

Personal Independence Payments

Claimant Request for GP comment

Dear GP,

I would be grateful if you could have a look at the following and make any comments that you believe are relevant. Please tick each item that you think is applicable to me, if you don't know then it is OK for you to say so.

I need to be able to complete each activity reliably, this means;

- **Safely** – in a fashion that is unlikely to cause harm to me or another person.
- **To a necessary and appropriate standard** – given the nature of the activity.
- **Repeatedly** – as often as is reasonably required.
- **In a timely manner** – in a reasonable time period.

I also need to be able to do these activities on the **majority of days**, taking into account any fluctuation in my condition.

Some definitions that might help you understand what I am being asked to do.

Prompting means reminding, encouraging or explaining by another person.

Supervision means the continuous presence of another person for the purpose of ensuring your safety.

Assistance means physical intervention by another person and does not include speech.

Aid or Appliance -

- (a) means any device which improves, provides or replaces your impaired physical or mental function; and
- (b) includes a prosthesis.

Aided means with –

- (a) the use of an aid or appliance; or
- (b) supervision, prompting or assistance.

If it would be reasonable for me to have help such as assistance or prompting, even if I currently have to manage without it, that counts as needing help.

Preparing food

This activity is about my ability to prepare and cook a simple meal. This means preparing vegetables and other ingredients and cooking them on a hob or in a microwave. Pre-Prepared dishes do not count.

	YES	NO
Can prepare and cook a simple meal unaided.	<input type="checkbox"/>	<input type="checkbox"/>
Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	<input type="checkbox"/>	<input type="checkbox"/>
Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	<input type="checkbox"/>	<input type="checkbox"/>
Needs prompting to be able to either prepare or cook a simple meal.	<input type="checkbox"/>	<input type="checkbox"/>
Needs supervision or assistance to either prepare or cook a simple meal.	<input type="checkbox"/>	<input type="checkbox"/>
Cannot prepare and cook food.	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Eating and drinking

This activity is about my ability to either feed myself by cutting up food on a plate, getting it to my mouth and chewing and swallowing it or by using a tube feeding device

	YES	NO
Can take nutrition unaided.	<input type="checkbox"/>	<input type="checkbox"/>
Needs to use an aid or appliance to be able to take nutrition	<input type="checkbox"/>	<input type="checkbox"/>
Needs supervision to be able to take nutrition	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance to be able to cut up food.	<input type="checkbox"/>	<input type="checkbox"/>
Needs a therapeutic source to be able to take nutrition.	<input type="checkbox"/>	<input type="checkbox"/>
Needs prompting to be able to take nutrition.	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance to be able to manage a therapeutic source to take nutrition.	<input type="checkbox"/>	<input type="checkbox"/>
Cannot convey food and drink to their mouth and needs another person to do so.	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Managing Treatments

This activity looks at my ability to take medication and to monitor my health by, for example, checking your blood sugar and also my ability to carry out therapeutic activities such as exercise.

	YES	NO
Does not receive medication or therapy or need to monitor a health condition	<input type="checkbox"/>	<input type="checkbox"/>
Can manage medication or therapy or monitor a health condition unaided	<input type="checkbox"/>	<input type="checkbox"/>
Needs to use an aid or appliance to be able to manage medication	<input type="checkbox"/>	<input type="checkbox"/>
Needs supervision, prompting or assistance to be able to manage medication or monitor a health condition	<input type="checkbox"/>	<input type="checkbox"/>
Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week	<input type="checkbox"/>	<input type="checkbox"/>
Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week	<input type="checkbox"/>	<input type="checkbox"/>
Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week	<input type="checkbox"/>	<input type="checkbox"/>
Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Washing and Bathing

This activity is about my ability to wash and bathe, including washing and bathing my whole body and getting in and out of a bath or shower which has not been adapted.

	YES	NO
Can wash and bathe unaided	<input type="checkbox"/>	<input type="checkbox"/>
Needs to use an aid or appliance to be able to wash or bathe	<input type="checkbox"/>	<input type="checkbox"/>
Needs supervision or prompting to be able to wash or bathe	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance to be able to wash either their hair or body below the waist	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance to be able to get in or out of a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance to be able to wash their body between the shoulders and waist	<input type="checkbox"/>	<input type="checkbox"/>
Cannot wash and bathe at all and needs another person to wash their entire body	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Managing Toilet Needs

This activity is about my ability to get on and off the toilet, empty my bladder and bowels and clean myself. It also covers the use of collecting devices, such as a colostomy bag.

	YES	NO
Can manage toilet needs or incontinence unaided	<input type="checkbox"/>	<input type="checkbox"/>
Needs to use an aid or appliance to be able to manage toilet needs or incontinence	<input type="checkbox"/>	<input type="checkbox"/>
Needs supervision or prompting to be able to manage toilet needs	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance to be able to manage toilet needs	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance to be able to manage incontinence of either bladder or bowel	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance to be able to manage incontinence of both bladder and bowel	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Dressing And Undressing

This activity looks at my ability to dress and undress myself. The clothing should be appropriate to my culture, should not have been specially adapted, and should be 'reasonable'. For example, if I cannot pull a jumper over my head but can wear a cardigan, it is probably reasonable to expect me to do so. But it would not be reasonable to expect me to dress always in loose, elasticated clothes with no fastenings and slip-on shoes if that is all I can manage to dress myself in.

