



# Employment and Support Allowance

## Guide to completing form ESA50

This factsheet is a guide to completing your ESA50 form. Please also ask for our ESA factsheet 'ESA - how to claim', which gives more information about the claim process. The ESA50 form is part of the work capability assessment (WCA). It helps the DWP assess whether you have limited capability for work and to decide on your entitlement to ESA.

• It is important to send back your completed ESA50 form within the deadline. If you are having problems filling in the form, there is a delay getting the help you need or you have other good reasons your form is late, you should contact ESA to let them know. They may be willing to extend your deadline in some circumstances. If you fail to return your form or it is late, you will be treated as being capable of work and your benefit will stop unless you can show good cause for not returning the ESA50 questionnaire on time.

- Take your time filling in the form, include as much detail as possible and give examples.
- To be found to have limited capability for work you must score at least 15 points from any combination of descriptors in the questionnaire on either physical or mental health grounds, or both.
- Each activity or function has a points value (0, 6, 9 or 12 points).
- There is a series of tick box questions about how your physical and/or mental health condition affects your ability to carry out certain activities or functions.
- A diagnosis of a particular condition does not mean that you will automatically pass the test.
- Do not simply tick the boxes indicating you have difficulty with a specific activity. You need to use the space provided to give details about your problems and how doing certain tasks affects you.
- It is helpful to send in letters or reports which may support your claim, these could be from your doctor, counsellor or support worker for example.
- **Important - the support group**
- The information you provide in your ESA50 form is used to assess whether you have limited capability for work. If you are found to have limited capability for work, then there will be a further decision to place you in one of two groups - the work related activity group or the support group. If you are placed in the work related activity group, you will be expected to take part in work related activity with a view to moving in to work at some point in the future. Most people fall into this group.
- **If you are placed in the support group, you do not have to undertake work related activity.** When using the following guide, read the shaded support group boxes carefully for each question to see if they apply to you. If one or more of the descriptions in the shaded boxes apply then you should qualify for the support group. Ask for our other factsheet 'ESA - how to claim' for more information about the benefits of being in the support group.

The next page is blank - the ESA50 form starts on page 3.

**Produced by the Welfare Rights and Money Advice Service, Bristol City Council.**

**If you would like this information in a different format; for example Braille, audiotape, large print or computer disk, or if you need information in a community language, please contact us at:**

**Welfare Rights and Money Advice Service (NH/AC),  
FREEPOST BS4341, PO Box 595, Bristol BS99 2BR.  
Telephone: 0117 352 1888  
Fax: 0117 352 1556  
Minicom: 0117 352 1557  
Email: [welfarerights@bristol.gov.uk](mailto:welfarerights@bristol.gov.uk)**

# Limited capability for work questionnaire

**jobcentreplus**

Part of the Department  
for Work and Pensions

We need you to fill in this questionnaire if you have claimed or are getting benefits or National Insurance credits.

**Please send this questionnaire back by the date given on the enclosed letter.** If you are sending the questionnaire in late we need to know why. You can use the space on **page 18** to explain.

If we are able to get enough information about you from this questionnaire, your doctor or the person treating you, we may not need to ask you to attend a face-to-face assessment.

**If you have any medical reports from your doctor, consultant or health care professional, or any other information you wish us to see, please send them with this questionnaire.**

## How to fill in this questionnaire

This questionnaire asks questions about your physical and mental health. The answers you give in this questionnaire will tell us how your illness or disability affects your ability to work.

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

You may wish to fill in this questionnaire a bit at a time as it may take some time to complete.

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

## If you want help filling in this questionnaire or any part of it

Ask a friend, relative or representative to help you, or get in touch with Jobcentre Plus. The person from Jobcentre Plus will have a copy of the questionnaire and they will go through the questions you are having trouble with over the phone.

Sometimes they may be able to fill in a questionnaire for you. If they do this, they will send the questionnaire to you. You can then check, sign and send it back.

They can send you a questionnaire in braille or large print. This questionnaire is also available to download to your computer to fill in. But you must post it back in the envelope we have sent you.

For information about benefits and services visit [www.direct.gov.uk/benefits](http://www.direct.gov.uk/benefits). Or call us. Our phone number is at the top of the letter we sent you with this questionnaire.

