Glasgow City Council Social Work Services
Person Details - Confidential
J1297784 Mr William Argue

Current, Previous Involvements and Observations

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Surname	First Name(s)	Title	Initials	Birth Date	Age	Current Client
ARGUE	William	Mr	W	15/04/1960	66	Yes

Client Id: J1297784 **Gender:** Male **Ethnicity:** Unspecified

Current Financial details: No

Addresses ***(address prefix with '*' highlight previous main address)***

Address	Type	Start	End
74 CUMLODDEN DRIVE, GLASGOW, G20 0JU	Main	15/04/1960	

Telephone/Email (MAIN shows first)

Number/Email	Type	Notes
07932308810	HOME	

Current Role(s): Client

Assessments

Asm ID	Assessment Type	Responsible	Start Date	End Date	End Reason
A2104899	Welfare Rights Money Advice Referral	Paul DOWSLAND	18/01/2022	18/01/2022	Concluded

Activities

Act ID	Activity Class\Type	Assignee	Requested	Required	Status
K2923064	Welfare Rights Services ** Obsolete ** - Undertake Ben.Ch/Max. Income	Paul Dowsland	23/10/2019		COMPLETE
K2923067	Welfare Rights Services ** Obsolete ** - Progress PIP	Paul Dowsland	23/10/2019		COMPLETE

Details of Activity : PIP2

Progress Notes : Completed, scanned and posted

K2923065	Welfare Rights Services ** Obsolete ** - Progress Universal Credits	Paul Dowsland	23/10/2019		COMPLETE

Details of Activity : UC50

Progress Notes : Completed, scanned and posted

Observations

Date Started	Subject	Information Source	Source Relationship
18/01/2022	Referral Summary	Paul DOWSLAND	Assessor

Notes: Client filled in PIP review form over the xmas period. We briefly discussed the current processing situation with DWP, client has my work mobile number and will recontact me if a mandatory reconsideration is necessary. Paul Dowsland, WRO

23/10/2019	Welfare Rights Information	Paul DOWSLAND	Other professional

Notes: Office appointment 23-10-2019. Mr Argue works as a plasterer. He has been off work since his workmate committed suicide in June 2019. His family helped him start a claim for UC and he's now received a UC50 he needs help with. His daughter also recently helped him start a claim for PIP on advice from the Jobcentre and need help with the PIP2.We completed the forms and I advised on the likelihood of being called for medicals for both, and outlined appeal rights and possible further benefits - e.g. bus pass, carers allowance - that might arise from this. Client gave verbal consent for both forms to be copied to EDRMS.Paul Dowsland, WRO

Application Reference No	Application Address	Name	Note Type	Text	Created Date	Created By	Highlight Indicator
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	INITIAL	William Argue (DOB 15/04/1960, NINO WL185909B, CareFirst J1297784) presented as homeless on 18/02/2021 (mob 07932308810). He advised he and his partner split up a year and a half ago where they lived together at 32 Mingulay Crescent G22 7JQ for 15 years. After they split, William went to stay with his sister at their mother's bought property home. However, since last year his niece and nephew have been working from home and there is too much going on in the house. He advises he is sleeping on the sofa there, and says it is stressful for him and having a detrimental effect on both his physical and mental health; he suffers from COPD, anxiety and depression and is currently prescribed inhalers and Mirtazipine 25mg. He was linking in with Lifelink though this has now discontinued. William advised he was okay to remain where he is for the time being and did not require emergency accommodation. He is currently in receipt of Universal Credit, £700 monthly, and PIP £250 monthly, reports no mobility issues, no pets. Advised he had put in an application with Queens Cross Housing Association and also GHA, and was checking for new properties every Tues and Fri, but was having no luck and said he would be waiting too long to be offered something through them. Advised William I could take an application and make a referral to QXHA, but advised it would be on a one offer basis and anywhere within their housing stock, and William agreed to these terms. Miu Stead, Social Care Worker [redacted]	2/22/21	MIUSTE	Y
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	DECISION	26/02/2021 - Duty accepted. William is unintentionally homeless as he is having to sleep on the sofa in an overcrowded house and has nowhere else to go. He has local connection due to residence and family. Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	Y
[redacted]							
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	1.BACKGRD	William and his partner split up a year and a half ago where they lived together at 32 Mingulay Crescent G22 7JQ for 15 years. After they split, William went to stay with his sister at their mother's bought property home. However, since last year his niece and nephew have been working from home and there is too much going on in the house. He advises he is sleeping on the sofa there, and says it is stressful for him and having a detrimental effect on both his physical and mental health. NOK is sister Elizabeth Argue, mob [redacted]. Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	2.TCYHIST	William has been staying in the family home at 74 Cumlodden Drive Maryhill, Glasgow, G20 0JG for a year and a half, which is shared with his sister and niece and nephew too. Prior to this, he lived in a shared tenancy at 32 Mingulay Crescent G22 7JQ for 15 years with his partner at the time. Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N

