



Capability for Work questionnaire

We have many different ways we can communicate with you.

If you need braille, British Sign Language, a hearing loop, translations, large print, audio or something else please contact us. You can find our contact details by searching for the relevant benefit on **www.gov.uk**

If you live in Wales and want this questionnaire in Welsh call **0800 328 1744** or visit **www.gov.uk** and search for WCA50W.

What you need to do

- please fill in this questionnaire and send it back to the Health Assessment Advisory Service
- you must send it back by the date we have asked you to in the enclosed letter
- write in **black ink** and use CAPITAL LETTERS. If you want to, you can download a copy of the questionnaire to your computer and fill it in.
- send copies of your medical or other information you already have back with your questionnaire. **Do not pay for information** or send us original documents. Please write your National Insurance (NI) number on each piece of information you send to us. We do not always contact your medical professionals so this information is important, and should let us know how your disability, illness or health condition affects how you can do things on a daily basis. A list of information we find helpful is on **page 22**
- the Health Assessment Advisory Service will use the information you provide to decide if you will need to participate in an assessment. We will use this information to give you the best support we can and pay you the right amount of benefit
- **make sure you fill in the 'About you' section on page 2 in full.**

If you need help filling in the questionnaire, you can:

- ask a friend, relative, carer or support worker to help you
- call us using the contact information on the letter we have sent with this questionnaire to ask any questions. In some cases, your answers can be written down for you. You can ask for your questionnaire to be sent to you by post to check.



You must fill in and send back this questionnaire to the Health Assessment Advisory Service by the date on the letter. If you do not, we may not have enough information to make a decision and may decide you are capable for work. If you are claiming Employment and Support Allowance that means your payments will stop. If you are claiming Universal Credit your payments may change.



For more information use the QR code
or visit **www.gov.uk** and search for WCA50

About you

If you are filling in this form for someone else, tell us about them, not you.

Please make sure you fill in this section in full.

01 First name	04 Address									
COLIN	SCT HUB ACORN HOUSE									
02 Last name	116-118 SHOREDITCH HIGH STREET									
KERR	HACKNEY LONDON									
03 National Insurance (NI) number	Postcode E1 6JN									
Your NI number can be found on the letter we have sent with this form.	05 Mobile phone number, if you have one									
<table border="1"><tr><td>J</td><td>K</td><td>7</td><td>6</td><td>0</td><td>9</td><td>9</td><td>5</td><td>D</td></tr></table>	J	K	7	6	0	9	9	5	D	07555585417
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More information about you

06 Date of birth DD/MM/YYYY 29/11/1979	11 Please tell us the dates you were in hospital. Give an approximate date if you cannot remember. From To Name and address of the hospital. Postcode
07 Any other contact telephone numbers 07555585417	12 Have you been released from prison in the last 6 months? This information will help us find your medical records more quickly. We will not share or use this information for any other purpose. ☒ No ☐ Yes What date did you leave?
08 Your email address, if you have one 	
09 Are you pregnant? ☒ No <u>Go to question 10</u> ☐ Yes When is your baby due? 	
10 Have you been in hospital for over 28 days in the last 12 months? ☒ No <u>Go to question 12</u> ☐ Yes	

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.

13	Are you filling in the form for someone else?
☐	No <u>Go to 'About your General Practitioner (GP) or doctor's surgery'</u>
☐	Yes
14	Your first name
15	Your last name
16	Your address
	Postcode
17	A phone number we can contact you on

18	Why are you filling in the form for them?
☐	I am an appointee appointed by the Department for Work and Pensions (DWP)
☐	I am a Deputy
☐	I am a Corporate Acting Body or Corporate Appointee
Please tell us which organisation, if any you represent.	
☐	I am a carer
☐	I am a friend/relative
☐	Other
Please tell us your connection to the person the questionnaire is about and why you are filling in this questionnaire for them.	

About your General Practitioner (GP) or doctor's surgery

Please tell us about your GP. If you do not know your GP's name, tell us the name of your doctor's surgery.

19	Tell us either your GP's name or the name of the doctor's surgery you attend, or both if known.
20	Their phone number

21	Their address
Postcode	

About other healthcare professionals, carers, friends or relatives who know the most about your disability, illness or health condition

Please give us details of the healthcare professionals, carers, friends or relatives who know the most about your disability, illness or health condition. They should know what affect your disability, illness or health condition has on your ability to do things on a daily basis.