## About you

Surname

Other names

Title

Address

Postcode

Date of birth

Letters

Numbers

Letter

National Insurance (NI) number

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## About you continued

### Face-to-face assessment

You may be asked to attend a face-to-face assessment with a qualified healthcare professional. Atos Healthcare would like to telephone you between 9.00am and 8.30pm on Monday to Friday, or between 9.00am and 5.00pm on Saturday to arrange a suitable date and time. To do this we need you to give us at least one up-to-date telephone number so that we can contact you.

**Do not give your telephone number if you do not answer the phone. Give the telephone number of a friend or relative if possible.**

Daytime phone number	Code	<input type="text"/>	Number	<input type="text"/>
Mobile phone number	<input type="text"/>			
Any other number	Code	<input type="text"/>	Number	<input type="text"/>

If you do not understand English, or cannot talk easily in English, do you need an interpreter?

No

Yes

What language do you want to use?

You can bring your own interpreter to the assessment, but they must be over 16.

**Tell us about any help you would need if you have to go for a face-to-face assessment.**

Tell us if

- you cannot get up and down stairs
- have difficulty travelling or using public transport
- you need a British Sign Language signer.

Tell us about any other help you might need.

For example:

- I am not able to attend a medical examination without my support worker due to my mental health issues/learning disability
- I am not able to attend a medical because I am unable to leave the house

Explain the reasons why your disability or health problem would make it difficult to attend a medical, for example 'I need a taxi as I cannot use public transport due to my health problems'.

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

Include any hospital appointments or dates when you will not be available. If you need someone to attend a medical with you, you should also include dates when they would not be available.

You only need to give details of the dates you are unavailable, not the reasons why.

## About you continued

### About your illnesses or disabilities

We will ask you how your illnesses or disabilities affect how you do day-to-day things in the rest of this questionnaire.

Please use the space below to tell us

- what is your disability, illness, or condition, and
- how does it affects you?

Please also tell us about

- any aids you use, such as a wheelchair or hearing aid
- if you have had a heart attack, stroke, accident or something similar.  
Please tell us when this happened.
- anything else you think we should know about your illness or disabilities.

If at any point you need more space, use the space on **page 18**.

Include details of your disabilities and/or health conditions, both mental and physical.

If any of the following apply, you should be **treated as having limited capability to work**, so do not have to score 15 points and do not have to attend a medical. Provide any proof available, for example, letters from your doctor or consultant.

It is very important to mention here if you are:

- terminally ill
- having/recovering from/likely to start chemotherapy within 6 months
- pregnant or have recently given birth, entitled to maternity allowance (MA) & are within the MA payment period
- pregnant or have recently given birth, but are not entitled to MA or statutory maternity pay from six weeks before the due date to two weeks after the birth
- pregnant and there is a serious risk to you or the unborn child if you do not refrain from work
- excluded from work due to an infectious disease
- a hospital in-patient (includes residential drug or alcohol rehabilitation programmes) or recovering from such in-patient treatment
- a student in full time education eligible for employment and support allowance (income-related), ESA (IR), because you receive disability living allowance (DLA)  
Note; this does not apply if you are under 20 and in non-advanced full time education.
- someone who has problems conveying food or drink to your mouth
- someone who has problems chewing or swallowing food or drink
- receiving or recovering from one of the following treatments; haemodialysis for chronic renal failure, plasmapheresis, radiotherapy or total parenteral nutrition

## About you continued

### Details of tablets, medication or special treatment

Please also tell us about any tablets, medication or special treatment you are taking or will be taking, including any side effects you have.

*Special treatment* could include things like radiotherapy or chemotherapy. If you will be having chemotherapy, tell us the dates if you know them.

Include details of your medication and briefly describe any side effects. Include details of special therapy or treatment you receive for mental health issues.

It is important to state here if you receive chemotherapy, radiotherapy or dialysis as this may mean you are not asked to attend a medical assessment.

## About your GP

Name of your GP

The GP who knows you best.

Address of your GP

Give details of the GP you see regularly who knows most about your health problems and medical history.

Postcode

GP's phone number

Code

Number

## Does anyone else provide you with care, support or treatment?

Please tell us who they are.

For example:

- physiotherapist
- community psychiatric nurse
- social worker
- occupational therapist
- support worker
- hospital consultant.

Choose someone who knows about your health problems.

Their address

Include anyone who is supportive and knows about your health condition. If there is more than one person, include their details on a separate sheet if necessary.

