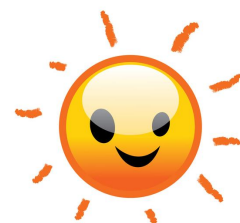


Personal Independence Payment

How to complete your 'How
your disability affects you'
form



dish
benefits you



We have received support from the

Cambridgeshire
Community
Foundation

Disability Huntingdonshire

This booklet is designed to help you fill out your PIP claim form ('How your disability affects you').

It was produced by **Disability Huntingdonshire (DISH)**. DISH provides information, advice and support for disabled people in Huntingdonshire and South Cambridgeshire. We also support you filling in forms, support you with benefit information and appeals.

This booklet will explain how to fill in each question. If you need help, you can contact us at:

0330 3553 256

info@dish.org.uk

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Disability Huntingdonshire

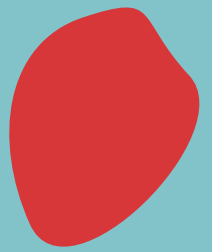
Pendrill Court

Papworth Everard

Cambridgeshire

CB23 3UY

About this Guide



This guide is designed to help you fill out the 'How your disability affects you' form, which is an essential part of your PIP claim.

Read through this guide before starting, so you have an idea of what to expect for each question. It may help to keep a diary of what you or your carer does on a regular basis, so that you don't miss out anything important.

The questions asked by this form, and you providing answers, can be **difficult, exhausting and debilitating**. Take breaks as you need them. Remember that if your claim is successful, this will all be worth it.

Be as clear and detailed as possible, provide as much supporting evidence as you can, and remember your aim is to provide **as clear a picture as possible** of your condition.



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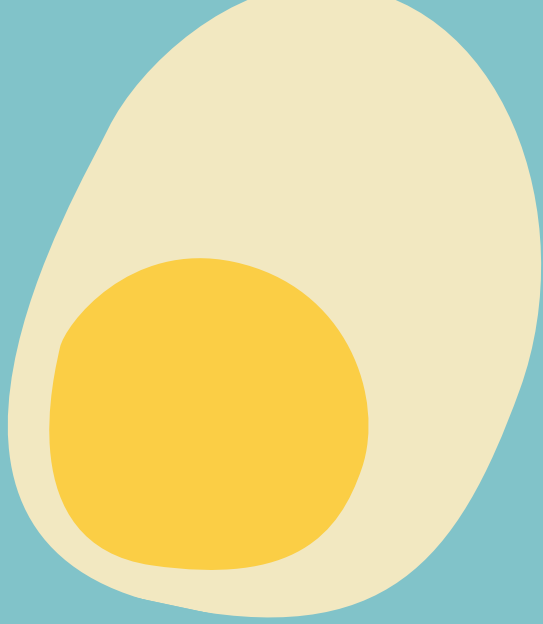
PIP Q.1 - List all the professionals that you see because of your conditions

These can include your GP, hospital doctor, specialists nurse, community psychiatric nurse, occupational therapist, teachers, SENco, educational psychologist, physiotherapist, social worker, counsellor, or support worker. **Say when you last saw them and include their contact details.**

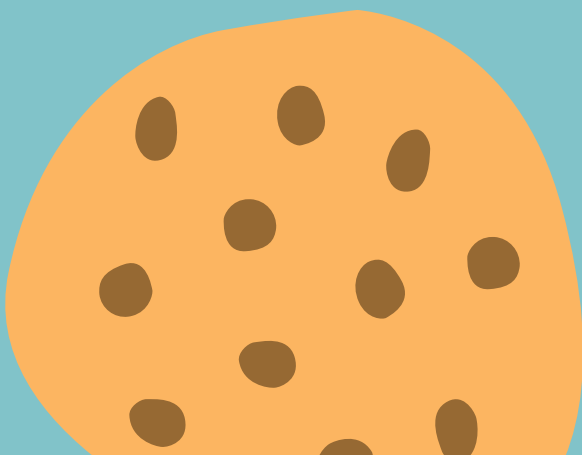
PIP Q2. Conditions & Medications

PIP Q2a - List all of your physical and mental health conditions and disabilities and say when they were diagnosed. If you're not sure, just put down the year.

PIP Q2b - List all of the medications you're taking and at what dose. Include any treatments you're having or will be having and any side effects they have on you.