775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	3.HSGREQ	William is a single male and will require a 2apt property; he is willing to under-occupy a 3apt and would prefer this over a 2apt, if there is a choice, as he will have his grandchildren over to visit. He is to be queued for Maryhill South, to be close to his family, and requires a referral sent to Queens Cross Housing Association. William is aware that he can be offered anything within their housing stock. William has advised that his COPD does not present him with mobility issues and he can manage any number of stairs, therefore all house types are appropriate. No pets. William has been counselled on the one offer policy and understands the process regarding discharging of duty, and provision of advice and guidance thereafter. Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	4.SUPPORT	Social Care Worker Miu Stead, North West Casework Service, [redacted]). Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	5.HSGSUPP	William has advised he would like resettlement support from FHOSS Turning Point / Loretto when he is made an offer of permanent housing, to assist him with moving into his new home. They can provide support throughout resettlement and up to 6 weeks support after date of entry into the new property. This period of support can be extended if required. Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	6.HEALTH	William is registered with Dr. Lynas at Maryhill Health Centre, 51 Gairbraid Avenue, G20 8FB, [redacted]. He suffers from severe COPD for which he is currently prescribed inhalers. William has advised that his COPD does not present him with mobility issues and he can manage any number of stairs. He also suffers from depression and anxiety for which he is prescribed Mirtazapine 25mg daily. Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	7.LANGUAGE	N/A Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	8.INCOME	William is currently in receipt of Universal Credit, £700 monthly, and PIP £250 monthly. Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	9.PRETCYAR	William has been fully counselled on the requirement of most Housing Associations to pay one month's rent in advance. I have recommended he speak to his Housing Officer during the viewing, to see if they could reach an agreement for him to pay part of it upfront and the rest with a payment plan. I have recommended William put some money aside to prepare for this. William is also aware of the possibility of some Housing Associations organising a pre-let interview prior to making an offer. William does not have any furniture at present or in storage, and will make an application to the Scottish Welfare Fund as well as contacting furniture recycling projects with the support of FHOSS / Loretto. Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	10.RISK	No identified risks as William has managed his own tenancy before. However, FHOSS support will be put in place once William receives an offer to manage any risks should they arise. Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	11SECTION7	N/A Miu Stead, Social Care Worker [redacted]	2/26/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	CASE	RP authorised. Jackie Davies, North West Casework Service [redacted]	2/27/21	JACDAV	N

775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	CASE	04/03/2021 - William phoned through looking for update on his case. I advised he was currently queued for permanent accommodation and when something became available I would be in touch. Miu Stead, Social Care Worker [redacted]	3/5/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	S5UPDATE	18/03/21, S5 referral sent to Queens X. David Grant, North West Cht (Housing Access) [redacted]	3/18/21	DAVGR	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	CASE	18/03/2021 - Phoned William on 07932308810 and let him know his referral had been sent to QXHA and he would probably receive an offer in the next few weeks, so start preparing himself for this. Advised they would contact him directly so to ensure he was answering his phone or returning any missed calls. Miu Stead, Social Care Worker [redacted]	3/18/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	OFFER	30/3/21 OFFER received from HO Amanda Wotherspoon([redacted]) from Queens Cross HA for the property at 78 BRAESIDE STREET FLAT 2/1 G20 6RJ. HO and William have each others details to arrange a viewing appointment directly. An offer of housing letter has been posted out to William and a copy of the offer letter has been emailed to SCW Mui Steed. ([redacted] Suzy Little, Clerical Officer [redacted]	3/30/21	SUZLIT	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	CASE	30/03/2021 - Phoned William to discuss offer but his phone went straight to voicemail. Left a message advising of the offer address, and that I would be putting in a referral for FHOSS as discussed to help with moving in and applying for furniture. Attempted to send FHOSS referral but there is an issue with their email inbox, I will attempt to re-send tomorrow. Miu Stead, Social Care Worker [redacted]	3/30/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	S5UPDATE	30/3/21 Email received from HO Amanda Wotherspoon ([redacted]) to advise Mr Argue is viewing the property on Thursday morning 1/4/21. SCW Miu Stead has been updated. [redacted]) Suzy Little, Clerical Officer [redacted]	3/30/21	SUZLIT	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	CASE	06/04/2021 - Allocated FHOSS worker is David Skinner ([redacted]. Contacted David for an update and received following response: "Hi Miu, spoke to william ,all is good with him ,completed SWF and will contact him again next week . Cheers , Dave" Miu Stead, Social Care Worker [redacted]	4/6/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	S5UPDATE	12/4/21 Email sent to HO Amanda Wotherspoon ([redacted]) to confirm if Mr Argue viewed/ signed for the property. ([redacted]) Suzy Little, Clerical Officer [redacted]	4/12/21	SUZLIT	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	S5UPDATE	12/4/21 Perm list updated to comp as email received from HO Amanda Wotherspoon ([redacted]) confirms doe as 1/4/21. ([redacted]) Suzy Little, Clerical Officer 0[redacted]	4/12/21	SUZLIT	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	CASE	06/05/2021 - Email sent to FHOSS worker David Skinner: "Hi, Just looking for an update on William as I know DOE was 1st of April has he now received all his SWF goods? Thanks, Miu" Miu Stead, Social Care Worker [redacted]	5/6/21	MIUSTE	N

