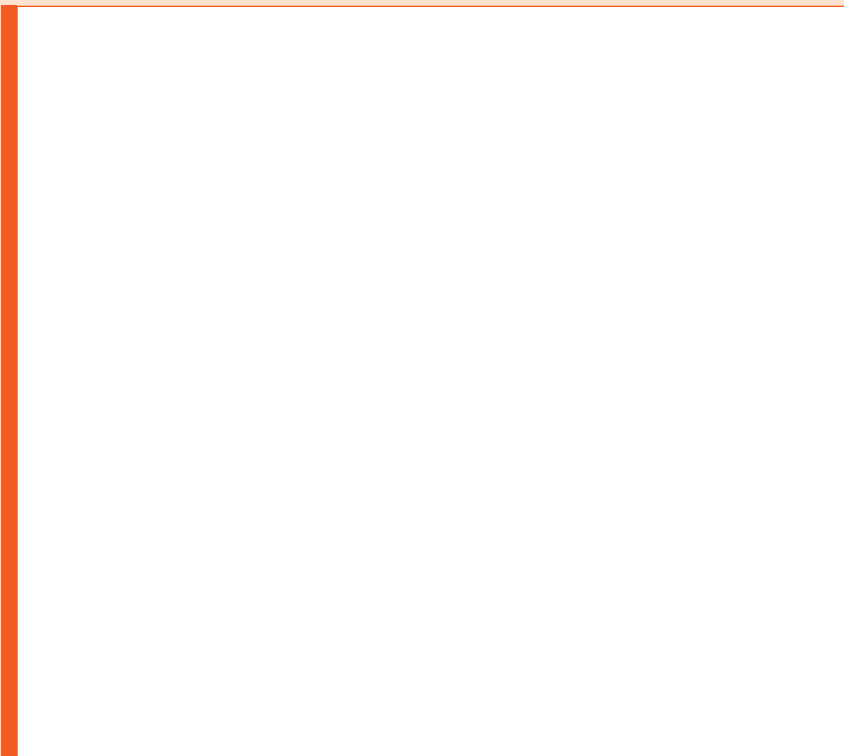


Use this space to tell us about any special help you would need if you have to go for a medical assessment.

Tell us about things like

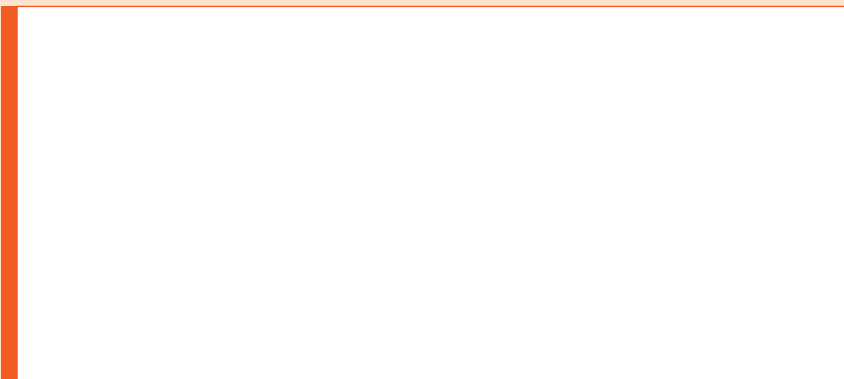
- if you cannot get up and down stairs
- if you need someone to come with you because of your illness or disability
- if you have difficulty travelling or using public transport
- if you need an interpreter.

If so, please state your first language or if British Sign Language is needed.



Tell us about any times or dates in the next 3 months when you cannot go to a medical assessment.

This might be because of hospital appointments, holidays, school start and finish times, and other arrangements.



Please tell us about your illness or disability

We will ask you how your illness or disability affects you in doing day-to-day things in the rest of this form.

Tell us about any tablets, medication or special treatment you are taking, including any side effects you have. Special treatment could be things like radiotherapy or chemotherapy.

If you have had a heart attack, stroke, accident or something similar please tell us the approximate dates.

About your care, support and treatment

Name of your doctor

Address of your doctor

Postcode

Doctor's phone number

Code	Number
------	--------

If you are having hospital or clinical treatment continued

Are you pregnant?

No

Yes

When is the baby due?

Drugs, alcohol or other substances

Do you think any of your health problems are linked to drug or alcohol misuse, or misuse of any other substance?

No

Yes

If you have answered **Yes**, use this space to tell us more about these problems and how they affect your health. By *drugs* we mean drugs you get from your doctor and other drugs.

How to fill in the rest of this form

The answers you give in the rest of this form will tell us how your illness or disability affects your ability to work.

This form may seem long, but do not be put off. Every question has instructions to take you step-by-step to the end of the form.

Use the boxes after each question to tell us in your own words how your illness or disability affects you in doing day-to-day things.