Food & Drink



PIP Q3. Preparing Food

This question is about if you can prepare a meal for yourself. Can you do things like **peeling, chopping or opening packaging?** Can you use **a hob, oven or microwave oven** safely?

PIP Q3a – What other help from **an aid or appliance** do you need to prepare and cook a simple meal for yourself? Do you need things like perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators?

PIP Q3b – Do you need help from another person to **prepare or cook a simple meal?** Do they remind you or motivate you to cook? Do they plan the task for you? Do they supervise you, help you physically or do they prepare all your food for you?

PIP Q3c - Extra information - write down anything else about how you find **preparing food tricky because of your condition**. How are you managing now? How long does preparing a meal take? What help do you need? Is it safe for you to cook? Are you in pain or do you get tired?

PIP Q4 - Eating and Drinking

This question is about **how you eat and drink because of your condition(s)**. Do you remember to eat? Do you need help cutting up your food? Can you put food and drink into your own mouth and can you chew and swallow?

PIP Q4a - Do you need to use **an aid or appliance to eat and drink** - like weighted cups or adapted cutlery?

PIP Q4b – Do you use **a feeding tube or similar device** to eat or drink - like a feeding tube with a rate limiting device as a delivery system or feed pump?

PIP Q4c – Do you need help from another person to **eat and drink**? Does someone have to remind or encourage you to eat? Do they supervise you? Do they physically help you to eat and drink or do they manage your feeding tube?

PIP Q4d - Extra information - tell us here about any extra information regarding **how you eat and drink.**





Treatments, Washing & Bathing, and Toilet Needs



PIP Q5 – Managing Treatments

This section is about **how tricky you find it to manage your treatments, monitor your condition and stop yourself getting worse.** That might include monitoring your blood sugar level or noticing changes in mental state and pain levels.

Q5a – Do you need to use **an aid or appliance** to monitor your health conditions or take medication or manage home treatments? E.g. Do you use a Dosette Box for tablets.

Q5b – Do you need help from another person to remind you to **take medications and treatment?** Does someone supervise you while you take your medication? Do they physically help you take medication or manage treatments?


Q5c – Extra information - chat about the good days and the bad ones. Do you have any side effects that make **managing your medication tricky?**

PIP Q6 – Washing and Bathing

How does your condition affect you taking a **bath or showering?** Can you wash your body, limbs, face, underarms and hair and can you use a standard bath or shower?

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 a bath/shower seat or grab rails.

Q6b – Do you need help from another person to **wash and bathe?** Do they physically help you? Do they remind you when to wash and bathe and do they watch over you to make sure you are safe?




Q6c – Extra information - tell us more about any difficulties you have when **washing and bathing** like risks including accidents a safety, the time it takes and if you have pain, breathlessness or get really tired.

PIP Q7 – Managing Toilet Needs

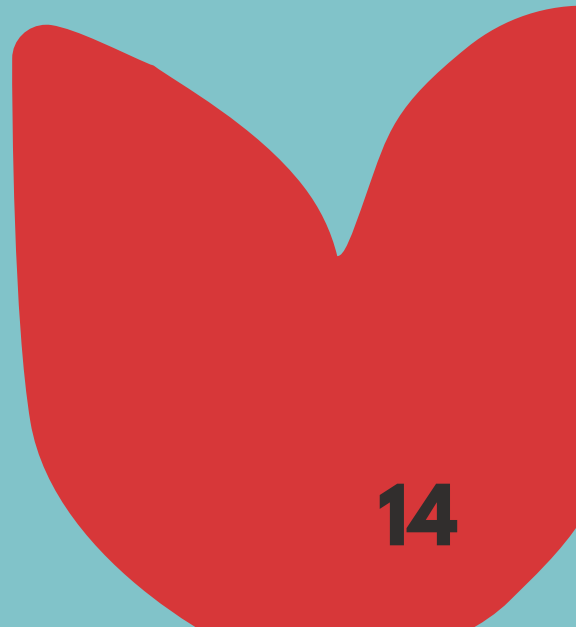
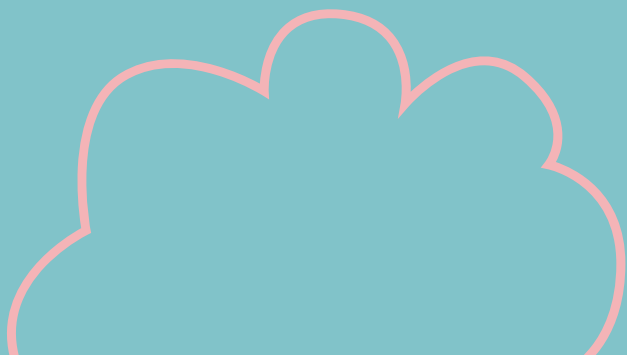
Talk about if you can **get on or off a standard toilet, and clean yourself after using the toilet.** Can you manage emptying your bowel and bladder? Do you need a collecting device such as a bottle, bucket or catheter?