Postcode

Their phone number

Code

Number

Other number

Code

Number

When was your most recent appointment?

If you need more space, please use the box on **page 18**.

## About you continued

### Hospital or clinic treatment

Use this section to tell us about

- any hospital or clinic treatment you are having as an in-patient or out-patient
- any in-patient treatment you have had in the **past 3 months**
- any in-patient treatment you expect to have in the **next 3 months**.

Are you having or awaiting any hospital or clinic treatment? No   
Yes

Were you an in-patient or an out-patient? In-patient  Out-patient  If you are an in-patient you should be treated as having limited capability for work (see page 3).

Are you awaiting chemotherapy treatment? No  Yes  If you are waiting for chemotherapy you should be treated as having limited capability for work.

Were you an in-patient or an out-patient? In-patient  Out-patient

Tell us when you were or will be in hospital, how often and what for. Please tell us about all your hospital visits here.

Include all hospital appointments for ongoing treatment here. You should include visits to pain clinics, asthma clinics, breathing function tests and x-rays. These are just examples. Include any hospital treatment you have had in the last 3 months or that you expect to have in the next 3 months.

Are you pregnant? No   
Yes

When is the baby due?

You are treated as having limited capability for work if any of the following apply:

- you are pregnant or have recently given birth, entitled to maternity allowance (MA) & are within the MA payment period
- you are pregnant or have recently given birth, but are not entitled to MA or statutory maternity pay from six weeks before the due date to two weeks after the birth
- you are pregnant and there is a serious risk to you or your unborn child if you do not refrain from work

# About you continued

## Drugs, alcohol or other substances

Do you think any of your health problems are linked to drug or alcohol misuse, or misuse of any other substance? No  Now go to Part 1.  
Yes

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

If you have problems with alcohol or drug abuse, mention them here.

If you can show that having to work or seek work could be harmful to your health and/or put others at risk then this could mean that you are automatically treated as having limited capability for work. It is helpful to explain how long you have been using drugs/alcohol and whether you have a history of abstinence followed by relapse. If you are in recovery, which stage of recovery are you at and how long have you been abstinent?

Are you in a residential rehabilitation scheme? No   
Yes

Tell us where you attend and the dates of your course of treatment.

You are treated as having limited capability for work on any day you attend residential rehabilitation for the treatment of a drug or alcohol addiction.

## Part 1 – Physical functions

### Support Group

Cannot move more than 50 metres.

Cannot repeatedly move more than 50 metres.

### 1. Moving around and using steps

By *moving* we mean including the use of aids such as a manual wheelchair, crutches or a walking stick, if you usually use one, but without the help of another person.

Please tick this box if you can move around and use steps without difficulty.  Now go to question 2.

Can you move at least 50 metres (about 54 yards) before you need to stop? No   
Yes   
To give you an idea about distances: A double-decker bus is about 11 metres long. It varies

#### Points

Cannot move or repeatedly move more than 50 metres = 15 points.

Cannot move or repeatedly move more than 100 metres = 9 points.

Cannot move or repeatedly move more than 200 metres = 9 points.

Can you move at least 200 metres (about 220 yards) before you need to stop? No   
Yes   
To give you an idea about distances: A double-decker bus is about 11 metres long. It varies

'**Mobilise**' - means moving around on level ground without severe discomfort or exhaustion.

'**Repeatedly**' - means to complete again within a reasonable time frame.



# Part 1 – Physical functions continued

Use this space to tell us how far you can move and why you might have to stop. For example tiredness or discomfort. If it varies, tell us how. Tell us if you usually use a walking stick, crutches, a wheelchair or anything else to help you, and tell us how it affects the way you move around.

Explain at which point you begin to experience severe discomfort, pain, breathlessness or fatigue. It is important to mention here if you cannot repeatedly walk a certain distance within a reasonable amount of time.

For example: 'I can walk around 60 metres using my stick, but I then have to stop due to the severe discomfort in my back. I am then unable to walk again without severe discomfort for at least a couple of hours'.

If you trip or fall outdoors, give details.

## Going up or down two steps

Can you go up or down two steps without help from another person, if there is a rail to hold on to?

No

Yes

It varies

### Points

Cannot go up or down 2 steps unaided, even with the support of a handrail = 9 points.

Now go to question 2.

Use this space to tell us more about using steps. If it varies, tell us how.

Explain the difficulties you have with this activity and why you need someone with you.