If you have an artificial limb or something like this, we need to know about the difficulties you have when you are wearing it.

You do not need to try the activities we ask about in the form. Tell us whether or not you **could** do them, based on your experience of the illness or disability.

If you tick the first box, to tell us you have no difficulties, you can go straight to the next numbered question.

1. Walking and using steps

If you normally use a walking stick or crutches, tell us how you walk or use steps with these.

Please tick this box if you can walk and use steps without any difficulty.

Now go to question 2.

Can you walk on level ground?

No

Yes

Can you walk at least 200 metres (about 220 yards) before you need to stop?

To give you an idea about distances: A double-decker bus is about 11 metres long, and a football pitch is about 100 metres long.

No

Yes

It varies

Use this space to tell us how far you can walk and why you might have to stop. For example tiredness or discomfort. If it varies, tell us in what way.

Going up or down two steps

Can you go up or down two steps, if there is a rail to hold on to?

No

Yes

It varies

Use this space to tell us more about using steps. If it varies, tell us in what way.

2. Standing and sitting

Please tick this box if you can stand and sit without any difficulty.

Now go to question 3.

Can you stay standing up, without support from another person?

No

Yes

It varies

Can you remain standing up, without support from another person, for at least half an hour before you need to sit down?

No

Yes

It varies

This does not mean standing completely still – it includes being able to shift position while you are standing, and also using a stick.

To give you an idea about time: half an hour is about the length of most television soap-operas or sitcoms.

Use this space to tell us more about standing and sitting and why this might be difficult for you. If it varies, tell us in what way.

Sitting in a chair with no arms, without needing to stand up

Can you sit in a chair?

No

Yes

It varies

Can you stay sitting on a chair for at least half an hour without needing to stand up?

No

Yes

It varies

2. Standing and sitting continued

Use this space to tell us more about sitting on a chair. Tell how long you can sit for, and why you might need to stand up. If it varies, tell us in what way.

Getting up from a chair without help from someone else

Can you get up from a chair that does not have arms without help?

No

Yes

It varies

Use this space to tell us more about getting up from a chair. If it varies, tell us in what way.

Moving from one seat to another nearby without help from another person

Can you move from one seat to another right next to it, without help from someone else?

For example, moving from a wheelchair to a toilet or another chair

No

Yes

It varies

Use this space to tell us more about moving from one seat to another. If it varies, tell us in what way.

3. Bending and kneeling

Please tick this box if you can bend and kneel without any difficulty.

Now go to question 4.

Can you bend to touch your knees and stand up straight again?

No

Yes

It varies

Can you bend, squat or kneel to pick up something very light off the floor, and stand up again without help from someone else?

No

Yes

It varies

Use this space to tell us more. Tell us what might stop you bending, squatting, kneeling or getting down to the floor. If it varies, tell us in what way.

4. Reaching

Please tick this box if you can reach with your arms without any difficulty.

Now go to question 5.

Can you lift at least one of your arms high enough to put something in the top pocket of a coat or jacket while you are wearing it?

No

Yes

It varies

Can you put on a coat or a jacket without someone helping you?

No

Yes

It varies

Can you lift at least one of your arms high enough to hang a coat up?

No

Yes

It varies

4. Reaching continued

Use this space to tell us more. Tell us why you might not be able to reach, and whether it affects both arms. If it varies, tell us in what way.

5. Picking up and moving things on the same level

Please tick this box if you can pick things up and move things without any difficulty and go to question 6.

Now go to question 6.

Picking up things using only one hand

Can you pick up and move a litre (two pint) carton full of liquid using only one hand?

If you can always do this with one hand but not the other, you should tick **Yes**.

No

Yes

It varies

Can you pick up and move a half-litre (one pint) carton full of liquid using only one hand?

No

Yes

It varies

Use this space to tell us more about picking things up using one hand only. Tell us why you might not be able to pick things up, and whether it affects both hands. If it varies, tell us in what way.

5. Picking up and moving things on the same level continued

Picking up something light that needs two hands

Can you use both hands together to pick up and move something big but light, like an empty cardboard box?

- No
- Yes
- It varies

Use this space to tell us more about picking up things with both hands together. Tell us why you might not be able to pick something up with both hands together. If it varies, tell us how.

6. Manual Dexterity (Using your hands)

Please tick this box if you can use your hands without any difficulty.

Now go to question 7.

Can you use your hands to do things like:

- using a pen
- picking up small things like coins
- using a computer
- turning a tap
- doing up buttons
- pouring from a small carton which is already open
- using a telephone?

- Some of them
- None of them
- It varies

If you have a problem, is it with one hand or both?

- One
- Both

Use this space to tell us more. Tell us which of these you might have problems with and why. If it varies, tell us how.

7. Speech

By *speech* we mean using your native language.

Please tick this box if you can speak to other people without any difficulty.