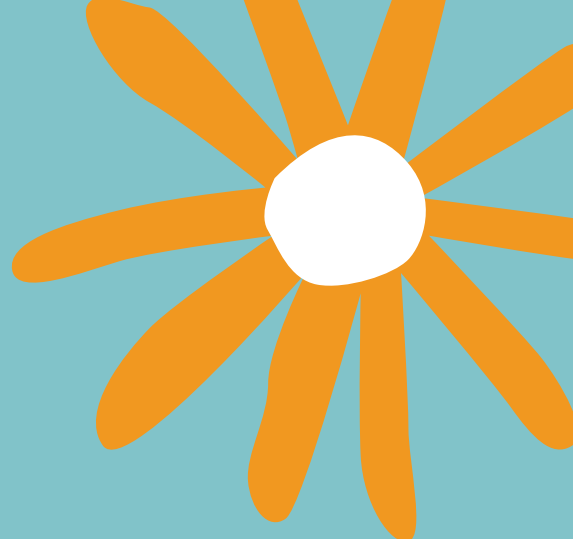
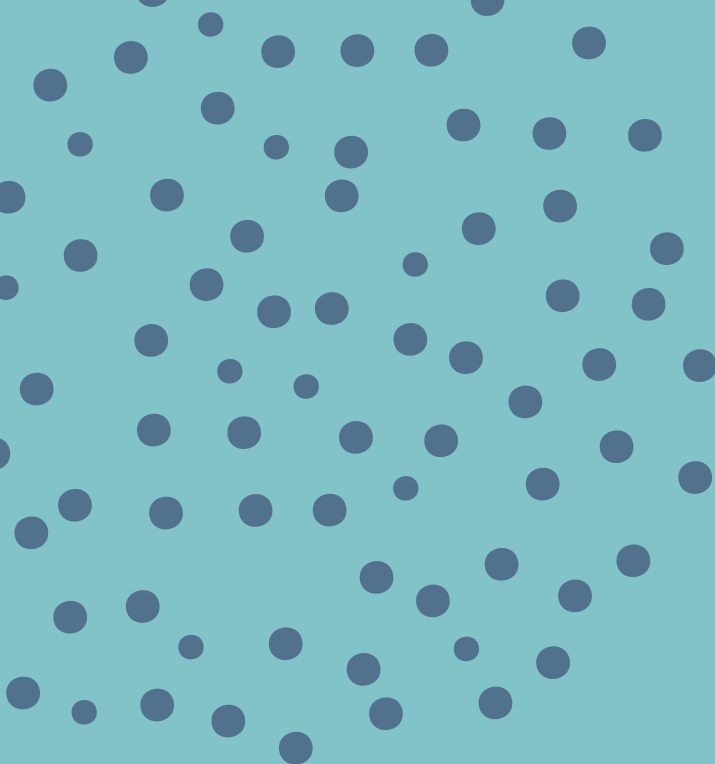
PIP Q7a – Do you need to use **an aid or appliance** to use the toilet or manage incontinence like commodes, raised toilet seats, bottom wipers, bidets, incontinence pads or a stoma bag?



