

# Factsheet

Promoting independence, well being and health

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## Guide to completing PIP claim form



November 2018

This guide explains how to complete the personal independence payment (PIP) claim form 'How your disability affects you', also known as the PIP2.

Note: If you already receive PIP and are applying to renew your claim, or have reported a change in circumstances, you may be asked to complete a PIP review form (AR1), instead of a PIP2. See page 25 for more information about the PIP review form (AR1).

For more information about PIP in general or the PIP face to face assessment see the other factsheets in our PIP toolkit on [www.hertfordshire.gov.uk/benefits](http://www.hertfordshire.gov.uk/benefits)

## What is personal independence payment (PIP)?

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Personal independence payment (PIP) is a benefit for people who have difficulty with daily living activities or mobility. You may qualify for PIP if you have a physical disability or long-term health condition, mental health problem or a learning disability. Claimants must normally be aged over 16 and under state pension age to start a claim. PIP is not means-tested.

If you currently receive disability living allowance (DLA) and are 16 or over, you will be asked to transfer to PIP at some point before the end of 2018 (unless you were born on or before 8 April 1948). If you currently get DLA, the Department for Work and Pensions (DWP) will tell you when to apply for PIP.

PIP uses a point-scoring system. This factsheet should be read together with our **personal independence payment** factsheet at [www.hertfordshire.gov.uk/benefits](http://www.hertfordshire.gov.uk/benefits) which gives full details of the points system. Seek advice if you are not sure whether to apply.

## How to apply

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If you have not already applied for PIP, you can register an application and get a form by phoning 0800 917 2222. After you phone to register your claim, the DWP will send you a PIP2 form although it may take two or three weeks for this to reach you.

If you are terminally ill you can apply using the 'special rules' and you will not need to complete the form.

**Warning:** If you currently receive DLA and the DWP has not yet asked you to apply for PIP, don't apply without seeking advice.

## Time limit for returning the form

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You must complete and return your form to the DWP within one month of the date when it was sent to you. The letter accompanying the form will tell you what date this is. If you need more time, phone the DWP on 0800 121 4433. Normally they will give you an extra two

weeks. If the DWP doesn't receive your form within the agreed time limit, they may refuse your claim. If you miss the time limit but have a good reason for this – such as an illness or family emergency – contact the DWP as soon as possible, to explain. If you lose or accidentally spoil your form, phone 0800 121 4433 for a replacement.

## Getting started

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If you want help to complete the form, you could ask a friend or relative who knows you well. Alternatively you could approach an advice service such as the Citizens Advice Bureau (03444 111 444). The DWP also has a home visiting service for vulnerable claimants who need help with the form and can't get support elsewhere; call 0800 121 4433 to arrange this.

The form is long, and it may take an hour or more to complete. Allow yourself plenty of time to think about the questions and answer them fully. You don't need to complete the form all in one go. Don't worry about spelling mistakes - it's more important to get the information onto the form.

## Completing the form: question by question guide

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### Q1 Professionals

This question asks for contact details for up to three professional people who can provide information about your condition and how it affects you.

Name people who understand about your condition and how it affects your everyday life. This may be your GP, or a specialist. If you rarely see your GP, it may be better to give the name of a support worker or specialist who knows you well.

### Q2 About your health conditions or disabilities

**Q2a** asks you to list all of your long-term medical conditions or disabilities, including both physical conditions and mental conditions eg anxiety or depression. You can list problems you are having, even if you don't have a diagnosis (eg if you have pain or dizziness but don't know what is causing it). Bear in mind that you need to have had difficulties for at least three months before you can be paid PIP (unless you are terminally ill). If your condition was diagnosed within the last three months, but you have had symptoms for longer, explain this.

Don't worry if you can't remember the exact date when a health condition started – you can give an approximate date (for example 'summer 2012' or 'about five years ago') and the DWP will ask for further information if they need it.

**Q2b** asks about medication, therapy or other treatments, and side effects. If you have a printed prescription list from your GP, you can send that with the form instead of writing out all your prescriptions on the form. If you are doing this, write in the box at Q2b that you are

enclosing a list and put your national insurance number on the prescription list.

If you can't use a medication or treatment that is usually recommended for your condition (for example, because of side effects or because it would clash with other medication you are taking), explain this.

Don't forget to include information on side effects, especially if these affect your ability to cope with daily living or mobility activities.

## Questions 3 to 15

Questions 3 to 15 ask about how your health conditions or disabilities affect your day-to-day life. The form covers the ten daily living activities, and the two mobility activities, which are included in the PIP assessment.

Here are some general tips for completing these questions, before looking at each question in more detail.

### General tips for completing questions 3 to 15

- If you've applied for PIP or other benefits before, don't assume that the Department for Work and Pensions will look at the information you've given them previously. They may look at information from your previous claims - but sometimes this is not possible.
- PIP uses a **point-scoring system**. To get PIP, you need to score enough points (unless you are terminally ill). However, the form doesn't include details of the point-scoring system. Our **personal independence payment** factsheet at [www.hertfordshire.gov.uk/benefits](http://www.hertfordshire.gov.uk/benefits) includes a table showing how the points system works. We recommend looking at this before completing the form. Think about how you could score points. Remember, you can't score points for anything that is not on the list.
- **Provide plenty of detailed information about your condition and how it affects you.** The person who decides your claim probably won't have specialist knowledge of your condition, and people with the same medical condition can have very different needs and difficulties. Things that seem obvious to you may not be obvious to the person who decides your claim. It is the effect that your condition has on you that matters, not what the diagnosis is.
- For each activity, there are some questions with tick boxes, followed by a larger box where you can give extra information to describe what difficulties you have or what help you need. If you have any difficulty with an activity, you should always fill in the larger box with an explanation.
- **Don't worry about repeating yourself on the form.** You may need to repeat the same information on different pages.
- You may be able to score points if you need to use an **aid or appliance** such as handrails by the bath, a lever tap or a stool to sit on when preparing food. To score points, you must show that you **need** to use the aid or appliance – not just that you prefer to use the aid or appliance for convenience.