For example:

- consultant or specialist doctor
- psychiatrist or specialist nurse, such as community psychiatric nurse
- physiotherapist
- occupational therapist
- social worker
- support worker, personal assistant or carer.

If you have more than one, please use the ‘Other information’ section on page 20 or a separate sheet of paper with your National Insurance number written on it.

22 Their name NORA OTEMA	24 Their phone number 07732691000
23 Their job title	25 Their address ACORN HOUSE 116-118 SHOREDITCH HIGH STREET LONDON Postcode E1 6JN

Sharing information about your disability, illness or health condition

The DWP or approved healthcare professionals that work for DWP, might need more information about your disability, illness or health condition and how it affects your ability to work.

They might ask for relevant information from your doctor, or any other relevant professional you tell them about.

How DWP uses this information

DWP uses this information to:

- process your claim
- make a decision on your claim, or any mandatory reconsideration or appeal you make.

The law allows DWP to get, keep and use this information.

Your doctor (or other relevant professionals you tell DWP about) needs your consent to give information to DWP. If you give your consent, this lets them know that they are legally allowed to share this information with DWP.

DWP can use the information to help you get the support you need, and to make sure you are getting the right support.

This is because we are asking for the information to help us carry out our official social security functions. You do not have to give your consent. If you do not, DWP will make a decision based on the information we have already, as well as any you give us yourself.

If you change your mind

You can change your mind. You can do this by using the contact information on the letter we have sent with this questionnaire and say you want to give or withdraw your consent. If you withdraw your consent, DWP cannot get information from your doctor or others named on your form.

26 Do you give consent for your doctor or other relevant professionals to give DWP more information about your disability, illness or health condition?

☒ Yes - I have read and understood how DWP uses information and agree information about my health can be shared with DWP or the healthcare professionals that work for DWP.

☐ No - Information about my health cannot be shared with DWP or the healthcare professionals that work for DWP.

Cancer treatment

27 Have you been diagnosed with cancer?

☒ No Go to 'About your disabilities, illness or health conditions'

☐ Yes

28 Are you having, waiting for or recovering from any of the following treatment for cancer?

- chemotherapy
- biological treatment/immunotherapy
- hormonal treatment
- targeted therapy, or
- radiotherapy.

☒ No Go to 'About your disabilities, illness or health conditions'

☐ Yes

29 Do you have other health problems, as well as cancer and the problems resulting from your cancer treatment?

☒ No If you are having, waiting for or recovering from any of the cancer treatments listed in **question 28**, please make sure **pages 23 and 24** are filled in and signed by your healthcare professional. This may include a GP (who may charge a fee), hospital doctor or clinical nurse who is aware of your cancer treatment.

☐ Yes If you have other health problems as well as cancer and the problems resulting from your cancer treatment, please fill in the rest of the form as well as **page 23**.

When your healthcare professional has signed **page 24** and you have signed **page 21** you can then return this questionnaire using the enclosed envelope.

About your disabilities, illness or health conditions

We will ask you specific questions about how your disability, illness or health condition affects your ability to do things on a daily basis in the rest of this questionnaire.

It is important that you send any relevant medical or other information back with this questionnaire. Go to page 22 for a list of things the Health Assessment Advisory Service would like to see.

30 What are your disabilities, illness or health conditions?

Tell us how they affect you, when they started and if you think any of your conditions are linked to drugs or alcohol.
Also tell us about any aids you use, such as a wheelchair or hearing aid and anything else you think we should know about your disabilities, illness or health conditions.

Name of your condition, illness or disability and how it affects you	Any aids you use for your condition, illness or disability	Approximate start date
DEPRESSION		2011
ANXIETY		1985
BACK PAIN		2015
POSSIBLE STOMACH ULCERS		ON GOING
TORN MANISCUS (KNEE)		JULY 2024
TORN ROTATOR CUFF		SEPT 2025

31 What tablets, liquids, inhalers or other medication are you taking and are there any side effects?

Tell us about tablets or other medication you are taking and the dosage.
If you are sending in a copy of your prescription, please tell us about the side affects.

Medication	Dosage	How often do you take it?	Do you have any side effects?
Example - Paracetamol	500mg	Twice a day	Dizziness
NAPROXEN		TWICE A DAY	
OMEPRAZOLE	40MG	DAILY	

Hospital, clinic or special treatment like dialysis or rehabilitation treatment

Use this section to tell us about any:

- hospital or clinic treatment you are having
- hospital or clinic treatment you expect to have in the near future
- special treatment you are having such as dialysis or rehabilitation treatment.