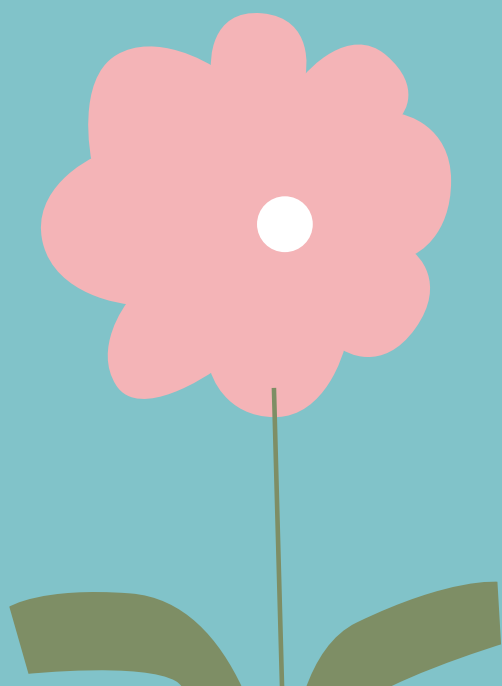
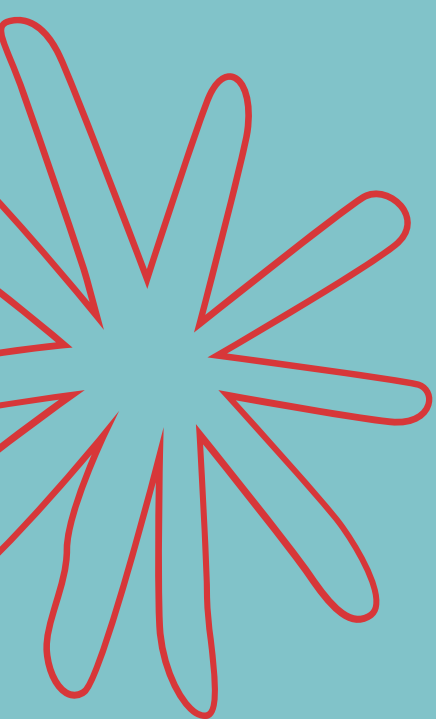
PIP Q7b – Do you need help from another person to **use the toilet or manage incontinence**? Do they physically help you? Do they remind you when to use the toilet or do they watch over you to make sure you are safe?

PIP Q7c – Extra information - say how long it takes you to complete this activity. Is it different day to day? Tell them about good and bad days. **Are you incontinent?** How you manage it?