- An ‘aid or appliance’ doesn’t just mean things that are specially designed for people with disabilities. You may be able to score points if, because of your disability, you rely on equipment that a non-disabled person might sometimes use but could manage without eg you may need to use a food processor because it is too painful to chop food with a knife.
- **If you use any aids or appliances, explain their limitations.** If you use an aid or appliance and also need help from another person, it is important to make that clear. This is because you can usually score more points if you need assistance from another person.
- If you have tried an aid or appliance but found it unhelpful, explain this too.
- The PIP assessment is based on whether you are able to complete activities **reliably**. For each activity think about the following:

Can you complete the activity **safely**, or is there a risk that you could injure yourself or someone else, or make your condition worse by doing it?

Can you complete the activity **to an acceptable standard**? Or do you have difficulty doing it properly because of your condition?

Can you complete the activity **repeatedly** (as often as is reasonably required for that particular activity)?

Can you complete the activity **in a timely manner**? Or does it take you much longer than it would take a person who didn’t have a disability or health condition?

- If you have difficulty completing an activity it is okay to tick the box to say that you need help with that activity – even if you don’t actually receive any help. **You don’t need to have a carer to qualify for PIP.**

**Example of being unable to complete an activity reliably:**

Steve has a learning disability. He likes to get dressed by himself and is very reluctant to accept any help. He takes a very long time getting dressed and will often put on clothes that are dirty, unsuitable for the weather, inside out or with buttons fastened wrongly. He cannot dress himself to an acceptable standard or in a reasonable time, without prompting and assistance. When completing the form, his carer ticks the box at Question 8b to say that he needs help from another person to dress, and fills in the ‘extra information’ box to explain this.

- You can score points if you need **prompting** to perform activities. This could apply to you if you find it difficult to get started on activities such as getting dressed or preparing a meal, tend to put them off, or forget to do things. Or perhaps you need somebody to remind you how to do things, or encourage you to keep going until you have completed an activity.

- If **you do get help** with the activities on the PIP form, state the relationship of the person who helps you (for example, partner, paid carer or friend) and explain:
  - why they help
  - how they help you (what exactly do they do?)
  - how often they help
- Think about the **different steps** involved in each activity. Even if you can do most of the activity without difficulty, there may be an important part of it that is a problem for you. For example, perhaps you can put on most of your clothes without too much difficulty but you struggle to put on socks and shoes because it is painful for you to bend over to reach your feet.
- Don't be vague. **Give examples or describe specific incidents where possible.** For example, if you are at risk of falls describe recent occasions when you have fallen; explain why you fell, where you fell and whether you injured yourself.
- Sometimes people feel embarrassed about describing the effects of conditions such as incontinence, depression or self-harm, but it's important to explain them. Many people have these issues and it's vital to fully describe your difficulties to increase your chance of getting the correct rate of benefit.
- If you suffer from **fatigue**, explain how this affects you. Do you have to avoid or postpone activities because you are too tired to start them? Do you sometimes have to abandon activities or take a break halfway through because you are tired? Do you have to rest or nap during the day? Could certain activities be dangerous when you are very tired (eg cooking or showering)?
- If you run out of space when answering a question, you can add additional information in the space at Q15. Alternatively you can attach separate sheets of paper to the form. Write your name and national insurance number on every extra sheet of paper and make clear which questions they refer to. Staple the extra sheets to the form.

## Fluctuating conditions

To score points in the PIP assessment, you have to show that you have difficulties on more than 50 per cent of days. This is considered over a 12 month period – three months looking backwards and nine months looking forwards

If your condition varies, the best approach is to describe how things are on your worst days, and also how things are most of the time, or on your 'better' days. If your form only describes how things are on your worst days, when you attend your face-to-face assessment it will probably become apparent that things are not always that bad. This could damage your credibility.

If you still have some difficulties on 'better' days, explain this. For example, you may need another person to wash you on bad days, and on good days be able to wash yourself but

still have to sit down to wash. Try to give a picture of how many 'bad' days or weeks and how many 'better' days or weeks you experience over time, and how long 'bad' spells generally last for.

If your condition varies during the course of the day, explain this. You may be able to score points if you have difficulty with an activity just for part of the day (or at night), if this means that you can't perform the activity when you need to do it.

## Questions 3 to 15 – step by step

Questions 3 to 15 ask about your difficulties with the ten daily living activities and the two mobility activities which are included in the PIP assessment.

On the next pages, we give examples of things that may be relevant to write about for each activity. These are suggestions to consider, but you may have many other things which you want to write about. You can cross reference with the PIP points system for the various descriptors by using the appendix on our main PIP factsheet

[www.hertfordshire.gov.uk/benefits](http://www.hertfordshire.gov.uk/benefits)

## Daily living activities and descriptors

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Your answers to questions 3-12 on the form will be used to help determine your entitlement to PIP daily living component

### Q3 Preparing food (Descriptor 1)

This question asks about your ability to prepare and cook a simple meal. A "simple meal" means a cooked one-course meal for one person, using fresh ingredients. They won't take into account any difficulty you may have with shopping for food, or with bending to put things into the oven or to get things out of low cupboards.

#### Examples of things you could write about:

- Do you need to use an aid or appliance such as a stool or chair, lever taps, electric tin opener or lightweight pans?
- Does another person help you to cook, or cook for you, because of your health condition? Explain what they do to help you.
- Did you used to cook for yourself, but find that you can no longer do it because of your health condition? Are you unable to cook without help despite people trying to teach you?
- Do you find it difficult to motivate yourself to prepare or cook food, or sometimes feel too tired to prepare food?
- Do you tend to skip meals?
- Do you tend to eat ready meals, take-aways or snacks because it is difficult for you to

prepare a meal from scratch or you lack motivation to do so?