The ability to repeat this task is important. If you can do this activity once but would then be in bed for the rest of the day and unable to repeat it within a reasonable time frame, you could score 9 points.

## 2. Standing and sitting

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

'Seat' - means a typical seat in an office, not a comfy chair or sofa.

Now go to question 3.

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

No

Yes

It varies

### Support Group

Cannot move between two seats without physical support from another person.

### Points

Cannot move between 2 seats without physical support from another person = 15 points.

Can you stay in one place, either standing or sitting, for at least an hour without help from another person?

No

Yes

It varies

This does not mean standing completely still. It includes being able to change position.

Cannot remain at a workstation (standing or sitting) for more than 30 mins before needing to move away due to discomfort or exhaustion = 9 points.

Cannot remain at a workstation (either standing or sitting) for more than 60 mins before needing to move away due to discomfort or exhaustion = 6 points.

## Part 1 – Physical functions continued

Use this space to tell us more about standing and sitting and why this might be difficult for you. Tell us how long you can sit for and how long you can stand for. Tell us what might make it difficult for you, such as pain, discomfort or tiredness. If it varies, tell us how.

Explain how you would cope at a workstation if you are unable to sit and had to stand. If you use a stick/sticks for support, how would you manage? Describe the problems you have with standing or sitting for long periods of time and give examples. If you need to shift position regularly due to discomfort, say so.

If you cannot move from one chair to another safely and without the help of another person, explain why. For example, you might get dizzy spells or vertigo. Remember, if you cannot repeat the task in a reasonable time, explain why this is the case.

If possible, give examples of when you have struggled to sit or stand for either less than 30 minutes or less than 60 minutes, for example in a doctor's waiting room or at a bus stop.

### 3. Reaching

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

Now go to question 4.

#### Points

Cannot raise either arm as if to put something in the top pocket of a coat or jacket = 15 points.

Cannot raise either arm to the top of your head as if to put on a hat = 9 points.

Cannot raise either arm above head height as if to reach for something = 6 points.

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

No

Yes

It varies

Can you lift one of your arms above your head to reach for something?

No

Yes

It varies

#### Support Group

Cannot raise either arm as if to put something in the top pocket of a coat or jacket.

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

Explain your difficulties and say why you struggle to complete the task. Remember, you need to be able to carry out the task safely, reliably and repeatedly, so if doing the task causes you pain you should say so.

## Part 1 – Physical functions continued

### 4. Picking up and moving things

Please tick this box if you can pick things up and move them without difficulty.

Now go to question 5.

#### Picking up things using your upper body and either arm

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

No

Yes

It varies

#### Support Group

Cannot pick up and move a 1 pint/0.5 litre carton of liquid.

#### Points

Cannot pick up and move a 1 pint/0.5 litre carton of liquid = 15 points.

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

No

Yes

It varies

Cannot pick up and move a 2 pint/1 litre carton of liquid = 9 points.

Cannot pick up and move a light but bulky object such as an empty box = 6 points.

Can you pick up and move a large, light object like an empty cardboard box?

No

Yes

It varies

Use this space to tell us more about picking things up and moving them. Tell us why you might not be able to pick things up. If it varies, tell us how.

Explain your difficulties and say why you struggle to complete the task. Remember, you need to be able to carry out the task safely, reliably and repeatedly, so if doing the task causes you pain you should say so. This question is not about carrying the carton or pouring from the carton, it is about lifting and moving the carton at waist height only.

Perhaps you have difficulties with things like lack of strength in your arms, poor grip or poor balance? Do you have limited movement in your fingers/hands or back and neck problems? If so, give details.

It is useful to give examples of any problems you may have with the following:

- cooking, for example lifting and carrying saucepans and crockery
- making tea or coffee
- shopping, for example taking items from a shelf
- adjusting your pillows to make yourself comfortable

Remember, these are just examples. You may have difficulties with other tasks involving picking things up and moving them.

## Part 1 – Physical functions continued

### Support Group

Cannot (with either hand) press a button, such as a telephone keypad.  
Cannot (with either hand) turn the pages of a book.

### 5. Manual Dexterity (Using your hands)

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

Now go to question 6.

Can you use either hand to do things like:

- press a button, such as a telephone keypad
- turn the pages of a book
- pick up a £1 coin
- use a pen or pencil
- use a computer keyboard or computer mouse?