Dressing & Undressing





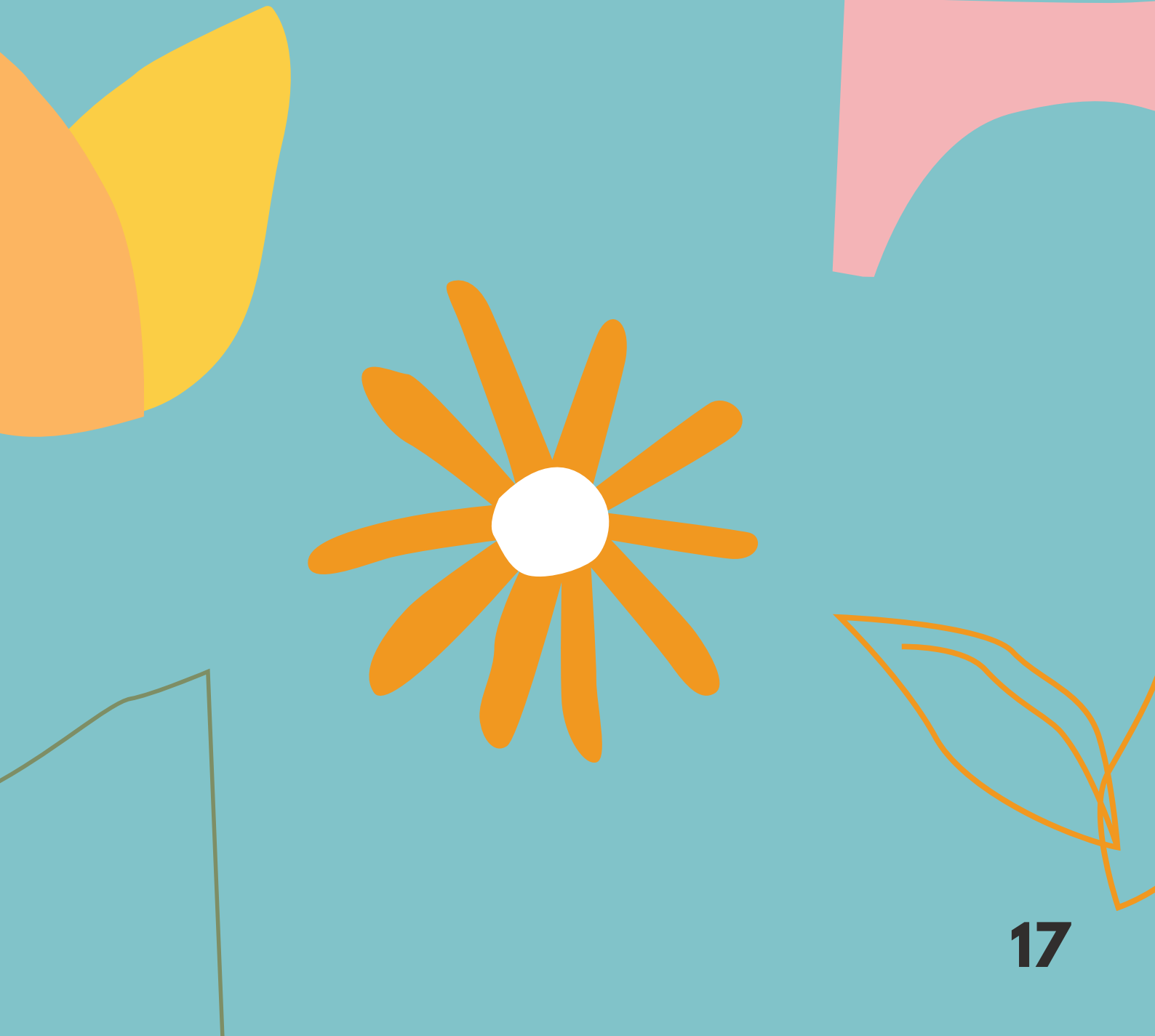
PIP Q8 – Dressing and Undressing

In this section, you can talk about how your condition affects you **putting on and taking off clothes, including shoes and socks**. Do you know when to put on or take off clothes, and can you choose clothes that are appropriate?

PIP Q8a – Do you use **an aid or appliance** to dress or undress like modified buttons, front fastening bras, velcro fastening, shoe aids or an audio colour detector?

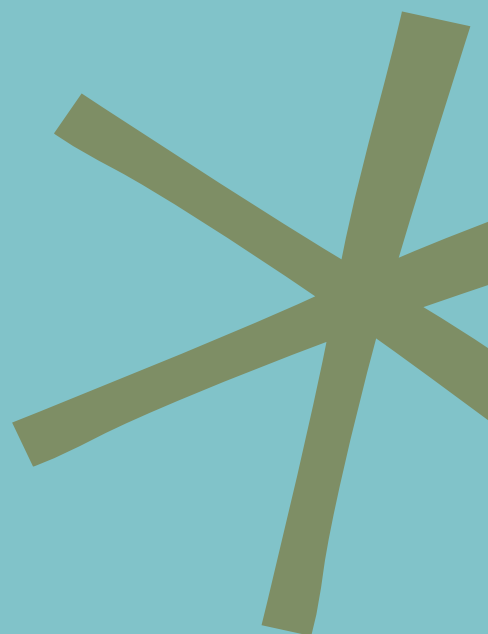
PIP Q8b – Do you need help from another person to **dress or undress**? Do they physically help you? Do they select your clothes for the weather, the occasion or the time of day? Do they tell you when to dress and undress or do they remind you when to change your clothes?

PIP Q8c – Extra Information - add anything here that helps explain how else your condition affects you doing this activity: for example, how long it takes you to **dress and undress** or if only have difficulty dressing certain parts of your body?





Communicating & Reading



PIP Q9 – Communicating

How does your condition affect you communicating? That includes your **speech, hearing or how you understand what is being said to you** (in your native language).

PIP Q9a – Do you need to use **an aid or appliance** to communicate with others like a hearing and voice aids, picture symbols or other assistive computer technology?

PIP Q9b – Do you need **help from another person to communicate** with others? Do they help you understand what people are saying? Do you have someone who helps you by interpreting speech into sign language or do they help you by speaking on your behalf?

PIP Q9c – Extra information - mention it here if you have **Tourette's syndrome, Asperger's or autism** and find it difficult to communicate or if your medication has side effects that make it difficult to communicate. Does communicating cause anxiety and distress?

PIP Q10 – Reading

This section is about how you **read normal sized text and understand signs, symbols and words (in your native language)**. You should also talk about if you have problems concentrating when you read. Talk about how you read and understand signs, symbols and words written or printed in your native language, not braille. Include how you understand numbers, including dates and other day to day reading like timetables.

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

PIP Q10b – Do you need help from another person to read or **understand signs, symbols and words**? Does somebody else need to read or explain signs and symbols to you because you have a learning disability or a mental health problem?