775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	CASE	14/05/2021 - T/C to William for an update on his resettlement; he confirmed he had now received all his Welfare Fund goods and had not actually moved in just yet but was due to do so shortly. He advised he had no further issues and confirmed he was happy for me to close down his homeless application. Miu Stead, Social Care Worker [redacted]	5/14/21	MIUSTE	N
775208	74 Cumlodden Drive, Maryhill, Glasgow, G20 0JG	W Argue	CLOSURE	14/05/2021 - William offered and accepted tenancy with Queens Cross HA for the property at 78 BRAESIDE STREET FLAT 2/1 G20 6RJ. William has confirmed SWF delivery is complete and is happy for case to be closed with GCC. Miu Stead, Social Care Worker [redacted]	5/14/21	MIUSTE	Y

Welfare Rights Money Advice Referral

Glasgow City HSCP
Health and Social Care Partnership
www.glasgow.gov.uk/privacy

Form Details

Form Start Date: 18/01/2022	**Worker Name:** Paul Dowsland

Person Details

Name: Mr William Argue	**CareFirst ID:** J1297784
DoB / EDD: 15/04/1960	**Gender:** Male
Address: 74 Cumlodden Drive, GLASGOW, North West Area, G20 0JU, NORTH CHCP	**Tel No:** 07932308810

Referral Details

Method of Contact

Telephone

Who initiated this Referral

Mr William Argue

If the person making this Referral is not on careFirst give their details here.

Presenting Issue

Benefit advice

Details of Referral

Client has recently returned review form.

EDRMS path to documentation

Referral Actions

National Insurance Number

Number

WL185909B

Did you attend a Joint Discussion?	No
Did you apply to the Scottish Welfare Fund?	No
Was a referral made to Duty Social Worker?	No
Is an Activity to Finance to Calculate Charge required?	No

Concluding Summary of Referral and details of actions taken

Client filled in PIP review form over the xmas period. We briefly discussed the current processing situation with DWP, client has my work mobile number and will recontact me if a mandatory reconsideration is necessary. Paul Dowsland, WRO

Further Intervention

Is a full Welfare Rights Assessment e-form required?	Not Answered
Is the Welfare Rights Assessment urgent?	Not Answered

Welfare Rights Money Advice Referral

Name: Mr William Argue	**CareFirst ID:** J1297784

Date Appeal lodged with appropriate Tribunal Office	
Date mandate is sent to the appropriate Tribunal Office	
Is Appeal Representation required?	Not Answered

Primary Team

Relationship:
Name:
Address:
Email:
Phone:
Notes:

Primary Worker

Relationship:
Name:
Address:
Email:
Phone:
Notes:

Completion

Completed By:
Worker: Paul Dowsland
Tel: [redacted]
Address: 30 Mansion Street
GLASGOW
North Area
G22 5SZ

Date: 18/01/2022

If you call or write to us, please use this reference:
WL185909B

Department for Work & Pensions

Mr William Argue
74 Cumlodden Drive
Glasgow
G20 0JU

Personal Independence Payment 5
Post Handling Site B
Wolverhampton
WV99 1AB
www.gov.uk
Telephone: 0800 121 4433
Textphone: 0800 121 4493

17 September 2019

Personal Independence Payment
How your disability affects you

Dear Mr Argue

Thank you for starting your claim for Personal Independence Payment (PIP).

We now need to find out more information about your daily living and mobility needs to help us make our decision.

What you need to do

- tear off this letter from the front page of the form
- read the form **and** Information Booklet enclosed with this letter
- fill in the **How your disability affects you** form
- read and sign the declaration
- return it to us with **photocopies** of any medical reports, care plans, letters or other information from your doctor, consultant or health care professionals that may help us decide your claim

If you need help to fill in the form, you can ask a friend, relative or a local support organisation. Do this as soon as you can.

