



# Personal Independence Payment

## How your disability affects you

Full name

National Insurance (NI) number

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Please fill in this form and return it to us **straightaway**.

We've sent you an **Information Booklet** to help you complete the form. In the **Information Booklet** we:

- give advice on where you can get help to complete the form
- explain the questions we ask
- tell you how to answer the questions, and
- give you examples of other things you can tell us

If you need to ask for more time to complete this form please call us on **0800 121 4433** (0800 121 4493 if using a textphone).

If you don't return this form to us and we don't hear from you to ask for more time to complete it, we may end your claim to PIP.

If you don't want to continue with your claim and won't be returning this form, please call us on **0800 121 4433** (0800 121 4493 if using a textphone).

### What you need to do

**Step 1** – Read through this form and the Information Booklet.

**Step 2** – Fill in this form (in pen) to tell us how your health condition or disability affects you.

**Step 3** – Read and sign the declaration on page 32.

**Step 4** – Return the form to us with **photocopies** of any additional information.

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## Additional information to support your claim

As well as completing this form it is important that you help us to understand your needs by providing additional information. This should explain how your health condition or disability affects your daily life.

**Do send** information that shows how your health condition or disability affects you carrying out day-to-day activities.

**Don't send** general information about your condition like fact sheets or information from the internet.

**Only send us photocopies of information you already have available to you.** We can't return any documents to you.

There is more information, including examples of what to send us in the Information Booklet we sent you with this form.

Please put your name and National Insurance number on the top of each document.

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## Section 1 – About your health professionals

If we need additional information we may contact the health professionals that support you.

### Q1 Tell us about the professional(s) best placed to advise us on how your health condition or disability affects you

For example, a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor, or support worker.

**Name**

**Address**   
  
 Postcode

**Profession**

**Phone number** including the dialling code

**When did you last see them?**  /  /   
(approximate date)

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## Section 1 – About your health professionals continued

**Name**

**Address**   
  
 Postcode

**Profession**

**Phone number** including the  
dialling code

**When did you last see them?**  
(approximate date)  /  /

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**Name**

**Address**   
  
 Postcode

**Profession**

**Phone number** including the  
dialling code

**When did you last see them?**  
(approximate date)  /  /

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If you need to add more please continue at **Q15 Additional information.**

## Section 2 - About your health condition or disability

① Use **page 7** of the **Information Booklet** to help you answer these questions.

**Q2a - Tell us in the space below:**

- **what your health conditions or disabilities are, and**
- **approximately when each of these started**

Health condition or disability	Approximate start date
Example: Diabetes	May 2010

We will ask you how your health conditions or disabilities affect how you carry out day-to-day activities in the rest of the form.

If you need to add more please continue at **Q15 Additional information**.



## Section 3 - How your health condition or disability affects your day-to-day life

Tell us in the rest of this form how your health conditions or disabilities affect your day-to-day activities.

### Q3 - Preparing Food

① Use **page 7** of the **Information Booklet** to help answer these questions.

**Tell us about whether you can prepare a simple one course meal for one from fresh ingredients.**

This includes things like:

- food preparation such as peeling, chopping or opening packaging, and
- safely cooking or heating food on a cooker hob or in a microwave oven

Tick the boxes that apply to you, then provide more information in the Extra information box.

**Q3a - Do you need to use an aid or appliance to prepare or cook a simple meal?**

Yes  
 No  
 Sometimes

Aids and appliances include things like:

- perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators

**Q3b - Do you need help from another person to prepare or cook a simple meal?**

Yes  
 No  
 Sometimes

By this we mean:

- do they remind or motivate you to cook?
- do they plan the task for you?
- do they supervise you?
- do they physically help you?
- do they prepare all your food for you?

This includes help you have, **and** help you need but don't get.



## Q4 - Eating and drinking

① Use **page 7** of the **Information Booklet** to help answer these questions.

### Tell us about whether you can eat and drink.

This means:

- remembering when to eat
- cutting food into pieces
- putting food and drink in your mouth, and
- chewing and swallowing food and drink

Tick the boxes that apply to you, then provide more information in the Extra information box.