- There are many tasks and abilities involved in preparing a simple meal. Explain if you have difficulty with any of the following: planning what to cook, co-ordinating timings so different foods are ready at the same time, checking 'best before' dates, reading labels and instructions on food packets, chopping or peeling vegetables, opening tins or packets, weighing and measuring ingredients, operating the controls on the cooker or microwave, being able to lift a kettle or pan (not heavy pans, as this is a meal for one person), stirring or turning food while it cooks, remembering to check food while it is cooking, being able to identify when food is cooked properly, draining hot food and serving it onto a plate, remembering to turn the cooker off.
- Do you get impatient and have difficulty waiting for food to be cooked properly because of a learning disability or mental health problem?
- Would it be unsafe for you to prepare a meal unaided? For example, would you be at risk of burning yourself or starting a fire? Or would you be at risk of food poisoning because you can't understand or remember how to cook food hygienically or check if meat is properly cooked? Is it dangerous for you to be around sharp objects or knives because you may cut yourself?
- Do you find it difficult to prepare food, or take a very long time to do it, because you are anxious about hygiene or have rituals (eg washing your hands repeatedly)?

#### **Q4 Eating and drinking (Descriptor 2)**

This question asks about your ability to feed yourself by cutting up food on a plate, lifting it to your mouth and chewing and swallowing it or by using a therapeutic source.

##### **Examples of things you could write about:**

- Do you need to use an aid or appliance for eating? For example, do you wear dentures and would you be unable to chew or eat properly without them? Do you use special cutlery or a lidded cup or straw, or do you have to use a bowl instead of a plate to avoid spillages? Do you wear a bib or an apron to protect your clothes from spillages?
- Do you use a therapeutic source to take nutrition, such as parenteral or enteral tube feeding? Do you need another person to help you with this?
- Do you have difficulty cutting up food on your plate? Does anyone help you?
- Are you at risk of choking? Do you have difficulty swallowing?
- Do you have any discomfort during or after eating, eg pain or nausea?
- Do you tend to spill or drop food while eating? Does your face get messy? Do you have to change clothes after a meal because you have spilt food on them?
- Do you play with food or make a mess with it because of a learning disability, dementia or a mental health condition?



- Do you find it difficult to motivate yourself to eat or drink, or do you forget to eat or drink? Do you tend to skip meals? Do you need prompting and encouragement to finish a meal or drink?
- Do you have a medical condition which could get worse if you skip meals or eat the 'wrong' thing, eg diabetes?
- Do you need help to identify food, to understand what is safe for you to eat or to avoid foods you are allergic to? (for example, because of a sight problem or learning disability)
- Do you find it difficult to control the amount or type of food you eat, because of an eating disorder, learning disability or mental health problem? Do you have increased appetite due to a condition such as Prader Willi syndrome, or due to medication such as steroids? Do you binge or eat too much of foods that are unhealthy?
- Do you have a limited diet or refuse to eat certain types of food due an eating disorder, learning disability or mental health problem?
- Do you find it difficult to eat, or take a very long time, because you are anxious about contamination or have rituals?
- Have you gained or lost weight because of an eating disorder or another disability? If you are significantly underweight or overweight, you could state your weight and height or body mass index (BMI).
- Have you had to see a nutritionist or take nutritional supplements?

## Q5 Managing treatments (Descriptor 3)

This question asks about your ability to take medication, manage other treatments and monitor your health. It focusses on medication and treatment taken **at home**, not in a medical setting such as a hospital or surgery. The medication or treatment should be prescribed or recommended by a registered healthcare professional or pharmacist.

### Examples of things you could write about:

- Do you have to keep your pills in a dosette box? Explain why you need to do this, eg if you have memory problems or could get confused. Do you need help with this?
- Do you need physical help to get medication out of packets or to take medication?
- Do you need help to apply cream to parts of the body you can't easily reach?
- Do you need assistance, prompting or supervision when taking part in therapy at home? This could include physiotherapy exercises, home dialysis, speech therapy exercises, relaxation exercises or cognitive behavioural therapy exercises if recommended by a medical professional.
- Do you need prompting or assistance to put on bandages or dressings at home?
- Do you need help to use a TENS machine, inhaler or nebuliser or other medical

equipment at home?

- If someone helps you with therapy or treatments at home, explain how long they spend helping you each day or week.
- Do you have memory problems? Do you rely on an alarm, or another person, to remind you to take the correct medication at the correct time?
- Have you ever taken an overdose or missed medication that you were supposed to take, either deliberately or accidentally?
- Does a professional such as a district nurse or community psychiatric nurse regularly visit your home to monitor your condition, to treat you at home or to ensure that you are taking your medication? Are you on a community treatment order?
- Do you need help with checking or monitoring your condition? This could include help with checking blood sugar levels, checking urine or checking your skin for ulcers or infection.
- Do you have fits, seizures, hypoglycaemic attacks or blackouts? Can you tell when these are about to happen? Could they be dangerous?
- Do you recognise when your condition is getting worse? Could you seek medical attention if you needed it?
- Have you ever refused to comply with medical treatment when you needed it?
- Have you ever been detained under the Mental Health Act ('sectioned')?
- Could there be serious consequences if you didn't take your treatments correctly, or if you didn't get medical attention when you need it?

## **Q6 Washing and bathing (Descriptor 4)**

This question asks about your ability to keep your body and hair clean. The PIP assessment **doesn't** cover other aspects of personal hygiene such as shaving, brushing teeth, cutting nails or coping with periods.

### **Examples of things you could write about:**

- Do you need to use an aid or appliance such as a shower seat, long-handled brush or handrails by the bath or shower?
- Do you sometimes feel too tired or depressed to wash, bathe or shower, or forget to do so? Would you go several days without a proper wash if nobody prompted or helped you?
- Do you strip wash at the sink because it is too difficult to have a bath or shower?
- Does another person help you to wash, bathe or shower? Explain what they do to help you. Do they help with washing your lower body, upper body, all of your body and/or

hair?