Some of them

None of them

It varies

#### Points

Cannot (with either hand) press a button, such as a telephone keypad = 15 points.

Cannot (with either hand) turn the pages of a book = 15 points.

Cannot (with either hand) pick up a £1 coin = 15 points.

Cannot use a pen or pencil = 9 points.

Cannot use a suitable keyboard or mouse = 9 points.

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

Give details of any problems you have using a standard mouse or keyboard. If you have tried adapted equipment which did not help, give details of the problems you had.

You may have difficulties with some of the above tasks due to limited movement or feeling in your hands. You may have pain, tremors or problems with co-ordination or control.

Describe any problems you have with the following:

- using the buttons on remote control, mobile phone
- opening packets, jars, bottles and cans
- reading books or magazines

These are just examples. You may have difficulties with other tasks involving using your hands.

**Please note:** you will only get points if you have problems using **both hands**.

### 6. Communicating with people

This section looks at how you communicate using speech, writing and typing.

Please tick this box if you can communicate with other people without any difficulty.

Now go to question 7.

Can you communicate with someone you don't know by speaking, writing, typing or any other means without the help of another person?

No

Yes

It varies

#### Support Group

Cannot convey a simple message such as the presence of a hazard.

#### Points

Cannot convey a simple message, such as the presence of a hazard = 15 points.

Has significant difficulty conveying a simple message to strangers = 15 points.

Has some difficulty conveying a simple message to strangers = 6 points.

## Part 1 – Physical functions continued

This question is about whether you can make yourself understood by speaking, writing, typing or other means normally used.

Use this space to tell us more about how you communicate and why you might not be able to communicate with other people. For example, difficulties with speech, writing or typing. If it varies, tell us how.

If have difficulty making yourself understood then you may score points here. For example, if your speech has been affected by a stroke or a brain injury, or you use BSL (British Sign Language) or Macaton instead of spoken and written English.

You may score points if you have problems with speech **and** hand gestures. Alternatively you may be unable to speak and have a visual impairment which makes writing or using a keyboard difficult.

If you are able to speak but can't write or vice versa, then you are unlikely to score points here.

### 7. Other people communicating with you

This section looks at how you understand other people by hearing and reading.

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

Now go to question 8.

Can you understand other people – by hearing, lip reading, reading or using a hearing aid – without the help of another person?

No

Yes

It varies

#### Points

Cannot understand a simple message due to sensory impairment = 15 points.

Has significant difficulty understanding a simple message from a stranger due to sensory impairment = 15 points.

Has some difficulty understanding a simple message from a stranger due to sensory impairment = 6 points.

#### Support Group

Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.

Use this space to tell us more. Tell us if you can hear, lip read, read or understand people in another way, or why you might not be able to. Tell us about any aids you use, such as a hearing aid. If it varies, tell us how.

This question is about understanding both verbal (hearing or lip reading) and non-verbal (reading) communication.

If you have a sight or hearing problem or other health problem which means that you have difficulty understanding either spoken or written communication, then you may score points.

### 8. Getting around safely

This section looks at visual problems. If you normally use glasses or contact lenses, a guide dog or any other aid, tell us how you manage when you are using them. Please also tell us how you see in daylight or bright electric light.

Please tick this box if you can get around safely on your own.

Now go to question 9.

Can you see to cross the road on your own?

No

Yes

It varies

#### Points

Due to sensory impairment, needs to be accompanied by another person in order to:

- navigate around familiar surroundings = 15 points
- safely complete a potentially hazardous task such as crossing the road = 15 points
- navigate around unfamiliar surroundings = 9 points

## Part 1 – Physical functions continued

Can you get around a place that you haven't been to before without help?

No

Yes

It varies

Use this space to tell us more about any problems with your eyesight and how they stop you finding your way around safely.

If you are unable to get around safely even with the use of aids such as a stick or a guide dog, explain the problems you have.

Give details of any falls or accidents you have had.

Describe any difficulties you have using public transport.

How do you manage stairs and escalators?

Can you cross the road safely on your own?

How do you manage to get to the supermarket or doctors surgery, for example?

## 9. Controlling your bowels and bladder and using a collecting device

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

Now go to question 10.

Do you have to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device?

Weekly

Monthly

Less often

A collecting device is also known as a *stoma*.

### Points

At least once a month has loss of control leading to extensive evacuation of the bowel/bladder, sufficient to need cleaning & a change of clothes = 15 points.