#### Q4a – Do you need to use an aid or appliance to eat and drink?

Yes

No

Sometimes

Aids and appliances include things like:

- weighted cups, adapted cutlery

#### Q4b – Do you use a feeding tube or similar device to eat or drink?

Yes

No

Sometimes

This means things like a feeding tube with a rate limiting device as a delivery system or feed pump.

#### Q4c – Do you need help from another person to eat and drink?

Yes

No

Sometimes

By this we mean:

- do they remind you to eat and drink?
- do they supervise you?
- do they physically help you to eat and drink?
- do they help you manage a feeding tube?

This includes help you have **and** help you need but don't get.





## Q5 – Managing treatments

① Use **page 8** of the **Information Booklet** to help answer these questions

**Tell us about whether you can monitor changes in your health condition, take medication or manage any treatments carried out at home.**

Monitoring changes include things like:

- monitoring blood sugar level, changes in mental state and pain levels

A home treatment includes things like:

- physiotherapy and home dialysis

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q5a – Do you need to use an aid or appliance to monitor your health conditions, take medication or manage home treatments?**

Yes

No

Sometimes

For example, using a Dosette Box for tablets.

**Q5b – Do you need help from another person to monitor your health conditions, take medication or manage home treatments?**

Yes

No

Sometimes

By this we mean:

- do they remind you to take medications and treatment?
- do they supervise you while you take your medication?
- do they physically help you take medication or manage treatments?

This includes help you have **and** help you need but don't get.



## Q6 – Washing and bathing

① Use **page 8** of the **Information Booklet** to help answer these questions.

### Tell us about whether you can wash and bathe.

This means things like:

- washing your body, limbs, face, underarms and hair, and
- using a standard bath or shower

This doesn't include any difficulties you have getting to the bathroom.

Tick the boxes that apply to you then provide more information in the Extra information box.

#### Q6a – Do you need to use an aid or appliance to wash and bathe yourself, including using a bath or shower?

Aids and appliances include things like:

- bath / shower seat, grab rails

- Yes  
 No  
 Sometimes

#### Q6b – Do you need help from another person to wash and bathe?

By this we mean:

- do they physically help you?
- do they tell you when to wash and bathe?
- do they watch over you to make sure you are safe?

This includes help you have **and** help you need but don't get.

- Yes  
 No  
 Sometimes

## Q6c – Extra information - Washing and bathing

Tell us more about any difficulties you have when **washing and bathing**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to wash and bathe
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you have difficulty washing particular parts of your body? Which parts?
- does it take you a long time to wash and bathe?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you wash and bathe
- tell us about the **help you need from another person** when washing and bathing. This includes help you have **and** help you need but don't get


If you need to add more please continue at **Q15 Additional information**.

## Q7 – Managing toilet needs

① Use **page 8** of the **Information Booklet** to help answer these questions.

**Tell us about whether you can use the toilet and manage incontinence.**

Using the toilet means:

- being able to get on or off a standard toilet, and
- cleaning yourself after using the toilet

Managing incontinence means:

- emptying your bowel and bladder, including if you need a collecting device such as a bottle, bucket or catheter, and
- cleaning yourself after doing so

This doesn't include difficulties you have getting to the bathroom.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q7a – Do you need to use an aid or appliance to use the toilet or manage incontinence?**

Yes

No

Sometimes

Aids and appliances include things like:

- commodes, raised toilet seats, bottom wipers, bidets, incontinence pads or a stoma bag

**Q7b – Do you need help from another person to use the toilet or manage incontinence?**

Yes

No

Sometimes

By this we mean:

- do they physically help you?
- do they tell you when to use the toilet?
- do they watch over you to make sure you are safe?

This includes help you have **and** help you need but don't get.



## Q8 – Dressing and undressing

① Use **page 9** of the **Information Booklet** to help answer these questions.

### Tell us about whether you can dress or undress yourself

This means:

- putting on and taking off clothes, including shoes and socks
- knowing when to put on or take off clothes, and
- being able to select clothes that are appropriate

Tick the boxes that apply to you then provide more information in the Extra information box.