- Are you at risk of slipping or falling while having a bath or shower? If you have fallen, describe what happened.
- Do you have blackouts, seizures or another condition which could make it dangerous for you to have a bath or shower without supervision?
- Do you need help to use the taps or the shower controls and check the water is the right temperature?
- Do you have difficulty climbing in or out of the bath or shower?

If you have adaptations at home, such as a wet room or rails, explain if you have difficulty climbing in or out of an unadapted bath or shower, or are unable to do so.

- Do you find it difficult to stand in the shower?
- Do you need help to reach, open or dispense items such as shower gel or shampoo?
- Do you find it difficult or painful bending or reaching to wash your back, feet or any other part of your body? Say which part(s) of the body you find it difficult to clean.
- Do you need help with washing your hair and making sure you have rinsed it properly?
- Do you find it difficult to tell whether you have cleaned yourself properly? Do you forget to wash certain parts of your body?
- Do you wash more frequently than other people, or take longer to wash yourself, because of a condition such as obsessive compulsive disorder? Do you have rituals connected to washing or cleaning yourself?
- Do you find it difficult to look at or wash certain parts of your body, because of the way you feel about your body?

## **Q7 Managing toilet needs (Descriptor 5)**

This question asks about your ability to use the toilet and to manage incontinence. This includes getting on and off an un-adapted toilet, emptying your bladder or bowel, and cleaning yourself afterwards. It does **not** include getting from another room to the toilet, coping with stairs, finding a toilet in a public place, adjusting your clothing before or after using the toilet, or cleaning the toilet or surrounding area.

### **Examples of things you could write about:**

- Do you use an aid such as a commode, raised toilet seat, rails by the toilet, incontinence pads, catheter, urine bottle, stoma bag, bottom wiper, bed pad or seat pad? Do you need help from another person to use the aid?  
You will score points if you need a commode because of bladder or bowel urgency. However you won't score points if you need a commode solely because of mobility problems (eg if your only toilet is upstairs and you can't climb stairs).

- If you use incontinence pads, do you need help to change them? Do your clothes, chair or bedding sometimes become wet or soiled despite using pads?
- Do you have urgency (ie. need to get to a toilet very quickly or suddenly)? Do you have toilet 'accidents' because of a bowel or bladder condition, or because of another disability such as epilepsy or anxiety? (However if you can't reach the toilet on time because you have difficulty with walking, you won't score any points for that.)
- If you have toilet accidents, do you need help to change your clothes or bedding when this happens? How often do you wet or soil yourself?
- Do you have difficulty with getting on an off the toilet or commode? Do you have to hold onto something (or someone) for support when getting on and off?
- Are you at risk of falls when getting on or off the toilet?
- Do you suffer from diarrhoea, constipation or urinary tract infections? How does this affect you?
- Do you have to use the toilet more frequently than average, or spend a very long time on the toilet?
- Do you have to be reminded to use the toilet, for example, before going out or before bed?
- Do you need help to use the toilet or cope with incontinence during the night?
- Do you have inappropriate toilet habits because of a learning disability, dementia or a mental health problem, for example, urinating in inappropriate places, soiling, refusing to use the toilet when prompted?
- Do you have to be reminded to wipe yourself clean after a bowel movement, or have difficulty reaching to do this properly?
- Do you have to be reminded or assisted to wash your hands after using the toilet?
- Do you get anxious or have rituals which you follow when using the toilet?

## **Q8 Dressing and undressing (Descriptor 6)**

This question asks about your ability to dress and undress yourself, including putting on socks and shoes.

### **Examples of things you could write about:**

- Do you need to wear clothes which are easy to put on or take off, such as clothes with elasticated waists, Velcro fastenings, or a front fastening bra?
- Do you need any other aids or appliances such as a shoe horn?
- Do you have to sit on the bed or sit in a chair while getting dressed?

- Do you have to wear a certain type of clothing, or avoid certain styles, because of your disability? For example, choosing clothing to accommodate a stoma bag, or having to wear extra layers because you feel cold due to your disability.
- Do you have restrictions on the type of clothes which you will wear because of a mental health problem, learning disability or autism? Do you find standard items of clothing (eg socks or trousers) uncomfortable due to sensory issues?
- Do you sometimes feel too tired or depressed to get dressed? Do you tend to stay in your nightwear during the day, or go to bed in the clothes you have worn all day?
- Do you find it difficult to get undressed or to change your clothes because of the way you feel about your body?
- Do you need help to choose clean appropriate clothes to wear each day? Would you wear clothes that are dirty, worn out or unsuitable for the season or occasion if left to your own devices?
- Do you find it difficult or painful to bend to put on your lower clothing, socks or shoes?
- Do you have difficulty getting your arms into sleeves?
- Do you have difficulty with fastenings such as bra fastenings, buttons, zips, buckles and laces?
- If another person helps you to get dressed, explain how they help you. Do they help with dressing your lower body, upper body, or both?
- Do you need somebody to tell you if your clothes are inside out or incorrectly fastened?
- Do you sometimes take your clothes off in public or at inappropriate times, because of a learning disability, dementia or mental health problem?

## **Q9 Communicating (Descriptor 7)**

This question covers verbal (spoken) communication. The assessment looks at ability to speak, hear and understand your native language. It doesn't normally include the ability to retain or remember information.

You can score points for this activity if you need to use an aid or appliance, or if you need "communication support". Communication support means help from another person who is trained or experienced in communicating with people with specific communication needs (eg a sign language interpreter), or who knows you well (eg a family member).

### **Examples of things you could write about:**

- Do you use an aid or appliance such as a hearing aid, electrolarynx, picture symbols or computer technology to help you communicate?
- Do you have a hearing problem? Is this worse in certain situations, for example, when there is background noise or outdoors?