Now go to question 8.

Can you speak?

No

Yes

If yes, can you speak clearly enough for a stranger to understand what you are saying?

No

Yes

It varies

Use this space to tell us more. Tell us why you might not speak clearly, or why people can not understand you. If it varies, tell us in what way.

8. Hearing

If you normally use a hearing aid tell us about your hearing when you wear one. Please also tell us what your hearing is like when listening to someone speaking a language you know.

Please tick this box if you can hear without any difficulty.

Now go to question 9.

Can you hear?

No

Yes

If yes, when someone is talking to you in a busy street, can you hear what they are saying?

No

Yes

It varies

8. Hearing continued

Use this space to tell us more.
Tell us why you might not be able
to hear them. If it varies, tell us in
what way.

9. Seeing

If you normally use glasses or contact lenses tell us about your sight when you wear them. Please also tell us how you see in daylight or bright electric light.

**Please tick this box if you can see
without any difficulty.**

Now go to question 10.

Do you have any useful sight?

By *useful* sight we mean things
like being able to tell light from
dark, or seeing the shape of
furniture in a room.

No

Yes

**Can you see well enough to
recognise a friend 15m (just
over 15 yards) away?**

This is about the width of a
main road in a town.

No

Yes

It
varies

**Do you have any other
problems with your eyesight?**

No

Yes

It
varies

Use this space to tell us more,
and about any problems you
have.

10. Controlling your bowels and bladder

Please tick this box if you can control your bowels and bladder without any difficulty.

Now go to question 11.

Can you control your bowels so you do not need to change your clothes because of soiling?

Always

Usually

Sometimes

Never

Can you control your bladder so you do not need to change your clothes because of wetting?

Always

Usually

Sometimes

Never

Use this space to tell us more about controlling your bowels and bladder. Tell us how often you might need to change your clothes or wash because of soiling or wetting.

Do you have a stoma for your bowels?

A *stoma* is a surgically created opening into the body used to divert waste products from the normal passages out into a bag.

No

Yes

Do you have a stoma for your bladder?

No

Yes

Can you manage your stoma so you do not need to change your clothes because of wetting?

Always

Usually

Sometimes

Never

10. Controlling your bowels and bladder

 continued

Use this space to tell us more about managing your stoma. Tell us how often you might need to change your clothes or wash because of leakage.

11. Staying conscious when awake

Please tick this box if you do not have any problems staying conscious.

Now go to question 12 in Part 2.

While you are awake, do you have fits or blackouts?

This includes epileptic fits and absences, and diabetic hypos.

No

Yes

If you have a problem with fits or blackouts, do you get a warning that it is going to happen?

Always

Usually

Sometimes

Never

Use this space to tell us more. Tell us how often any problem happens and how much warning you might get. Is the warning you get enough to help you avoid danger?

By *mental, cognitive and intellectual functions* we mean things like mental illness, learning difficulties and the effects of head injuries. You may wish to fill in this form a bit at a time as it may take some time to complete. If we are able to get sufficient information about you, we may not need to ask you to attend for a medical assessment.

Please use the boxes after each question to tell us in your own words how your illness or disability affects you in doing day-to-day things.

12. Learning or comprehension in the completion of tasks

By *comprehension* we mean understanding.

Please tick this box if you can learn how to do a task without any difficulty.

Now go to question 13.

Can you learn how to do a simple task as long as someone shows you what to do?

By a *simple task* we mean things like setting an alarm clock, making a sandwich, using a washing machine, using a mobile phone to make a call.

Usually

Sometimes

Not very often

Can you understand and remember how to do a more difficult task?

By a *more difficult task* we mean things like shopping for and cooking a meal, ironing clothes.

Usually

Not very often, even if someone shows me what to do.

Use this space to tell us about any difficulties you have learning to do new things, and why you find it difficult.

13. Awareness of hazard or danger

Please tick this box if you can manage your daily life safely.

Now go to question 14.

Can you manage your daily life safely?

By *managing things safely* we mean things like crossing the road, using a sharp kitchen knife without danger to yourself, ironing, or cooking.

Usually

It varies

Not very often

Only if someone stays with me during the day to make sure I stay out of danger.

Use this space to tell us if you can avoid dangers to yourself and others, and how you cope with them. Please give us examples of problems you have with doing things safely.

14. Memory and concentration

Please tick this box if you can manage your daily routines without difficulty.

Now go to question 15.

Can you remember to do your usual daily routines?

By *usual daily routine* we mean things like getting up, getting washed and dressed.

Usually

Only if someone reminds me to do things

Only if I plan ahead, for example by making lists of things to do.

Not very often

Can you concentrate on your daily routines?

Usually

It varies

Not very often

14. Memory and concentration continued

Use this space to tell us what sort of help you need to remember things, and what things you need help with.