Please also tell us about any special treatment you have which you may not go to hospital or clinic for.

32 What hospital, clinic or special treatments are you getting?

For example, the treatment you are having, where you get it and how often. If you are expecting to have treatment in the near future, tell us what the treatment will be and the date it is due to start.

RESIDENTIAL REHABILITATION FOR THE TREATMENT OF DRUG AND ALCOHOL ADDICTION FOR THE DURATION OF SIX TO EIGHT MONTHS. I HAVE GROUP THERAPY SESSIONS THREE TIMES A WEEK, TWO COUNSELLING SESSION A WEEK, FOUR COMMUNITY GROUP SESSION PER WEEK AND ONE KEY WORK SESSION PER WEEK TO ADDRESS THE ROOT CAUSES OF MY ADDICTIONS.

33 Are you having or waiting for any treatment which needs you to stay somewhere overnight or longer?

☐ No [Go to 'How your conditions affect eating and drinking'](#)

☒ Yes Tell us about this.

THERAPY PROGRAMME. I AM UNDER TREATMENT FOR DRUG AND ALCOHOL ADDICTION AND AT ACORN HOUSE RESIDENTIAL REHABILITATION TREATMENT CENTRE.

34 Are you in, or due to start a residential rehabilitation scheme?

☐ No [Go to 'How your conditions affect eating and drinking'](#)

☒ Yes

Tell us the name of the organisation running your scheme.

ACORN HOUSE

When your treatment began, or is due to begin.

3/12/2025

When you expect it to end.

08/2026

How your conditions affect eating and drinking

Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

35 Can you get food or drink to your mouth without help or being prompted by another person?

- ☐ No
☒ Yes
☐ It varies

36 Can you chew and swallow food or drink without help or being prompted by another person?

- ☐ No
☒ Yes
☐ It varies

37 If you have answered No or It varies, tell us about how you eat or drink and why you might need help.

How your conditions affect your physical health capabilities

Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

Moving around and using steps

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

38 Can you move around and use steps without difficulty?

- ☒ No
☐ Yes Go to question 43

39 How far can you move safely and repeatedly on level ground without needing to stop?

For example, because of tiredness, pain, breathlessness or lack of balance.

- ☐ 50 metres - this is about the length of 5 double-decker buses, or twice the length of an average public swimming pool
☐ 100 metres - this is about the length of a football pitch
☐ 200 metres or more

40 Tell us how far you can move and why you might have to stop.

If you usually use a walking stick, crutches, a wheelchair or anything else to help you, tell us how it affects the way you move around.

I CAN MANAGE TO WALK 50 METERS WITHOUT HAVING TO STOP AND REST THIS IS BECAUSE OF KNEE PAIN. I HAVE DIFFICULTY USING STAIRS SO I NEED TO USE LIFTS. I DO HAVE CRUTCHES AND ON A BAD DAY I NEED TO USE IT TO AVOID PUTTING ANY MORE PRESSURE ON MY KNEES. MY BACK PAIN PLAYS A PART IN THIS. IF I AM UPRIGHT FOR MORE THAN 30 MINUTES I BEGIN TO EXPERIENCE PAIN.

41 Can you go up or down 2 steps without help from another person, if there is a rail to hold on to?

- ☐ No
☐ Yes Go to question 43
☒ It varies

42 If you have answered No or It varies, tell us more about using steps.

ON A BAD DAY I STRUGGLE TO USE THE STAIRS BECAUSE OF THE PAIN ON MY KNEES SO I USE LIFTS TO AVOID PUTTING PRESSURE ON IT.

Standing and sitting

43 Can you stand and sit without difficulty?

- ☐ No
☐ Yes Go to question 47

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

- ☐ No
☐ Yes
☒ It varies

45 While you are standing or sitting (or a combination of the two) how long can you stay in one place without help from another person?

- ☐ Less than 30 minutes
☐ 30 minutes to 1 hour
☐ More than 1 hour

46 If you have problems with standing and sitting, tell us more about it. Tell us why this might be difficult for you and how this affects your typical day.

Please include how long you can sit for, how long you can stand for and what might make sitting and standing difficult for you.

I CAN STAND AND SIT IN ONE PLACE FOR A LITTLE UNDER AN HOUR DUE TO BACK PAIN AND KNEE PAIN. IF I DO SIT OR STAND FOR LONGER, THE PAIN INTENSIFY.