At least once a month has substantial leakage of the contents of a collecting device sufficient to need cleaning & a change of clothes = 15 points.

At risk of loss of control leading to extensive evacuation of the bowel/bladder sufficient to

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

need cleaning & change of clothes, if unable to reach the toilet quickly = 6 points.

'At risk of loss of control' - this might mean that you have very few incidents, since you may limit your activities or arrange your life so that you are always near a toilet. You should clearly state whether this is the case.

For example:

'I rarely go out as I am always at risk of losing control of my bladder/bowels. When I do go out I always make sure I am near a toilet or know exactly where they are beforehand so I avoid having an accident'.

### Support Group

At least once a week experiences:

- loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder
- substantial leakage of the contents of a collecting device sufficient to require the individual to clean themselves and change clothing

## Part 1 – Physical functions continued

### 10. Staying conscious when awake

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

Now go to question 11 in Part 2.

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

Weekly

This includes epileptic fits and absences, and diabetic hypos.

Monthly

Less than monthly

#### Points

At least once a week has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration = 15 points.

At least once a month has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration = 6 points.

Use this space to tell us more.

Give details of any health problem or disability that significantly affects your awareness or concentration. You may have seizures, epilepsy or hypoglycaemia for example.

This question only relates to problems you have when you are awake. If you take medication that makes you drowsy during the day, give details here.

Give examples of what happens during these episodes. Describe what happens to you, the help you need and long it takes you to recover.

## Part 2 – Mental, cognitive and intellectual functions

By *mental, cognitive and intellectual functions* we mean things like mental illness, learning difficulties and the effects of head injuries.

### 11. Learning how to do tasks

Please tick this box if you can learn to do everyday tasks without difficulty.

Now go to question 12.

Can you learn how to do a simple task such as setting an alarm clock?

No

Yes

It varies

#### Support Group

Cannot learn how to complete a simple task, such as setting an alarm clock.

#### Points

Cannot learn how to complete a simple task, such as setting an alarm clock = 15 points.

Can you learn how to do a more complicated task such as using a washing machine?

No

Yes

It varies

Cannot learn anything beyond a simple task, such as setting an alarm clock = 9 points.

Cannot learn anything beyond a moderately complex task, such as using a washing machine = 6 points.

## Part 2 – Mental, cognitive and intellectual functions continued

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

Fill in this section if you have mental health problems, for example, a learning disability, depression, a brain injury or issues around drugs and/or alcohol.

This section is about being able to learn how to do simple or more complex daily tasks. Setting an alarm clock or using a washing machine are only examples, you might have difficulties with any practical daily living task.

A simple task is something that might include one or two steps only, whilst a moderately complex task might involve three or four steps. Examples might include using a mobile phone or recording a TV programme.

Give details of the problems you have learning how to do something. Do you need reminding how to do it each time? Be honest about what you can and can't do and the help you need.

### 12. Awareness of hazard or danger

Please tick this box if you can keep yourself safe when doing everyday tasks such as cooking.

Do you need supervision  
(someone to stay with you) to  
keep yourself safe?

Usually  
Sometimes  
It varies

#### Points

Supervision needed most of the time to prevent significant risk of injury to self or others, or damage to property or possessions = 15 points.

Supervision needed frequently to prevent significant risk of injury to self or others, or damage to property or possessions = 9 points.

Supervision needed occasionally to prevent significant risk of injury to self or others, or damage to property or possessions = 6 points.

Use this space to tell us how you cope with danger. Please give us examples of problems you have with doing things safely.

This activity applies to people who are less aware of danger. This could include those with learning difficulties, depression, a psychotic disorder, a brain injury or drug and/or alcohol dependency. This section may also apply to you if your medication gives you side effects, for example, it makes you tired and drowsy. Include examples of how your attention and concentration are affected.

#### Support Group

Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leading to a significant risk of injury to self or others, or damage to property or possessions, so that supervision is required for the majority of the time.

Give details of how you might accidentally come to harm. If you are unaware of potentially dangerous situations and need someone with you to help keep you safe, then you may be entitled to points, even if you do not actually have someone to help you.

You might step out into the road without thinking. You may find that people you meet take advantage of you. Give examples of how you have injured yourself or other people, for example burns, cuts, scalds or bruises. Have you left the grill or chip pan on and this could have caused a fire? Describe situations where there has been damage to property or possessions, for example, broken china, damage to electrical appliances or burns to carpets/curtains/furniture.



