefit. Individuals react and manage differently so you will find people with the same condition not necessarily having the same benefit entitlement
- If you have a prosthesis, you will be assessed by how you manage with this. However, the use of a prosthesis may not necessarily take all your difficulties away so do bear this in mind when completing the form
- Do consider all health conditions or disabilities that you have as well as any limb loss. For example, if you have had an amputation due to poor circulation, do you have any other difficulties due to this such as heart disease?
- When answering questions on the claim form, try and look at the bigger picture. Do not just look at whether you can complete an activity. Look at how you complete it, describing the process and how long this takes you where necessary
- Consider whether even a good day for you still results in having difficulty with an activity
- As well as usually requiring a face to face assessment, the Department for Work and Pensions Case Manager will use the information on the claim form and any other medical evidence asked for. It may be useful to inform your doctor, specialist or

support worker that you have made a claim and why. This will allow them to be prepared should they be approached and asked for evidence to support your claim

- The claim form can take some time to fill in, so consider completing it in stages making sure you are aware of any return date for the form

## **Completing the daily living and mobility parts of the claim form**

The first two questions on the claim form ask for details of any medical or allied professionals involved with you and about your disability or condition.

The following hints and tips are intended to support you in completing the daily living and mobility parts of the claim form that relate to the activities you will be scored against. These are suggestions only and are not exhaustive so please consider other difficulties you have which are not mentioned here.

You may find it useful to tick any boxes that apply to you. When you start to complete the claim form you can then transfer all the difficulties that you have identified to the relevant section of the claim form. Make sure that you are clear why you have these difficulties. For example, if you have ticked the box that states, '*Do you get tired or breathless or in pain when washing?*' mention why this is the case when you transfer this to the claim form e.g. could it be because you have heart disease?

## **About your daily living needs**

### **Question 3 (Section 3 number 1 AR1 form)**

#### **Preparing Food**

- ☐ Does someone have to prepare food for you, or do you rely on meals being delivered to you which are already cooked or convenience food which just needs heating up
- ☐ Are you able to open tins, peel and chop vegetables or cut up meat?
- ☐ Are you able to stand and prepare food?
- ☐ Can you use taps and the knobs on the cooker?
- ☐ Do you forget that the cooker is on?
- ☐ Can you tell whether food is fresh or out of date?
- ☐ Can you read the labels or instructions?
- ☐ Are you able to prepare a main meal if you had all the ingredients in front of you?

#### **Question 4 (Section 3 number 2 AR1 form)**

##### **Eating and drinking**

- ☐ Do you have difficulty cutting up food on your plate?
- ☐ Do you have difficulty gripping a full cup, holding cutlery?
- ☐ Do you have a prosthesis but still have difficulty
- ☐ Do you drop drinks / food – how do you clear up?
- ☐ Do you skip meals because it is too much trouble?
- ☐ Do you need encouragement to eat?
- ☐ Do you manage your food or fluid intake by parenteral or enteral tube feeding (either independently or with assistance)?
- ☐ Cannot convey food or drink to the mouth?

#### **Question 5 (Section 3 number 3 AR1 form)**

##### **Managing treatments**

- ☐ Do you remember to take medicines?
- ☐ Do you need someone to put medication into a pill organiser?
- ☐ Can you open the containers and read instructions?
- ☐ Do you have side effects of medication, e.g. drowsiness?
- ☐ What happens if you don't take medication?
- ☐ Do you need encouraging or reminding to take your medication?
- ☐ Do you need help applying lotions / creams?
- ☐ Do you need someone to wake you up at night to take medication?
- ☐ Do you have any treatment e.g. physiotherapy?
- ☐ How do you feel after any treatment, e.g. do you need time to recover?
- ☐ How long do you expect to require your treatment?

### **Question 6 (Section 3 number 4 AR1 form)**

#### **Washing and bathing**

- ☐ Are you unable to get in / out bath / shower without help?
- ☐ Do you need someone on hand in case you slip?
- ☐ Do you have difficulty washing all over?
- ☐ Do you have difficulty washing individual areas e.g. below the waist, back
- ☐ Do you have problems washing hair?
- ☐ Do you bed-bath or strip-wash because unable to use bath / shower?
- ☐ Do you get tired or breathless or in pain when washing?
- ☐ Does it take you a long time to wash / dry yourself?
- ☐ Do you need encouragement or reminding to wash?
- ☐ Would you have more baths / showers if help were available?
- ☐ Do you use any aids or adaptations and are there still difficulties?
- ☐ Do you have assistance from another person or would you manage easier if you did have assistance?

### **Question 7 (Section 3 number 5 AR1 form)**

#### **Managing toilet needs**

- ☐ How frequently do you need the toilet?
- ☐ Do you have trouble getting to the toilet?
- ☐ Do you use any aids or appliances and do you still have difficulty?
- ☐ Do you have trouble sitting down or getting up from the toilet?
- ☐ Do you need help to clean yourself?
- ☐ Do you have difficulty coping with 'accidents'?
- ☐ Do you need help to change soiled clothes?
- ☐ Do you need encouragement to use toilet?
- ☐ Do you need encouragement with continence needs?

- ☐ Do you use a catheter? Do you manage this yourself?