- If you use a hearing aid, do you still have difficulty hearing when wearing the aid? If you are hard of hearing but don't or can't use an aid, explain why.
- If you lip read, describe any limitations or problems with that.
- Do you need someone to act as an interpreter when talking, for example, sign language or Makaton?
- Do you need to have things explained to you in a simple way? Do you need to be told things several times before you understand?
- Do you have difficulty understanding figures of speech or sarcasm?
- Do you sometimes give the impression that you have understood things when you haven't, or answer questions inaccurately because you don't understand the question or don't understand the importance of giving an accurate answer?
- Do you have a speech impairment, for example, stuttering or unclear speech? Do other people have difficulty understanding you? Do you need someone who is familiar with your speech to help you to communicate with others?
- Do you speak more quietly or loudly than usual because of your disability, or more quickly or slowly than usual? Do people have difficulty hearing or understanding you?
- Do you have pain or discomfort when you speak because of a physical condition?
- Do you communicate using written notes or gestures because of difficulty speaking or hearing?
- Do you find it tiring to talk or listen to people talking, or get distracted easily?
- Do you have delusions or hear voices that aren't there?
- When you attend appointments, does someone need to go with you to help you to communicate and/or help you understand what is being discussed? Does the appointment take longer because of your difficulty communicating?

## **Q10 Reading (Descriptor 8)**

This question covers ability to read and understand signs, symbols and words in your native language. This activity doesn't include ability to remember what you have read.

### **Examples of things you could write about:**

- Do you need to use an aid or appliance (apart from standard glasses or contact lenses) to read, for example a magnifier? If this was provided or recommended by a low vision clinic, say so.
- If you use an aid, explain if you still have difficulty when you use the aid, for example, if you use a magnifier you may still have to read slowly or be unable to read things that you can't get close to.

- Give examples of things that you have difficulty reading eg letters, forms, street signs, notices, signs on buildings or doors (eg identifying public toilets by the symbols on the door), labels and instructions, captions or subtitles on the TV. If someone helps you with reading, give examples of the things they help with.
- Are you only able to read large print or high contrast text?
- Are you only able to read if the lighting conditions are right for you, for example, you may have difficulty reading in dim light, bright light or sunlight?
- Are you only able to read if you can get close to the thing you are reading, for example, you may have difficulty with scanning a room for signs/notices, or reading a street sign on the other side of the road?
- Do you have difficulty reading something that is moving, such as the number or destination on the front of a bus?
- Do you have difficulty with certain colours or styles of writing, which most people without a disability would be able to read, for example, text on a coloured background, italics or handwriting?
- Do you read much more slowly than average?
- Are you unable to read, or do you have difficulty reading, because of a learning disability?
- Do you have difficulty understanding written information (even if you can read the words) due to a learning disability, dementia or mental health problem?
- Do you lack motivation to read because of a mental health problem, for example, do you ignore correspondence or have you stopped reading books and magazines due to depression?
- Do you find reading tiring? Do you suffer from discomfort such as eyestrain or headaches when you read?
- Do you get distracted easily?

## **Q11 Mixing with other people (Descriptor 9)**

This question looks at your ability to mix with other people face-to-face, including both people you know well and people you don't know. You may score points if you have difficulty because of a disability, for example, learning disability, autism, anxiety or depression.

### **Examples of things you could write about:**

- Do you become distressed or anxious at the prospect of mixing with other people?
- Do you have panic attacks, or get tearful or upset in social situations? Describe what happens and how often it happens.

- Do you tend to avoid social activities or meeting people? Have you given up social activities which you previously enjoyed, or lost touch with friends or relatives?
- Do you struggle with making or maintaining friendships?
- Do you find it difficult to talk to strangers or people you don't know well?
- Do you need somebody you know well to accompany you when mixing with other people, to reassure you or to help you behave appropriately?
- Do you have difficulty identifying people or remembering who they are?
- Do you get distracted or find it difficult to follow a conversation?
- Do you have difficulty taking part in conversations in an appropriate way, for example, do you interrupt, say things which are not relevant to the conversation, make things up, or talk about subjects that other people might find inappropriate?
- Do you have difficulty understanding figures of speech, humour, sarcasm, tact or when it is appropriate to tell a white lie? Do you have difficulty adapting your behaviour to suit different situations?
- Do you have difficulty understanding body language? Do you have unusual body language, poor eye contact or tics which affect your ability to engage with people?
- Do you have difficulty managing anger, for example, do you sometimes lose your temper and shout or swear? Do you sometimes behave in an aggressive or threatening way because of your disability?
- Do you behave in ways that could upset other people, for example: ignoring people or walking away when they are talking to you; continuing to talk when others want to change the subject or end the conversation; touching or hugging people who don't want to be touched or hugged; staring at people?
- Are you vulnerable to being exploited or hurt because you are too trusting or don't understand when people are taking advantage of you? Do you worry that other people have bad intentions towards you, even when there is no evidence of this?
- Do you find it very tiring to engage with other people, or need to rest afterwards?

## **Q12 Making decisions about money (Descriptor 10)**

This question is about your ability to understand money and prices, work out a household budget and pay bills. It does not include being able to understand mortgages or interest rates. To score points, you must show that you have difficulty budgeting because of a disability or health condition – not just because of a low income or poor choices. This activity does **not** include physical aspects of walking around shops, getting cash out of a purse, seeing or carrying shopping.