49 Can you lift at least one of your arms above your head?

- ☐ No
☐ Yes
☒ It varies

50 If you have answered No or It Varies, tell us why you might not be able to reach up and if this affects both arms.

MY ROTATOR CUFF INJURY MAKES ME TO EXPERIENCE SHARP PAINS RESULTING IN ME DROPPING THINGS, SO WHEN I AM EXPERIENCING PAINS I WILL STRUGGLE TO LIFT MY ARMS UP.

Reaching

47 Can you reach up with either of your arms without difficulty?

- ☐ No
☐ Yes Go to question 51

48 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

Picking up and moving things using your upper body and arms at waist height

51 Can you pick things up and move them without difficulty?

- ☐ No
☐ Yes Go to question 56

52 Can you pick up and move a half-litre (1 pint) carton full of liquid at waist height using your upper body and arms?

- ☐ No
☐ Yes

53 Can you pick up and move a litre (2 pint) carton full of liquid at waist height using your upper body and arms?

- ☐ No
☐ Yes
☒ It varies

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

For example, from one surface to another at waist height.

- ☐ No
☐ Yes
☒ It varies

55 If you have answered No or It varies, tell us more about picking things up and moving them and why you might not be able to pick things up.

I HAVE ROTATOR CUFF INJURY WHICH CAUSES ME TO EXPERIENCE SHARP PAINS, SO I AM NOT ABLE TO PICK AND MOVE THINGS.
I OFTEN EXPERIENCE SEVERE LOWERBACK PAINS WHICH RESTRICTS ME FROM LIFTING AND MOVING THINGS AROUND.
WHEN I TRY TO LIFT OR MOVE THINGS AROUND THE SHARP PAIN COMES THEN I AM FORCED TO DROP IT. SO FOR SAFETY AND TO AVOID EXPERIENCING THE PAIN ITS BEST TO AVOID NOT TO TRY.

Manual dexterity (using your hands)

56 Can you use your hands without any difficulty?

- ☐ No
☐ Yes Go to 'How your conditions affect communication'

57 Can you use either hand to press a button (such as a telephone keypad), turn the pages of a book, pick up a £1 coin, use a pen or pencil or use a suitable keyboard or mouse?

- ☐ Some of these things
☐ None of these things
☐ It varies

58 If you have answered Some of these things or It varies, tell us which of these things you have problems with and why. If it varies, tell us how.

I STRUGGLE TO USE MY HAND SAFELY DUE TO THE SHARP PAIN I EXPERIENCE OFTEN.

How your conditions affect communication

Communicating - speaking, writing and typing

By communicating we mean being able to speak, write or type clearly and be understood by others in your own language. This section asks about how you can communicate with other people.

59 Can you communicate with other people without any difficulty?

☒ No

☐ Yes **Go to 'Communicating - hearing and reading'**

60 Can you communicate a simple message to other people such as the presence of something dangerous?

This can be **by** speaking, writing, typing or any other means, but without the help of another person.

☐ No

☐ Yes

☒ It varies

61 If you have answered No or It varies, tell us how you communicate and why you might not be able to communicate with other people.

For example, difficulties with speech, writing or typing.

I STRUGGLE TO EXPRESS MYSELF. I FIND IT DIFFICULT TO FOLLOW AND UNDERSTAND CONVERSATIONS. I EASILY DRIFT OFF. I FIND WRITING VERY HARD BECAUSE OF POOR MEMORY AND CONCENTRATION. I HAVE VERY LOW SELF CONFIDENCE AND THIS CREATES ANXIETY THAT MAKES ME SHAKE AND UNABLE TO SPEAK, WHEN I AM PUT ON THE SPOT TO

Communicating - hearing and reading

This section asks about your ability to hear other people and read printed information.

62 Can you understand other people without any difficulty?

☒ No

☐ Yes **Go to 'Getting around safely'**

63 Can you understand simple messages from other people by hearing or lip reading without the help of another person?

A simple message means things like someone telling you the location of a fire escape.

- ☐ No
☐ Yes
☒ It varies

64 Can you understand simple messages from other people by reading braille or large print (Arial size 16 or larger)?

- ☐ No
☐ Yes
☒ It varies

65 If you have answered No or It varies, tell us more about if you need to communicate in another way or use aids, such as a hearing aid.