**Question 8 (Section 3 number 6 AR1 form)**

**Dressing and undressing**

- ☐ Do you have difficulty with zips, buttons, laces, socks, shoes, bras
- ☐ Do you avoid certain clothes because they are difficult to get on / off?
- ☐ Do you have difficulty putting on or taking off footwear?
- ☐ Do you need help to choose suitable clothes, check cleanliness or whether coordinated?
- ☐ Do you need to change clothes during the day, for example due to incontinence or spillages?
- ☐ Do you need encouragement to get dressed?
- ☐ Do you take a long time to get dressed?
- ☐ Does dressing makes you tired, breathless or causes pain?

**Question 9 (Section 7 number 1 AR1 form)**

**Communicating**

- ☐ Do you have difficulty understanding people you don't know well?
- ☐ Do you have difficulty making yourself understood?
- ☐ Do you have difficulty coping in unfamiliar places or with unfamiliar situations?
- ☐ Are you liable to be forgetful or have problems concentrating?
- ☐ Do you have hearing problems even with a hearing aid?
- ☐ Do you have difficulty reading your post and replying to it or filling in forms?
- ☐ Do you have difficulty asking for help when you need it?
- ☐ Do you need someone to interpret for you using sign language?

### **Question 10 (Section 3 number 8 AR1 form)**

#### **Reading**

- ☐ Do you use a magnifier or magnifying glass?
- ☐ Do you have difficulty reading?
- ☐ Do you have difficulty understanding communication e.g. letters or signs
- ☐ Are you able to manage simple written information but have difficulty with complex information?
- ☐ How do you manage to read your post?
- ☐ Do you have assistance to read or understand e.g. from a relative or support worker?

### **Question 11 (Section 3 number 9 AR1 form)**

#### **Mixing with other people**

- ☐ Do you have difficulties with social situations?
- ☐ Do you avoid going out due to anxiety or stress?
- ☐ Do you get angry, panicky or paranoid in social situations and how do you deal with this?
- ☐ Do you appear aggressive towards other people either verbally or physically?
- ☐ Do you need someone with you in a social setting or to go to appointments? In what way do they support you?
- ☐ Do you feel reassured when others are with you?
- ☐ Do you have any mental health difficulties e.g. anxiety, phobias, psychosis

### **Question 12 (Section 3 number 10 AR1 form)**

#### **Making decisions about money**

- ☐ Do you have an appointee who manages your money?
- ☐ Do you have a relative or friend who informally supports you? Do they encourage you, remind you or do it all for you?
- ☐ Can you manage to go to the shop and buy things? Would you be able to give the right money / aware if you had the correct change?

- ☐ Do you have difficulty with managing complex budgeting decisions e.g. sorting out bills or working out the monthly budget?
- ☐ Do you have difficulty to make appropriate decisions about how you spend your money or budget e.g. do you leave yourself with enough money to purchase essentials such as food or heating?

## About mobility needs

### Question 13 (Section 3 number 11 AR1 form)

**Going out. This is about your ability to work out and follow a route rather than any physical difficulty walking.**

- ☐ Do you have difficulty planning a journey?
- ☐ Do you have difficulty following the route or directions given to you?
- ☐ Do you need someone with you to guide or supervise you when walking outdoors or in unfamiliar places?
- ☐ Are you blind or partially sighted and need guidance in areas you don't know?
- ☐ Do you have hearing problems?
- ☐ Do you have a learning difficulty which means you need help to be safe when you go out near traffic or need to cross roads?
- ☐ Do you suffer from panic attacks, have a phobia or anxiety and need encouragement to go out?
- ☐ Do you need someone to keep you safe and give you guidance or supervision?
- ☐ Do you avoid going out due to stress or anxiety?
- ☐ Are you vulnerable? For instance you might not be able to know who to trust when you are out?
- ☐ How would you manage to find your way home from an unfamiliar place?
- ☐ Do you have any aids and if so do you still have difficulty?

#### Question 14 (Section 3 number 12 AR1 form)

##### **Moving around. This is about your physical difficulty walking.**

Any distance you can manage while experiencing severe discomfort does not count. Severe discomfort can include things like pain and breathlessness. Try doing a walking test and measure the distance and the time it takes before you have to stop.

- ☐ Do you have a physical difficulty walking even with any prostheses or other aid you have?
  - ☐ Does your prosthesis rub? Are there days when you cannot wear it?
  - ☐ Do you feel breathless or dizzy when you walk? If so, why?
  - ☐ Do you tire easily and need to stop and rest? For how long? How do you feel if you don't stop?
  - ☐ Are there days when you cannot walk because you have overexerted yourself previously?
  - ☐ Do you need someone to support you because you have poor balance or walk unsteadily?
  - ☐ Are you in pain or do you get breathless?
  - ☐ When you start to feel pain does it get worse the further you walk? Do you then have to rest to recover, or sit down and recover? For how long?
  - ☐ Do you have swelling in your feet or legs, which cause pain or difficulty when walking?
  - ☐ Do you use a wheelchair either all the time or on occasions? Why?
  - ☐ Are you at risk from falls or stumbles?
  - ☐ How often do you fall or stumble and when did this last happen?
  - ☐ What help do you need to get yourself up if you have fallen?
  - ☐ Do you have difficulty with balance?
  - ☐ Do you get dizzy when you stand?
  - ☐ Are you liable to trip over things?
  - ☐ Do you have to hold on to furniture, another person, walking stick / frame
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Please make sure you complete all sections on the claim form making sure you sign and date it.

It is advisable to make a copy of the claim form before posting it. This can be useful to have if you need to challenge the decision or if your claim is reviewed at some stage.