## Examples of things you could write about:

- Do you need help to manage your finances? Has someone got a power of attorney to help you manage your money? If someone helps you, explain what they do.
- Do you have difficulty understanding the value or concept of money?
- Do you have difficulty with simple maths due to a disability? Would you be unable to tell if a shopkeeper gave you the wrong change?
- Do you have difficulty budgeting your money over a week, fortnight or month?
- Do you tend to spend your money as soon as you get it (because of your disability, not just because of a low income or your own choice)?
- Do you buy things that you can't afford, for example, buying expensive or luxury items when you are on a low income?
- Do you buy things that you don't need, or buy more items than you need? Do you hoard items?
- Are you reluctant to spend money – even on items that you need and can afford – due to a learning disability, dementia or mental health problem?
- Do you need prompting to save money for future purchases?
- Do you have difficulty with making sure that you have enough money set aside to pay bills or important expenses, or remembering to pay bills at the correct time?
- Have you got into trouble because of not paying bills?
- Do you compulsively spend money on something? Have you got an addiction (such as alcohol, drugs or gambling), and are you receiving treatment for this?
- Do you spend more than you can afford on other people, such as giving money to friends or acquaintances? Are you vulnerable to being scammed or exploited because you can't understand or remember how to keep your money safe?
- Do you spend money without understanding how much you are spending, for example, running up large mobile phone bills or applying for something on the internet that you thought was free but it cost money?

## Mobility activities and descriptors

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Your answers to questions 13-14 on the form will be used to help determine your entitlement to PIP mobility component.

### Q13 Going out (planning and following journeys) (Descriptor 1)

This question is about planning and following journeys in your local area. It doesn't look at your physical ability to get around, which is covered in the next question. This question could be relevant to you if you have sight problems, hearing problems, learning difficulties, severe anxiety or depression, agoraphobia, or autism.

This activity includes the ability to plan and follow journeys using public transport, but it does not take into account any physical difficulties involved in using public transport.

#### Examples of things you could write about:

- Do you have to use a specialist aid or appliance to help you find your way about, such as a white cane or a Satnav with specialist features to help people with a disability? (You won't score points if you use a standard Satnav.)
- Does going out makes you very anxious, panicky or distressed?
- If you have had panic attacks, describe how often it happens and how you feel. Do you have physical symptoms such as breathlessness or dizziness?
- Do you tend to avoid going out and need to be encouraged to go out?
- Do you sometimes have to cancel planned outings, or abandon outings and return home because you are too upset or anxious to continue?
- Do you leave your home very rarely, or only for essential journeys such as medical appointments?
- If your condition varies, are you only able to go out on a 'good day'? Explain the proportion of good and bad days.
- Are you unable to go out at certain times of day (eg rush hour or in the dark) because of anxiety? Can you only go out at quiet times?
- Do you need to have someone with you when you go out, to help you find your way around or to make sure you are safe? If you never go out alone, or if you only go out alone to familiar places, say so.
- Do you find it difficult to understand or remember which way to go when following a journey?
- Do you have difficulty asking for directions, or following simple spoken directions?
- Do you have difficulty understanding written directions, or following a simple map?

- Would you get lost if you tried to follow a journey without help? Could this happen even in familiar areas?
- If you get lost, would you panic or get into danger?
- Do you find it difficult or distressing to have to cope with unexpected disruptions or changes to your journey, such as road works or a late bus?
- Do you get upset, anxious or angry if you encounter certain things on a journey, for example, crowds, dogs, or loud or sudden noises? Does this upset you so much that it affects your ability to follow a route safely, or presents a risk to you or other people?
- Do you have difficulty reading street signs or names and numbers on buildings?
- Do you have difficulty crossing roads safely because of a sight or hearing problem, learning disability or mental health problem?
- Do you need to take someone's arm or hold someone's hand so they can help you follow a route? Do you ever need to be physically restrained, for example, to stop you walking into the road when it isn't safe to do so?
- Do you have difficulty planning a journey to an unfamiliar place or public transport? Do you need help to buy a ticket and to make sure you are in the right place at the right time to catch a bus or train? Would you be unable to cope if a bus or train was delayed or cancelled, or if you accidentally got on the wrong bus or train?
- Do you have difficulty with finding your way around and avoiding obstacles due to a sight problem? Do you have more difficulty in dim light or in bright sunlight?
- Do you find it difficult to concentrate to follow a route in an unfamiliar area? Do you often have difficulty concentrating because you are tired, anxious or distracted?
- Are you at risk of suicide or self-harm when outdoors?
- Are you vulnerable to being hurt or exploited by other people because you are too trusting of strangers?
- Do you sometimes behave in a way which could upset or hurt other people, when you are out and about, for example, staring at people, talking to or touching strangers inappropriately, pushing past people, swearing or shouting, aggressive or threatening behaviour?
- Have you ever had contact with the police because you were at risk outdoors, or because your behaviour was putting other people at risk?
- Do you have a medical condition which could lead to you being confused or disoriented and unable to safely follow a route, for example, seizures, severe fatigue or hypoglycaemic attacks?
- Have you had to give up driving because you can no longer navigate safely?

- Give examples of how difficulties going out affects your everyday life, for example, do you have all your groceries delivered because you can't cope with going to the shop? Do you rely on taxis? Have you missed appointments or important occasions because you couldn't safely plan and follow the journey to get there?

## Q14 Moving around (Descriptor 2)

This question asks about your physical ability to stand and move around without severe discomfort such as breathlessness, pain or fatigue. The assessment looks at your ability to move around outdoors on normal outdoor surfaces - this includes textured pavements and kerbs but not flights of stairs or rough terrain.

### Q 14a How far can you walk taking into account any aids you can use?

**This question is one of the most important questions on the whole form.** You need to tick a box to say how far you can walk.

If you tick the box to say that you can walk 200m, or "between 50 and 200 metres" you probably won't score enough points to qualify for the mobility component – unless you also score points for 'going out' (planning and following journeys).

Of course, it is important to be honest and not exaggerate the effects of your condition. However, remember, the question is not just asking whether you can physically walk each distance if you have to. It is asking whether you can walk that distance '**reliably**'. Don't say that you can walk a certain distance unless you are sure that you can walk that distance **without significant discomfort, safely, repeatedly and at a reasonable speed, on most days.**

#### Example

Lara has to walk 300 metres each morning to take her young daughter to school. She finds this very painful. She has to frequently pause to rest and it takes her more than twice as long as it used to take before she got ill. A couple of times her knees have given way and she has fallen. After getting back home she has to rest in bed. In the afternoons she is too tired to go out again and a friend collects her daughter from school. Although Lara can cover a distance of 300 metres, she cannot walk 300 metres 'reliably'. When completing the form, she ticks the box at Question 14a to say that she can walk 20 to 50 metres

It can be difficult to judge distances. As a guide, a double decker bus is about 10 metres long.