	YES	NO
Can dress and undress unaided	<input type="checkbox"/>	<input type="checkbox"/>
Needs to use an aid or appliance to be able to dress or undress	<input type="checkbox"/>	<input type="checkbox"/>
Needs prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed	<input type="checkbox"/>	<input type="checkbox"/>
Needs prompting or assistance to be able to select appropriate clothing	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance to be able to dress or undress their lower body	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance to be able to dress or undress their upper body	<input type="checkbox"/>	<input type="checkbox"/>
Cannot dress or undress at all	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Communicating

This activity is about my ability to speak in a way that people will understand and also to understand what other people are saying to me. It is highly relevant to deaf people. It is also relevant to people who are not deaf but who have verbal communication difficulties due to their mental health, for example, stress, anxiety or schizophrenia.

"Communication support" means support from a person trained or experienced in communicating with people with specific communication needs, including interpreting verbal information into a non-verbal form and vice versa.

	YES	NO
Can express and understand verbal information unaided	<input type="checkbox"/>	<input type="checkbox"/>
Needs to use an aid or appliance to be able to speak or hear	<input type="checkbox"/>	<input type="checkbox"/>
Needs communication support to be able to express or understand complex verbal information	<input type="checkbox"/>	<input type="checkbox"/>
Needs communication support to be able to express or understand basic verbal information	<input type="checkbox"/>	<input type="checkbox"/>
Cannot express or understand verbal information at all even with communication support	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Reading

This activity is about my ability to read and understand written information in my own language. To be considered able to read, I must be able to see the information.

"Read" includes read signs, symbols and words but does not include reading Braille.

"Basic written information" means signs, symbols and dates written or printed standard size text in my native language.

"Complex written information" means more than one sentence of written or printed standard size text in my native language.

	YES	NO
Can read and understand basic and complex written information either unaided or using spectacles or contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information	<input type="checkbox"/>	<input type="checkbox"/>
Needs prompting to be able to read or understand complex written information	<input type="checkbox"/>	<input type="checkbox"/>
Needs prompting to be able to read or understand basic written information	<input type="checkbox"/>	<input type="checkbox"/>
Cannot read or understand signs, symbols or words at all	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Mixing With Other People

This activity is about my ability to get on with other people socially when you are face-to-face with them.

"Engage socially" means –

(a) interact with others in a contextually and socially appropriate manner;

(b) understand body language; and

(c) establish relationships.

"Psychological distress" means distress related to an enduring mental health condition or an intellectual or cognitive impairment.

	YES	NO
Can engage with other people unaided	<input type="checkbox"/>	<input type="checkbox"/>
Needs prompting to be able to engage with other people	<input type="checkbox"/>	<input type="checkbox"/>
Needs social support to be able to engage with other people	<input type="checkbox"/>	<input type="checkbox"/>
Cannot engage with other people due to such engagement causing overwhelming psychological distress to the claimant	<input type="checkbox"/>	<input type="checkbox"/>
Cannot engage with other people due to such engagement causing the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Making Decisions About Money

This activity is about your ability to deal with your money, from working out change to making sure you manage your money so that there's enough to pay all the bills.

"Simple budgeting decisions" means decisions involving –

- (a) calculating the cost of goods; and
- (b) calculating change required after a purchase.

"Complex budgeting decisions" means decisions involving –

- (a) calculating household and personal budgets;
- (b) managing and paying bills; and
- (c) planning future purchases.

	YES	NO
Can manage complex budgeting decisions unaided	<input type="checkbox"/>	<input type="checkbox"/>
Needs prompting or assistance to be able to make complex budgeting decisions	<input type="checkbox"/>	<input type="checkbox"/>
Needs prompting or assistance to be able to make simple budgeting decisions	<input type="checkbox"/>	<input type="checkbox"/>
Cannot make any budgeting decisions at all	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Going Out

This activity looks at my ability to plan a journey my ability to actually undertake a journey and my ability to navigate a journey.

	YES	NO
Can plan and follow the route of a journey unaided	<input type="checkbox"/>	<input type="checkbox"/>
Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant	<input type="checkbox"/>	<input type="checkbox"/>
Cannot plan the route of a journey	<input type="checkbox"/>	<input type="checkbox"/>
Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid	<input type="checkbox"/>	<input type="checkbox"/>
Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant	<input type="checkbox"/>	<input type="checkbox"/>
Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Moving Around

This activity looks at my physical ability to stand and then move around outdoors.

"Stand" means stand upright with at least one biological foot on the ground.

"Aided" means with –

(a) the use of an aid or appliance; or

(b) supervision, prompting or assistance.

	YES	NO
Can stand and then move more than 200 metres, either aided or unaided	<input type="checkbox"/>	<input type="checkbox"/>
Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided	<input type="checkbox"/>	<input type="checkbox"/>
Can stand and then move unaided more than 20 metres but no more than 50 metres	<input type="checkbox"/>	<input type="checkbox"/>
Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres	<input type="checkbox"/>	<input type="checkbox"/>
Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided	<input type="checkbox"/>	<input type="checkbox"/>
Cannot, either aided or unaided stand	<input type="checkbox"/>	<input type="checkbox"/>
Cannot, either aided or unaided move more than 1 metre	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Signed: _____

Date: _____