I CAN READ BUT I HAVE A PROBLEM RETAINING WHATEVER I HAVE READ, I AM ALSO SLOW IN PICKING UP WHAT IS BEING SAID THIS IS DUE TO POOR MEMORY AND CONCENTRATION. I ALWAYS MISUNDERSTAND THINGS ESPECIALLY WHEN FEELING ANXIOUS WHICH I ALWAYS AM.

Getting around safely

This section asks about problems with your vision. 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. This section is not related to any problems you have getting around because of your mental health.

66 Can you get around safely on your own?

- ☐ No
☐ Yes Go to 'How your conditions affect your physical functions'

67 Can you see to cross the road safely on your own?

- ☐ No
☐ Yes
☒ It varies

68 Can you safely get around a place that you have not been to before without help?

- ☐ No
☐ Yes
☒ It varies

69 If you have answered No or It varies, tell us about your eyesight and any problems you have finding your way around safely.

I GET VERY ANXIOUS AND STRESSED WHEN PLANING A JOURNEY. I HAVE VERY POOR SENSE OF DIRECTION, I GET CONFUSED AND GET LOST IN PLACES I KNOW AND BEEN BEFORE THIS MAINLY DUE TO POOR MEMORY AND CONCENTRATION. WHEN I AM GOING SOMEWHERE AND THERE IS A SUDDEN CHANGE ON THE ROUTE I BECOME VERY ANXIOUS AND STRESSED AND GET PANICK ATTACK.

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

- ☐ No
- ☐ Yes - weekly
- ☐ Yes - monthly
- ☐ Yes - less than a month
- ☒ Yes - but only if I cannot reach a toilet quickly

72 Tell us about:

- any difficulty you have controlling your bowels and bladder or managing your collecting device
- problems you have if you cannot reach a toilet quickly
- any aids you use such as incontinence pads.

I OFTEN WET THE BED AND STRUGGLE TO MANAGE MY BLADDAR, I URINATE FREQUENTLY AND MOST OF THE TIME BEFORE I REACH TO THE TOILET I HAVE ALREADY WET MYSELF. I BELIEVE THIS IS DUE TO THE DRUG AND CHILDHOOD TRAUMA.

How your conditions affect your physical functions

Controlling your bowels and bladder and using a collecting device

Collecting devices include stoma bags and catheters.

70 Can you control your bowels and bladder without any difficulty?

- ☒ No
- ☐ Yes Go to 'Staying conscious when awake'

Staying conscious when awake

By staying conscious we do not mean falling asleep just because you are tired.

73 Do you have any problems staying conscious while awake?

☐ No Go to 'How your conditions affect your mental, cognitive and intellectual capabilities'

☒ Yes

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

This includes epileptic seizures such as fits, partial or focal seizures, absences and diabetic hypos.

☐ Daily

☐ Weekly

☐ Monthly

☐ Less than monthly

75 Tell us about your fainting, fits or blackouts.

WHILE I WAS USING DRUGS AND ALCOHOL (BEFORE COMING TO THE TREATMENT CENTRE) , I WOULD BLACKOUT AND FAINT OFTEN. I WOULD WAKE UP IN PLACES I DO NOT KNOW AND UNAWARE OF HOW I GOT THERE. A LOT OF TIMES I WOULD HAVE INJURIES I AM UNAWARE OF OR HOW I GOT THEM,

How your conditions affect your mental, cognitive and intellectual capabilities

Tell us how your mental health, cognitive or intellectual problems affect how you can do things on a daily basis. By this we mean problems you may have from mental illnesses like schizophrenia, depression and anxiety, or conditions like autism, learning difficulties, the effects of head injuries and brain or neurological conditions.

If you have difficulties filling in this section, you can ask a friend, relative, carer or support worker to help you.

You can call us on the number at the top of any letters we have sent you. We will talk you through the questions over the phone. If you are a Universal Credit customer you can use your online journal, if you have one, to ask any questions.

If you would like any additional information to be considered, for example from your doctor, community psychiatric nurse, occupational therapist, counsellor, psychotherapist, cognitive therapist, social worker, support worker or carer please send it with this form. This includes information that tells us how your disability, illness or health condition affects your ability to do things on a daily basis and information about how this affects you when you are most unwell.

Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time

Learning how to do tasks

This section asks about your ability to learn how to do new things.