### 13. Initiating actions

This section is about whether you can manage to start and complete daily routines and tasks like getting up, washing and dressing, cooking a meal or going shopping.

Please tick this box if you manage to do daily tasks without difficulty.

Can you manage to plan, start and finish daily tasks?

Never	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
It varies	<input type="checkbox"/>

**Support Group**  
Cannot reliably start or complete at least 2 personal actions.

**'Personal action'** - means the ability to plan, organise, problem solve, prioritise or switch tasks.

Now go to question 14.

**Points**  
Cannot reliably start or complete at least 2 personal actions = 15 points.  
Cannot reliably start or complete at least 2 personal actions for the majority of the time = 9 points.

Use this space to tell us what difficulties you have doing your daily routines. For example, remembering to do things, planning and organising how to do them, and concentrating to finish them. Tell us what might make it difficult for you and how often you need other people to help you.

Frequently cannot reliably start or complete at least 2 personal actions = 6 points.

This section is about the ability to start and complete daily tasks such as:

- getting up in the morning
- washing, shaving and brushing your teeth
- getting dressed, changing your clothes regularly
- preparing and eating meals
- making and keeping appointments
- organising your finances/paying bills
- doing your laundry
- doing your shopping
- making phone calls

You may have difficulties starting and completing daily tasks if you have health problems such as depression, anxiety, learning difficulties, autism. Describe how your concentration or memory problems affect your ability to start and complete your daily routine. Do you need someone to remind, prompt and encourage you to start and complete a task? What happens if you do not get the help you need?

### 14. Coping with change

Please tick this box if you can cope with change to your daily routine.

Now go to question 15.

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

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
It varies	<input type="checkbox"/>

For example, things like having a meal earlier or later than usual.

**Support Group**  
Cannot cope with any change, due to cognitive impairment or mental disorder to the extent that day to day life cannot be managed.

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

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
It varies	<input type="checkbox"/>

This means things like appointments being cancelled, or your bus or train not running on time.

**Points**  
Cannot cope with any change to the extent that day to day life cannot be managed = 15 points.  
Cannot cope with a minor planned change (such as a change to the time of your usual lunch break) to the extent that day to day life is made significantly more difficult = 9 points.  
Cannot cope with minor unplanned change (such as the timing of an appointment on the day it due to occur) to the extent that day to day life is made significantly more difficult = 6 points.

## Part 2 – Mental, cognitive and intellectual functions continued

Use this space to tell us more about how you cope with change.  
Explain your problems, and give examples if you can.

This section is about the difficulties you may have coping with planned or unplanned changes to your daily routine. The points you may be awarded depend on how difficult your daily life is made by your reaction to change.

Examples of changes may be a cancelled appointment, an unexpected visitor, a broken appliance or a bus or train arriving late. Consider how you cope with changes to daily activities such as meal times, shopping trips or hospital appointments.

Does change result in you becoming anxious or distressed? Does change bring on a panic attack or mean you need support from another person? Does change cause you to isolate yourself, to get stressed or angry with people? Do you take it personally if an appointment gets changed? Does this affect your ability to get on with your day? Give as many examples as you can and describe how your daily life is affected.

### 15. Going out

Please tick this box if you can go out on your own.

Now go to question 16.

Can you leave home and go out to places you know if someone goes with you?

No

Yes

It varies

#### Points

Cannot get to any specified place that you are familiar with = 15 points.

Cannot get to a specified place that you are familiar with, without being accompanied = 9 points.

Cannot get to a specified place which is unfamiliar to you, without being accompanied by another person = 6 points.

Can you leave home on your own and go to places you don't know?

Usually

Not very often

It varies

Use this space to tell us why you cannot always get to places.  
Tell us whether you need someone to go with you.

This question is about your ability to leave home and go to familiar and unfamiliar places.

You may have agoraphobia, depression, anxiety, panic attacks or learning difficulties. These are just examples of health conditions that may affect your ability to go outdoors.

Give details of any difficulties you have walking to places and using public transport. Describe the problems you have going to places on your own. How do you cope in crowded places? You could satisfy this test if you can only get somewhere by taxi or you need someone to drive you. Do you need encouragement to leave home? Perhaps you don't manage to do what you need to and have to abandon your plans because you can't cope outdoors.