#### Q8a – Do you need to use an aid or appliance to dress or undress?

Yes

No

Sometimes

Aids and appliances include things like:

- modified buttons, front fastening bras, velcro fastening, shoe aids or an audio colour detector

#### Q8b – Do you need help from another person to dress or undress?

Yes

No

Sometimes

By this we mean:

- do they physically help you?
- do they select your clothes?
- do they tell you when to dress and undress?
- do they tell you when to change your clothes?

This includes help you have **and** help you need but don't get.





## Q9 – Communicating

① Use **page 9** of the **Information Booklet** to help answer these questions.

**Tell us about whether you have difficulties with your speech, your hearing or your understanding of what is being said to you.**

This means in your native spoken language

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q9a – Do you need to use an aid or appliance to communicate with others?**

Aids and appliances include things like:

- hearing and voice aids
- picture symbols, and
- assistive computer technology

- Yes  
 No  
 Sometimes

**Q9b – Do you need help from another person to communicate with others?**

By this we mean:

- do they help you understand what people are saying?
- do you have someone who helps you by interpreting speech into sign language?
- do they help you by speaking on your behalf?

This includes help you have **and** help you need but don't get.

- Yes  
 No  
 Sometimes



## Q10 – Reading

① Use **page 9** of the **Information Booklet** to help you answer these questions.

**Tell us about whether you can read and understand signs, symbols and words in your native language. Also tell us about difficulties you have concentrating when doing so.**

This means:

- signs, symbols and words written or printed in your native language, **not braille**
- understanding numbers, including dates
- other instructions, such as timetables

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q10a – Do you need to use an aid or appliance other than spectacles or contact lenses to read signs, symbols and words?**

Aids and appliances include things like magnifiers.

- Yes  
 No  
 Sometimes

**Q10b – Do you need help from another person to read or understand signs, symbols and words?**

By this we mean do they read or explain signs and symbols to you?

This includes help you have **and** help you need but don't get

- Yes  
 No  
 Sometimes



## Q11 – Mixing with other people

① Use **page 10** of the **Information Booklet** to help answer these questions.

### Tell us about whether you have difficulties mixing with other people.

This means how well you are able to:

- get on with other people face-to-face, either individually or as part of a group
- understand how they're behaving towards you, and
- behave appropriately towards them

It includes both people you know well and people you don't know.

Tick the boxes that apply to you then provide more information in the Extra information box.

#### Q11a – Do you need another person to help you to mix with other people?

By this we mean:

- do they encourage you to mix with other people?
- do they help you understand how people are behaving and how to behave yourself?

This includes help you have **and** help you need but don't get.

- Yes  
 No  
 Sometimes

#### Q11b – Do you find it difficult to mix with other people because of severe anxiety or distress?

- Yes  
 No  
 Sometimes



## Q12 – Making decisions about money

① Use **page 10** of the **Information Booklet** to help answer these questions.

**Tell us about whether you can make decisions about spending and managing your money. This means:**

- understanding how much things costs
- understanding how much change you should get
- managing budgets, paying bills and planning future purchases

This activity looks at your decision making ability not things like getting to the bank.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q12a – Do you need someone else to help you to understand how much things cost when you buy them or how much change you'll receive?**

- Yes  
 No  
 Sometimes

By this we mean:

- do you need someone to do it for you?
- do they need to remind you to do it or how to do it?
- do you need someone to help you understand?

This includes help you have **and** help you need but don't get.

**Q12b – Do you need someone else to help you manage your household budgets, pay bills or plan future purchases?**

- Yes  
 No  
 Sometimes

By this we mean:

- do you need someone to do it for you?
- do they have to help you manage your bills?
- do you need encouraging to do it?

This includes help you have **and** help you need but don't get.





## Q13 – Going out

① Use **page 10** of the **Information Booklet** to help answer these questions.

**Tell us about whether you can plan and follow a route to another place. Also tell us if severe anxiety or stress prevents you from going out.**

This includes planning and following a route to another place using public transport.