76 Can you learn to do everyday tasks without difficulty?

- ☒ No
☐ Yes Go to 'Awareness of hazards or danger'
☐ It varies

77 Can you learn how to do an everyday task such as setting an alarm on a clock or smartphone?

- ☐ No
☐ Yes
☒ It varies

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

- ☐ No
☐ Yes
☒ It varies

79 If you have answered No or It varies, tell us about any difficulties you have learning to do tasks and why you find it difficult.

I HAVE POOR MEMORY AND CONCENTRATION WHICH MAKES IT DIFFICULT FOR ME TO LEARN SIMPLE TASKS SUCH AS WORKING OUT HOW TO USE NEW MOBILE PHONE OR NEW APPLIANCES LIKE WASHING MACHINES.

Awareness of hazards or danger

This section asks about your ability to recognise risks from common hazards.

80 Can you stay safe when doing everyday tasks such as boiling water or using sharp objects?

- ☐ No
☐ Yes Go to 'Starting and finishing tasks'
☒ It varies

81 Do you need someone to stay with you most of the time for you to stay safe?

- ☐ No
☐ Yes
☒ It varies

82 If you have answered Yes or It varies, tell us about how you cope with danger and what problems you have with doing things safely.

DUE TO MY POOR MEMORY AND CONCENTRATION IT CAN BE A RISK FOR ME TO BE AROUND HOT THINGS LIKE HOT WATER OR FOOD ON HOT STOVE BECAUSE I COULD BE ABSENT MINDED WHEN REACHING OUT FOR HOT THINGS SUCH AS LIQUIDS OR FOOD ON THE STOVE AND I COULD BURN MYSELF.

Starting and finishing tasks

This is about whether you can manage to start and complete daily routines and tasks like cooking a meal or going shopping, getting washed and dressed and choosing appropriate clothing.

83 Can you manage to do daily tasks without difficulty?

- ☐ No
☐ Yes **Go to question 86**
☒ It varies

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

- ☐ No
☐ Yes
☒ It varies

85 Tell us about 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. If it varies, tell us how.

I AM NOT ABLE TO PERFORM DAILY EVERYDAY TASK, I STUGGLE TO DO BASIC TASKS AND STICK TO ANY FORM OF PLAN EVEN IN SOBRIETY I HAVE DIFFICULTY STICKING TO ANY PLANS OR TASKS. I AM VERY IMPULSIVE DUE TO POOR MEMORY AND CONCENTRATION. I OFTEN NEED OTHER PEOPLE TO SUPPORT ME LIKE MY SUPPORT WORKER.

Coping with changes

86 Can you cope with changes to your daily routine?

- ☐ No
☐ Yes **Go to 'Going out'**
☒ It varies

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

For example, things like having a meal earlier or later than usual, or an appointment time being changed.

- ☐ No
☐ Yes
☒ It varies

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

This means things like your bus or train not running on time, or a friend or carer coming to your house earlier or later than planned.

- ☐ No
☐ Yes
☒ It varies

- 89** If you have answered No or It varies tell us more about how you cope with change. Explain your problems, and give examples if you can.

I CAN NOT COPE WITH ANY CHANGES SUCH AS CHANGES TO TRAVEL ROUTES, APPOINTMENTS TIMES, PLANNED ACTIVITIES ETC. THIS INCREASES MY ANXIETY AND STRESS LEVELS SOMETIMES IT WILL TRIGGER PANIC ATTACKS.

Going out

This question is about your ability to cope mentally or emotionally with going out. If you have physical problems which mean you cannot go out, you should tell us about them in the physical health problems sections.

- 90** Can you go out on your own?

- ☒ No
☐ Yes Go to 'Coping with social situations'
☐ It varies

- 91** Can you leave home and go out to places you know?

- ☐ No
☐ Yes
☐ Yes, if someone goes with me
☒ It varies

- 92** Can you leave home and go to places you do not know?

- ☐ No
☐ Yes
☐ Yes, if someone goes with me
☒ It varies

- 93** If you have answered No or It varies, tell us why you cannot always get to places and if you need someone to go with you. Explain your problems, and give examples if you can.

I ALWAYS GET VERY ANXIOUS WHEN PLANING TO GO TO NEW PLACES AS I ALWAYS GET LOST IN PLACES I DO NOT KNOW OR I HAVE NOT BEEN BEFORE. I ALWAYS GET VERY ANXIOUS ABOUT USING PUBLIC TRANSPORT BECAUSE I CAN NOT COPE WITH CROWDS OR CONFINED PLACES. I SOMETIMES GET PANIC ATTACKS IN SUCH PLACES DUE FEAR CAUSED BY TRAUMA AS A CHILD AND STRESS. I ALWAYS GO OUT WITH STAFF OR MY PEERS.