**Support Group**

Engagement in social contact is always precluded due to difficulty relating to others or it causes you significant distress.

**16. Coping with social situations**

By *social situations* we mean things like meeting new people and going to meetings or appointments.

Please tick this box if you can cope with social situations.

Now go to question 17.

Can you meet with people you know without feeling too anxious or scared? No

Yes

It varies

Can you meet with people you don't know without feeling too anxious or scared? No

Yes

It varies

**Points**

Engagement in social contact is always made impossible due to difficulty relating to others, or it causes you significant distress = 15 points.

Engagement in social contact with someone unfamiliar to you is always made impossible due to difficulty relating to others, or it causes you significant distress = 9 points.

Engagement in social contact with someone unfamiliar to you is always made impossible for the majority of time due to difficulty relating to others, or it causes you significant distress = 6 points.

Use this space to tell us why you find it distressing to meet other people and what makes it difficult. Tell us how often you feel like this.

This section is about problems you may have meeting people, for example, social occasions, appointments and any situations where you need to come into contact with people. It includes things like causing offence, embarrassment and awkwardness without meaning to.

If this applies to you, give details of how you deal with this. Do you try to avoid contact with people for example, by staying at home, or by going out early in the morning or late at night?

Describe how contact with others makes you feel. Explain what happens if you have to attend a social event such as a party. How do you feel before, during and after the event? Do you feel paranoid or think that people are judging you? Describe your behaviour and explain what happens. How do other people react to you? You may find it difficult to make eye contact, this might make others feel awkward.

If you are distressed by meeting new people, you may also be unable to go out to unfamiliar places as in the previous section (15)

**17. Behaving appropriately with other people**

This section looks at whether your behaviour upsets other people.

Please tick this box if your behaviour does not upset other people.

Please go the **Other Information** section.

How often do you behave in a way which upsets other people? For example, this might be because you are aggressive or act in an unusual way. Every day

Often

Occasionally

**Support Group**

On a daily basis, has uncontrollable episodes of aggressive or disinhibited behaviour which would be unreasonable in any workplace.

**Points**

Has uncontrollable episodes of aggressive or disinhibited behaviour which would be unreasonable in any workplace:

- on a daily basis = 15 points
- frequently = 15 points
- occasionally = 9 points

## Part 2 – Mental, cognitive and intellectual functions continued

Use this space to tell us why your behaviour upsets other people and how often this happens.

This section is about behaving in ways that other people might find upsetting, strange or frightening. Don't worry about mentioning situations that might have got out of control, this could help your claim. Have you been banned from a public place for example?

Do you behave in a disruptive or aggressive way that might upset others? This could include things like shouting, swearing, crying or singing loudly. It might also include things like talking about inappropriate subjects, or being overly familiar with people you don't know. Do you find that situations end up with confrontation or physical violence? How do you react if someone pushes in front of you in a queue? These are just examples, give details of any situations where others have been upset or alarmed by your behaviour. What happened? How did other people react?

### Other information

If you need more space to answer questions, please use the space below.

#### Additional information for people with alcohol and/or drug issues

If you have issues with drugs and/or alcohol, it is important to provide details. It will not have a negative affect on your claim. It may help you qualify.

It may help your claim if having to work or look for work could be harmful to your health or put others at risk. This is one of the ways that you can be treated as satisfying the test. If you are on a treatment programme and/or have a support worker ask them to provide a supporting letter stating they consider that there would be a substantial risk to your health should you be found fit for work.

## Other information continued

If you are returning this questionnaire late, please tell us why below.

## Declaration

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

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

Signature

Date

Remember to sign here.

# For people filling in this questionnaire for someone else

If you are filling in this questionnaire on behalf of someone else, please tell us some details about yourself.

Your name

Your address

Postcode

Daytime phone number

Explain why you are filling in the questionnaire for someone else, which organisation, if any, you represent, or your connection to the person the questionnaire is about.

## What to do next

Please make sure that

- you have answered all the questions on this questionnaire that apply to you
- you have signed and dated this questionnaire
- you return the questionnaire in the envelope provided with the original paper form we sent you or to the address on the letter that came with the paper form.

Tick this box if you are including any medical reports.

Would you like us to tell anyone else about this assessment?

For example, support worker, social worker, friends or family. Let us know who this is, their phone number and explain why you would prefer we contacted them instead of you.

## How we collect and use information

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

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

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

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