This activity doesn't look at your ability to walk which is covered in Question 14, **Moving around**.

Tick the boxes that apply to you then provide more information in the Extra information box.

**Q13a – Do you need help from another person to plan a route to somewhere you know well?**

Yes

No

Sometimes

By this we mean do you:

- need someone to help you plan a route, or plan it for you?
- need to be encouraged to go out or have someone with you when going out to reassure you?
- need help from an assistance dog or specialist aid, such as a white stick?
- need someone to be with you to keep you safe or stop you getting lost?

This includes help you have **and** help you need but don't get.

**Q13b – Do you need help getting to somewhere you don't know well?**

Yes

No

Sometimes

By this we mean do you:

- need to be encouraged to go out or have someone with you when going out to reassure you?
- need help from an assistance dog or specialist aid, such as a white stick?
- need someone to be with you to keep you safe or stop you getting lost?
- need help using public transport?

This includes help you have **and** help you need but don't get.



## Q14 – Moving around

① Use **page 11** of the **Information Booklet** to help answer these questions.

### Tell us about whether you can physically move around

This means how well you can walk and if you **need** to use aids and appliances to get around.

Tick the boxes that apply to you then provide more information in the Extra information box.

#### Q14a – How far can you walk taking into account any aids you use?

To give you an idea of distance, 50 metres is approximately 5 buses parked end to end.

- Less than 20 metres
- Between 20 and 50 metres
- Between 50 and 200 metres
- 200 metres or more
- It varies

#### Q14b – Do you use an aid or appliance to walk?

Walking aids include:

- walking sticks
- walking frames
- crutches, and
- prostheses

- Yes
- No
- Sometimes

#### Q14c – Do you use a wheelchair or similar device to move around safely, reliably and repeatedly and in a reasonable time period?

- Yes
- No
- Sometimes







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## Declaration

**We cannot pay any benefit until you've signed the declaration and returned the form to us. Please return the signed form straightaway.**

**I declare** that the information I have given on this form is correct and complete.

**I understand** if I give wrong or incomplete information, my benefit may be stopped and I may be prosecuted or may have to pay a penalty.

**I understand** I must promptly tell the office that pays my Personal Independence Payment of anything that may affect my entitlement to, or the amount of, that benefit.

**This is my claim for Personal Independence Payment.**

**Signature**

**Date**

**Print your name here**

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## How the Department for Work and Pensions collects and uses information

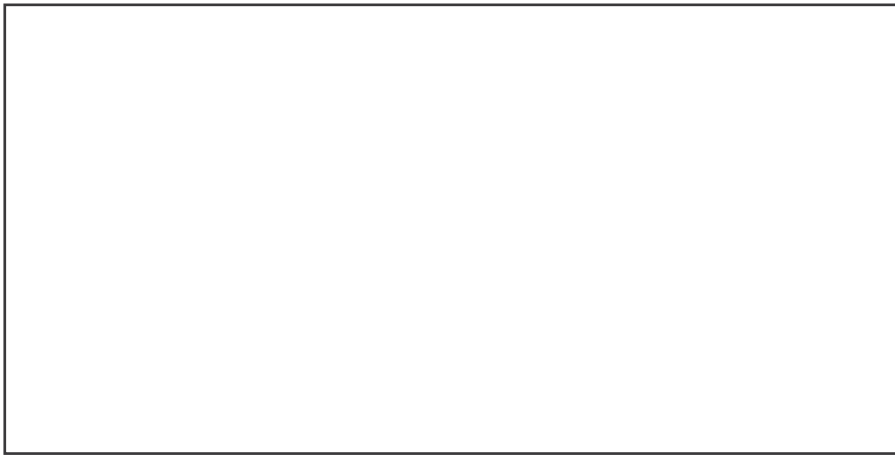
When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, visit our website [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter) or contact any of our offices.





**Please return the completed form to this address**

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope doesn't need a stamp unless you live outside the United Kingdom. If you've access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website at [www.gov.uk/pip](http://www.gov.uk/pip)

Specimen only  
Not for use