Coping with social situations

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

94 Can you cope with social situations without feeling too anxious or scared?

- ☒ No
☐ Yes Go to 'Behaving appropriately'
☐ It varies

95 Can you meet people you know without feeling too anxious or scared?

- ☒ No
☐ Yes
☐ It varies

96 Can you meet people you do not know without feeling too anxious or scared?

- ☒ No
☐ Yes
☐ It varies

97 If you have answered No or It varies, tell us why you find it distressing to meet other people, what makes it difficult and how often you feel like this. Explain your problems, and give examples if you can.

I HAVE EXTREME SOCIAL ANXIETY I REALLY STRUGGLE WITH NEW PEOPLE AND I AVOID THIS AT ALL COST. I AVOID ALL SITUATIONS WHERE THERE ARE OTHER PEOPLE INCLUDING PUBLIC TRANSPORT. WHEN I AM PUT IN THIS SITUATIONS I GET VERY SWEATY, MY HEART BEGIN TO RACE AND I GET VERY AGITATED AND I GET PANIC ATTACK.

Behaving appropriately

This section asks about whether your behaviour upsets other people. By this we do not mean minor arguments between couples.

98 Does your behaviour upset other people?

- ☐ No Go to 'Work Capability Assessment'
☒ Yes
☐ It varies

99 How often do you behave in a way which upsets other people?

For example, this might be because your disability, illness or health condition results in you behaving aggressively or acting in an unusual way.

- ☐ Every day
☒ Frequently
☐ Occasionally
☐ It varies

100 Tell us or provide examples of how your behaviour upsets other people and how often this happens. Explain your problems, and give examples if you can. If it varies, tell us how.

MY SOCIAL ANXIETY MAKES IT HARD FOR ME TO COMMUNICATE MY NEEDS FEELINGS AND EMOTIONS AND CAN COME ACROSS QUITE ABNOXIOUS AND AROGANT AND RUDE. IN THE PAST I HAS LED TO ARGUMENTS AND FIGHTS.

ALSO WHEN I WAS IN ACTIVE ADDICTION BEFORE COMING TO THE REHAB I WAS ARRESTED FOR BUGLARY AND CARRYING OFFENSIVE WEAPONS AND CRIMINAL DAMDGE, AS SUCH IF I AM NOT GIVEN TIME TO ADDRESS ISSUES OF THIS NATURE I WILL OR MIGHT RETURN TO THESE BEHAVIOUS.

Work Capability Assessment

You may be asked to an assessment with a qualified healthcare professional. This may take place on the telephone, face to face or by video link. If this is required, they will send you a letter with details of your appointment and if a face to face assessment is required, an accompanying leaflet to explain what will happen.

Use the **'Other information'** space below to tell us any dates and times in the next 3 months you are not available for an assessment. If you live in Wales and you would like your telephone call, face to face or video assessment in Welsh please tell us below.

DWP and the Health Assessment Advisory Service have a responsibility to consider requests for reasonable adjustments to support you through the assessment process. If you have any requirements for attending an assessment, for example, a step free assessment centre or an interpreter let us know in the **'Other information'** section below.

If you are not asked to an appointment, we will write and explain what will happen with your claim.

Other information

101 If you need more space to answer any of the questions, please use the box below. Carers, friends or relatives can also add any information here about how your disability, illness or health condition affects how you can do things on a daily basis. Please complete **page 4** with their contact details as we may want to contact them for more information.

If you are returning this questionnaire late

It is important you fill in this questionnaire and send it back to the Health Assessment Advisory Service by the date we have asked you to. If you do not and you are claiming Employment and Support Allowance your payments will stop. If you are claiming Universal Credit your payments may change.

102 Are you sending this questionnaire back later than the date we asked you to?

- ☐ No
☐ Yes

Please tell us why.

What to do now

To make sure we have all the information we need please make sure that you:

- have fully answered the **About you** sections on page 2 of the questionnaire
- have answered all other questions on this questionnaire that apply to you
- have signed and dated the questionnaire
- send back the questionnaire by the date we have asked you to in the enclosed letter
- send back the completed questionnaire using the enclosed envelope. It does not need a stamp. Do not send it or take it to your Jobcentre Plus office
- have provided any additional evidence or information that you feel will help us to understand how your disability, illness or health condition affects how you can do things on a daily basis.