15. Execution of tasks

By this we mean doing jobs and finishing them.

Please tick this box if you can finish daily jobs without difficulty or without taking a long time.

Now go to question 16.

Do you have difficulties finishing routine daily jobs?

By *daily jobs* we mean things like washing up, dressing, cooking, and shopping.

Usually

Not very often

It varies

Use this space to tell us how long it takes you to do daily jobs. Tell us what stops you doing these jobs, and why it is difficult for you. Tell us if you get help to do these things.

16. Initiating and sustaining personal action

By this we mean starting jobs and continuing them.

Please tick this box if you have no problems organising yourself to start and keep on with routine jobs.

Now go to question 17.

Can you organise yourself to start and keep on with routine jobs?

By *routine jobs* we mean things like washing clothes, preparing and cooking a meal, getting drinks, getting up and dressed to leave the house and attend an appointment.

Usually

Not very often

It varies

16. Initiating and sustaining personal action continued

Do you need encouragement from someone else to start and keep on with routine jobs?

- Every day
- Most of the time
- Not very often
- it varies

Use this space to tell us how often you need other people to encourage you to organise yourself to start and keep on with your routine activities.

17. Coping with change

Please tick this box if you do not have problems coping with change.

Now go to question 18.

Can you cope with small changes to your routine if you know about them before they happen?

By changes to your routine that you knew about before they happen, we mean things like having a meal earlier or later than usual because you are going out.

- Usually
- Not very often
- It varies

Can you cope with small changes to your routine if they are unexpected?

By unexpected changes we mean things like appointments being cancelled, or your bus or train not running on time.

- Usually
- Not very often

Use this space to tell us more. Explain your problems, and give examples if you can.

18. Going out

Please tick this box if you are confident enough to leave home on your own.

Now go to question 19.

Do you feel confident enough to leave home on your own and go out to places you know?

Usually

Not very often

It varies

If you said **not very often** or **it varies**, do you only feel confident about going to a place you know if

someone goes with you every time?

someone goes with you sometimes?

someone goes with you the first few times until you get used to it?

Do you feel you cannot go out even if someone was there to go out with you?

No

Yes

Use this space to tell us why you can not always get to places that you know well.

19. Coping with social situations

Please tick this box if you have no problems mixing with other people.

Now go to question 20.

Does the thought of meeting new people or going to new places make you anxious or scared?

Often

Sometimes

Not very often

I never go out

By *social situations* we mean things like going to a new place, parties or meetings.

19. Coping with social situations continued

Use this space to tell us why you think it makes you scared or anxious to mix with other people. Tell us what makes mixing with other people difficult for you.

20. Propriety of your behaviour with other people

By this we mean behaving in a way that could upset other people.

Please tick this box if your behaviour does not cause you or other people any problems.

Now go to question 21.

Do other people get upset with you because of the way you behave?

For example, do they shout, lose their temper, argue or threaten you.

Often

Sometimes

Now and then

Do you get so upset by little things or by the way other people behave that it affects your daily routine?

By *little things* we mean things like someone calling at your home when you don't expect them, or over-reacting to being pushed or jostled in a crowd.

No

Sometimes

Yes

Can little things lead you to behave in a violent way?

No

Sometimes

Yes

Use this space to tell us why your behaviour upsets other people or why you get upset about things. And tell us how this happens.

21. Dealing with other people

Please tick this box if you have no problems getting on with other people, and they have no problems getting on with you.

Now go to the next page.

Do you get upset because you can not get on with other people?

Often

Not very often

Does your behaviour upset other people but you don't know why?

Often

Not very often

Do you find yourself getting annoyed with other people very quickly?

No

Yes

Use space to tell us why you find it difficult to get on with other people, and why you get distressed, and how often this happens.

Other information

Please use this space to tell us either why your form is being sent in late or anything else you think we might need to know.

Declaration

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
- **I agree** that
 - the Department for Work and Pensions
 - any health care professional advising the Department
 - any organisation with which the Department has a contract for the provision of medical servicesmay ask any of the people or organisations mentioned on this form for any information which is needed to deal with
 - this claim for benefit
 - any request for this claim to be looked at againand that the information may be given to that health care professional or organisation or to the Department or any other government body as permitted by law.
- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
 - the benefit I am claiming
 - any other benefit I have claimed
 - any other benefit I may claim in the future.
- **I agree** to my doctor, or any doctor who has been treating me, being informed about the Secretary of State's determination on incapacity for work.

You must sign this form yourself if you can, even if someone else has filled it in for you.

Signature

Date

What to do next

Please make sure that

- you have answered all the questions on this form that apply to you
- you have signed and dated this form
- you return the form in the enclosed envelope. This does not need a stamp.

How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to safeguard against crime.

To find out more about how we use information, visit our website www.dwp.gov.uk/privacy.asp or contact any of our offices.