PIP Q10c – Extra information - write about how your condition affects your **writing**. How long does it take you to write a letter?

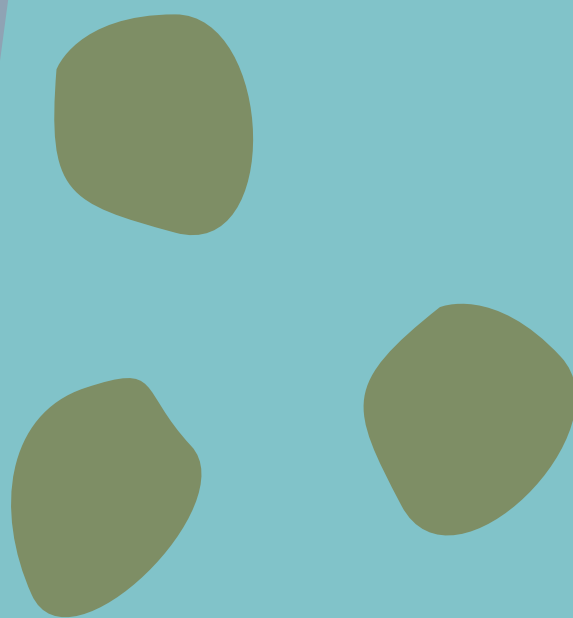
PIP Q11 - Mixing with Other People

This question is about how you **get on with other people** face-to-face, either individually or as part of a group. Do you understand how they're behaving towards you, and can you behave appropriately towards them?

PIP Q11a – Do you need another person to **help you to mix with other people?** Does someone else need to encourage you to mix with other people? Does someone **help you understand how people are behaving** and how to behave yourself because you have a learning disability or mental health problem?

PIP Q11b – Do you find it **difficult or stressful** to meet other people?

PIP Q11c – Extra information - explain any **stress, anxiety or confusion** you feel around **meeting people**. Do you need help to stay safe? Do you have good days and bad ones? How do they differ?






Managing Money & Moving

PIP Q12 – Making Decisions about Money

This section is about how you **manage money**. Do you understand how much things cost? How much change you should get and how to manage budgets? Can you understand how to pay bills and plan?

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

PIP Q12b – Do you need someone else to help you **manage your household budgets, pay bills or plan future purchases?** Do you need someone to do it for you or do they have to help you manage your bills? Do you need encouragement and help to do it?



PIP Q12c – Extra information – How does your condition affect your **understanding money**? Do you have a learning disability that makes understanding money difficult?

PIP Q13 – Going out

This section is about how your condition makes it **tricky to go out**. That includes how to plan and follow a route, follow a train and bus timetable or if you have severe anxiety or stress prevents you from going out.

PIP Q13a – Do you need help from another person to **plan a route to somewhere you know well**? Do you need someone to help you plan a route, or plan it for you? Do you have an assistance dog or specialist aid, such as a white stick? Do you find it difficult or stressful to handle change? Do you have a mental condition that makes travelling difficult? Do you need somebody with you to stay safe?

PIP Q13b – Do you need help getting to somewhere **you don't know well**? Just like in the previous question about travelling to a familiar place this question asks about the same challenges but for an unfamiliar place. Is an unfamiliar journey different in terms of the challenges it presents to you?

PIP Q13c – Are you unable to go out because of **severe anxiety or distress**?

PIP Q13d – Extra information - Talk about tell us how your condition **affects you going out**. Talk about any orientation aids you use. Do you have good days and bad days? Do you feel anxious, fearful or nervous? Are you at risk of accidents, injury or do you get lost?

PIP Q14 – Moving Around

This question is about you **standing safely without help** and if you can walk safely.

PIP 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.

PIP Q14b – Do you use **an aid or appliance to walk**? Walking aids include walking sticks, walking frames, crutches, and prostheses.

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

PIP Q14d – Extra information – Talk about **any aids you use, rest breaks you need, pain, the time it takes to move around, accidents and other risks.** Do you need someone to help you? Do you regularly fall? Do you find it difficult to move around on certain ground surfaces? Do you use a wheelchair? Is it motorised or manual? Do you experience any other difficulties, either during or after the activity, like pain, breathlessness, tiredness, dizziness or anxiety?

PIP Q15 - Additional Information

This page is blank. Add **any more information** in here or on a separate page with your name and national insurance number at the top.

Add any reports from you family or carers here too....**and that is just about it!**