Examples of what additional evidence you

Declaration

You may find it helpful to make a photocopy of your reply for future reference.

- I declare that I have read and understand the notes at the front of this form, the information I have given on this form is correct and complete.
- I declare that I have read and understand the **Sharing information about your disability, illness or health condition** section on page 4 of the questionnaire, and completed question 26 **Do you give consent for your doctor or other relevant professional to give DWP more information about your disability, illness or health condition?**
- I understand that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty. I will report any change in my circumstances using the contact information on the letter sent with this questionnaire.
- If I give false or incomplete information or fail to report changes in my circumstances promptly, I understand that my benefit may be stopped or reduced and any overpayment may be recovered. In addition, I may be prosecuted or face a financial penalty.
- I also understand that DWP 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.

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

Your signature

Date of signature

About medical or other information you may already have

Things the Health Assessment Advisory Service would like to see, if you already have them –

Reports, care or treatment plans about you from:

- GPs or hospital doctors
- specialist nurses
- community psychiatric nurses
- occupational therapists
- physiotherapists
- social or support workers
- learning disability support teams
- counsellors or carers.

Medical test results including:

- scans
- audiology
- the results of x-rays, but not the x-rays themselves.

Things like:

- your current prescription list
- your statement of special educational needs
- epilepsy seizure diary
- your certificate of visual impairment.

Other information:

- Hospital Passports, this is a written record kept by people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital
- a diary of your symptoms if your disability, illness or health condition varies from day to day
- long-stay hospital information including date of admission, length of stay and the hospital name and address.



Remember – only send us copies of medical or other information if you already have them. Do not ask or pay for new information or send us original documents.

Please write your National Insurance number on each piece of information you send to us.

If you are sending this form with additional documents, please do not attach them physically to the form, simply enclose them loose within the return envelope.



Things the Health Assessment Advisory Service do not need to see –

General information about your medical conditions that are not about you personally. Such as:

- photographs
- letters about other benefits
- fact sheets about your medication
- internet printouts
- statement of Fitness for Work, otherwise known as fit notes, medical certificates, doctor's statements or sick notes
- appointment letters.

Cancer treatment

For completion by a Healthcare Professional who is aware of your condition.
This may be your GP (who may charge a fee), hospital doctor or clinical nurse.

The information you provide in this section is important as it will help us make a quick decision about your patient's benefit claim.

This section concerns patients who are having, waiting for or recovering from chemotherapy, biological treatment / immunotherapy, hormonal treatment, targeted therapy or radiotherapy treatment for cancer.

103 Details of cancer diagnosis

Include the type and site, stage and any related diagnosis.

104 Details of treatment

Include the regime and expected duration.

105 Is your patient:

- ☐ Awaiting or undergoing chemotherapy, biological treatment/immunotherapy, hormonal treatment, targeted therapy or radiotherapy treatment for cancer
- ☐ Recovering from (post completion of treatment) chemotherapy, biological treatment/immunotherapy, hormonal treatment, targeted therapy or radiotherapy treatment for cancer

Please tick **only** if there is an ongoing prospect of further recovery or prospect of improvement?

- ☐ No
- ☐ Yes

106 In your opinion, is it likely that the impact of the treatment has or will have work-limiting side effects?

- ☐ No **Go to page 24**
- ☐ Yes

In your opinion, are these side effects likely to limit all work?

- ☐ No **Go to page 24**
- ☐ Yes

In your opinion, how long would you expect these side effects to last?

Healthcare professional's signature

Name

Job title and qualifications

Surgery stamp, hospital stamp or address details

Signature

Please sign the form here after printing.

Date

Please make sure page 23 is fully completed.

More information

How DWP collects and uses information

When we collect information about you we may use it for any of our purposes. These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning.

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services.

We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, go to www.gov.uk/dwp/personal-information-charter

Treating people fairly

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality Act' on www.gov.uk

Call charges

Calls to 0800 numbers are free from personal mobiles and landlines.

DWP social media channels

The official social media accounts in use by the Department for Work and Pensions (DWP) are:



www.youtube.com/dwp



www.facebook.com/dwp



www.x.com/dwpgovuk



www.instagram.com/dwpgovuk



www.linkedin.com/company/dwp

DWP British Sign Language (BSL) videos