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

### Q14c Do you use a wheelchair or similar device?

If you use an aid or appliance such as a wheelchair, crutches, walking stick, or special shoes, even just sometimes, tick the box and give further details in the 'extra information' box to explain why you need the aid and whether you have difficulty using it.

## **Q14 Extra information – Moving around**

### **Examples of things you could write about:**

- Could walking (or being outside) make your health condition worse?
- Do you have pain when you walk? Which parts of your body does this affect? Do you have this pain as soon as you start to walk? If not, how far can you walk before the pain starts? Describe how the pain feels; for example, cramp, shooting pain, stinging, burning or aching.
- Have you tried to use a walking aid but found it unhelpful, for example, you tried a walking stick but it caused pain in your hand or arm.
- Do you suffer from nausea, dizziness, breathlessness or another type of discomfort when you walk? Do you have the discomfort as soon as you start to walk? If not, how far can you walk before it starts?
- Do you have problems with your gait or manner of walking, for example, do you limp, shuffle, or stoop? Are you unsteady on your feet?
- Do you need physical support from another person while walking, for example, taking someone's arm or leaning on them?
- Do you have to hold onto things such as walls or street furniture to steady yourself?
- Have you had to abandon journeys before you reached your destination, because of difficulty walking?
- Do you get tired after walking a short distance? Do you become dizzy or unsteady when you are tired?
- When you are walking do you sometimes have to stop and rest before continuing? Do you have to sit down to rest, or lean or hold onto anything for support? If you need to rest while walking or after walking, how long do you have to rest for?
- If you are at risk of falling, give details. How often do you fall, trip or stumble? If you have had falls, describe what caused them, for example, did your legs give way or did you trip? Did you have difficulty getting up after the fall due to weakness or fatigue? Did you injure yourself and need treatment?
- If you only avoid falls because you get a lot of help or supervision, and you would be at risk of falls if you didn't get that help, explain that.
- If you walk slowly, try to describe how slow you are, for example, it may take you twice as long to walk to your local shop as it would take someone who wasn't disabled.

- Do you have difficulty with kerbs or uneven surfaces such as textured paving? (The assessment is based on your ability to walk on 'normal outdoor surfaces', not including flights of stairs, steep hills or rough terrain.)
- Give examples of how difficulty walking limits your everyday life, for example, do you have all your groceries delivered because it is too difficult to walk to the local shop? Does your GP visit you at home because you can't get to the surgery? Do you use a disabled parking badge so you can park right outside the building you are visiting?
- Are you unable to walk outdoors at certain times of day, because your discomfort or fatigue is worse then?
- Do you feel tired and have to rest after walking outdoors? Do you sometimes have to rest in bed? If you walk outdoors, do you still feel tired the next day, or still feel pain or discomfort the next day?

## Q15 Additional information

This is a space for you to add any additional relevant information that you haven't mentioned already.

### Examples of things you could write about:

- If somebody had to help you to complete the form (explain why).
- If you are at risk of self-harm or suicide
- If you have to keep to a strict routine and get upset by changes
- If you have a carer, you could say how much time they spend looking after you, for example, if the council has arranged for carers to visit you twice a day you should make this clear. Or maybe a family member assists or supervises you throughout the day and can only leave you for short periods.

Don't worry if you don't have a carer. It is still possible to qualify for PIP if you don't get help from anyone else.

- If your condition varies during the course of the day, or varies day to day or month to month, you could provide more details here. Remember, you have to show that you are having difficulties on more than 50 per cent of days (over a twelve month period) to qualify for PIP.
- If your condition has been getting worse, or if it is expected to deteriorate significantly in future, explain this.

Remember, you can only score points for activities that are included in the PIP assessment. Difficulties with housework and gardening are not taken into account.

PIP is not means-tested so writing about extra costs, or how much you need the extra money, won't increase your chance of getting PIP.

If you don't want the DWP or Independent Assessment Services to phone you, explain why (for example if you have difficulty talking on the phone or if receiving phone calls makes you very anxious). If you would prefer them to contact your carer or friend instead of contacting you directly, provide details.

## **Question - 'What happens next'**

The final question on the form asks you to describe any help you may need or access requirements if you attend a face-to-face consultation.

### **For example:**

- Do you need accessible toilets or have difficulty with stairs? (Venues should have lifts, but if you would be unable to use stairs in an emergency you should be allocated a venue that is on the ground floor.)
- Do you need an interpreter for your consultation?
- Do you need to have a home visit, because it would be too difficult for you to travel to an assessment centre? (Bear in mind that claimants attending assessment centres may have to travel for up to 90 minutes to get there.) You will probably need to provide a supporting letter from a medical professional explaining why a home visit is needed.
- Do you need to have an appointment at a particular time of day because of your medical condition, for example, if your condition is worse at certain times of day?
- Is there a risk that you could behave inappropriately or aggressively during the consultation, for example, because of mental health problems?

At the end of the form, sign and date the declaration to confirm that the information you have given is correct and complete.

## **Additional evidence**

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It is not essential to send additional evidence but it can often be very helpful.

At this stage it is usually best to focus on evidence that you already have because seeking additional evidence could cause delays. Some doctors will charge for providing evidence. More weight is normally given to evidence that was written recently, within the last year or so, but older documents can still be helpful sometimes.

Before sending in any evidence, read through it and consider whether it is likely to be helpful for your claim.

Remember there is a deadline for returning the form. Don't delay sending it back because you are waiting to get evidence. If necessary, you can put a note at Q15 on the form to say you are seeking more evidence and will send it in when it is available.

Here are some examples of the type of evidence which could be useful:

- reports or letters from your GP, hospital doctor, specialist nurse or other medical professional
- reports or letters from other people who help you such as a social worker, support worker or counsellor
- information about extra support that you receive at college or at work because of your disability or health condition(s)
- occupational therapist's report
- care plan
- risk assessment
- hospital admission or discharge summary
- a letter or statement from your carer (if you have one) or from a friend, neighbour or relative who provides support
- a **diary** kept by you or your carer (if you have one). This could include notes about:
  - what you do each day
  - your symptoms and how they affect you
  - how other people help you (physical assistance, prompting or supervision)
  - what you do for yourself but you find difficult because of your disability
  - how long it takes to perform activities such as taking a shower or getting dressed
  - what you don't do because there is no-one to help, because it would be too difficult or because you are in too much pain or too tired
  - accidents or incidents such as falls or episodes of incontinence
  - your moods (if you have a mental health conditions)

If you don't have any supporting evidence available, remember that what you say about how your condition affects you counts as evidence too. Make sure you put plenty of detail on the form and explain at your face-to-face consultation about how your disability affects your daily living and mobility.



## Sending off the form

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After completing the form, you may find it helpful to put it aside for a day or so and then read through your answers to check them (provided that you are not going to miss the deadline by doing this!) You may find that you think of extra information that you missed the first time round.

Post your form (and evidence, if appropriate) to the DWP in the envelope provided. If you post your form at a post office, you can get a free proof of posting receipt.

We recommend that you **keep a copy** of your form and any supporting evidence that you send in, if possible.

## After returning the form

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After you return your completed form, an independent health professional from Independent Assessment Services (formerly known as Atos) will look at it. The health professional may decide to seek further information from one of the professionals you have named on your form or they may phone you to ask for additional information.

You will probably be invited to attend a **face-to-face consultation** with the health professional, who will then send a report to the DWP. The DWP will then decide whether you qualify for PIP. For more information about what happens at the face-to-face consultation, see our factsheet **PIP assessments** at [www.hertfordshire.gov.uk/benefits](http://www.hertfordshire.gov.uk/benefits)

Sometimes, claims can be decided based on the paperwork, without a face-to-face consultation. This may happen if it is clear from the paperwork that you should qualify, for example, if you are severely disabled.

If you are not happy with the outcome of your claim, you can challenge the DWP's decision. Seek advice.

## PIP review form (AR1)

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If you are awarded PIP, the DWP will probably want to look at your claim again later on, to check whether your circumstances have changed. If you have a fixed-term award of PIP, you will probably be asked to complete a PIP review form (AR1) about a year before your PIP is due to end.

The AR1 form focuses on what has changed since your last assessment. The form has tick boxes asking whether you are finding it 'easier' or 'harder' to perform daily living activities or mobility activities, or whether there has been 'no change' since your previous assessment. There are also boxes where you can explain about the difficulty you are having with performing activities reliably. Even if you are finding some activities 'easier' than previously, be sure to explain if you still need some help or need to use an aid or appliance. You can attach extra pages if you run out of space on the form.

## Further help and advice

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### DWP PIP Claim line

8am to 6pm, Monday to Friday

**0800 917 2222**

(text phone 0800 917 7777)

### DWP PIP General enquiries line

**0800 121 4433**

### GOV.UK

Basic information about PIP and how to claim

[www.gov.uk/pip](http://www.gov.uk/pip)

### DWP PIP Toolkit

[www.gov.uk/government/publications/the-personal-independence-payment-toolkit-for-partners/the-personal-independence-payment-pip-toolkit](http://www.gov.uk/government/publications/the-personal-independence-payment-toolkit-for-partners/the-personal-independence-payment-pip-toolkit)

Detailed information, including factsheets and a copy of the PIP form (for reference only)

### Independent Assessment Services (formerly known as Atos Healthcare)

**0300 3300121**

**[PIP-customerservice@atos.net](mailto:PIP-customerservice@atos.net)**

[www.mypipassessment.co.uk](http://www.mypipassessment.co.uk)

PIP assessments in Hertfordshire are carried out by Independent Assessment Services. Their website includes information about the assessment process.

### Disability Rights UK

Online information including a guide to claiming PIP:

[www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)

### Citizens Advice

Online information:  
Information about local CA and opening times:

**0344 4111 444**

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

[www.hcas.org.uk](http://www.hcas.org.uk)

## How you can contact Hertfordshire County Council

### Our website

Visit our website for more information about support for carers and adult social care - make a referral for care services or apply online for meals on wheels or a Blue Badge

[www.hertfordshire.gov.uk/adults](http://www.hertfordshire.gov.uk/adults)

If you would like more information about benefits and debt you can find a wide range of Money Advice Unit factsheets

[www.hertfordshire.gov.uk/benefits](http://www.hertfordshire.gov.uk/benefits)

### Hertfordshire Directory

Find national and local community groups, charities, services and activities

[www.hertfordshire.gov.uk/directory](http://www.hertfordshire.gov.uk/directory)

### Money Advice Unit

☎ 0300 123 4040

🌐 [www.hertfordshire.gov.uk](http://www.hertfordshire.gov.uk)

## **HertsHelp**

Independent support, guidance and information to get the most out of life

Telephone: 0300 123 4044

Minicom: 0300 456 2364

Email: [info@hertshelp.net](mailto:info@hertshelp.net)

## **Call us**

For information and advice on how to get care and support

Telephone: 0300 123 4042 Text Message: 07507 306911

Textphone: 0300 123 4041

Calls to 0300 cost no more than a national rate call to a 01 or 02 number

## **If you are worried that you or someone you know is at risk of abuse or neglect**

Call us on 0300 123 4042 (24 hours a day)

## **If you need help to understand**

Call 0300 123 4042 if you would like help to understand this information or need it in a different format. You can also ask to speak to someone in your own language.

***This information is correct at time of print. It is for guidance only and is not an authoritative statement of the law***