If you don't return the form by **17 October 2019** we may end your PIP claim. If you currently get Disability Living Allowance this will stop.

Place the completed form and supporting information in the envelope provided so that the address shows through the window of the envelope. It doesn't need a stamp.

3/11

Return your completed form by **17 October 2019** or we may end your PIP claim.

Don't delay getting any help you may need to complete it.

If you do need to ask for more time, call us.

If you don't want to continue with your claim for PIP, please call us on the number at the top of this letter.

What happens next

After we've received your form we may contact you to arrange a consultation with a health professional. You'll be able to take someone with you to this. If you've given us enough information we may not need to see you.

If you gave us your mobile phone number we will keep you up to date about your PIP claim by text messages, unless you decided to opt out.

Yours sincerely

Office Manager

About the form

The form asks questions about your health condition or disability and how it affects you. This will help us understand the support you need.

The information booklet will help you to answer the questions about your daily living and mobility needs.

You can ask your carer, family or friends to help you fill in the form. Don't delay getting any help you may need to complete and return the form to us in time.

Information to support your claim

Help us to understand your needs by providing supporting information:

- do send recent information that shows how you carry out activities and how this is affected by your health condition or disability
- don't send general information about your condition like fact sheets or information from the internet

Only send us **photocopies** of information you already have available to you. We can't return any documents to you.

Equality and Diversity

We are committed to treating people fairly, regardless of their disability, ethnicity, gender, sexual orientation, transgender status, marital or civil partnership status, age, religion or beliefs. Please contact us if you've any concerns.

Getting help and support

If you need us to, we can provide the information in this letter in a different format which you find easier to access. For example, you can ask us to provide information in braille, large print, audio or email. Please contact us to discuss your requirements regarding format.

Call charges

Calls to 0800 numbers are free from mobiles and landlines.

Personal Independence Payment - How your disability affects you

Department for Work & Pensions

Full name	Mr William Argue
National Insurance number	WL185909B

Please fill in this form and return it to us by **17 October 2019**.

We've sent you an **Information Booklet** to help you complete the form.

In the **Information Booklet** we:

- give advice on where you can get help to complete the form
- explain the questions we ask
- tell you how to answer the questions, and
- give you examples of other things you can tell us

If you need to ask for more time to complete this form please call us on **0800 121 4433** (0800 121 4493 if using a textphone).

If you don't return this form to us and we don't hear from you to ask for more time to complete it, we may end your claim to PIP.

If you don't want to continue with your claim and won't be returning this form, please call us on **0800 121 4433** (0800 121 4493 if using a textphone).

What you need to do

Step 1 – Read through this form and the Information Booklet.

Step 2 – Fill in this form (in pen) to tell us how your health condition or disability affects you.

Step 3 – Read and sign the declaration on page 37.

Step 4 – Return the form to us with **photocopies** of any additional information.

Additional information to support your claim

As well as completing this form it is important that you help us to understand your needs by providing additional information. This should explain how your health condition or disability affects your daily life.

Do send information that shows how your health condition or disability affects you carrying out day-to-day activities.

Don't send general information about your condition like fact sheets or information from the internet.

Only send us photocopies of information you already have available to you. We can't return any documents to you.

There is more information, including examples of what to send us in the Information Booklet and the information sheet we sent you with this form.

Please put your name and National Insurance number on the top of each document.

Section 1 - About your health professionals

If we need additional information we may contact the health professionals that support you.

Q1 Tell us about the professional(s) best placed to advise us on how your health condition or disability affects you.

For example, a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor, or support worker.

Name	DR RUSSELL / RGD PRACTICE
Address	MARYHILL HEALTH CENTRE 51 GAIRBRAID AVENUE GLASGOW Postcode G20 8TB
Profession	GP
Phone number (include the diallingcode)	[redacted]
When did you last see them? (approximate date)	

Name	DEPT OF RESPIRATORY MEDICINE
Address	GARTNAVEL GENERAL HOSPITAL 1053 GREAT WESTERN ROAD GLASGOW Postcode G12 0YN
Profession	RESPIRATORY MEDICINE
Phone number (include the diallingcode)	[redacted]
When did you last see them? (approximate date)	LAST MONTH.

Name	
Address	 Postcode
Profession	
Phone number (include the diallingcode)	
When did you last see them? (approximate date)	

If you need to add more please continue at Q15 **Additional information**.

Section 2 - About your health condition or disability

Use page 7 of the Information Booklet to help you answer these questions.

Q2a **Tell us in the space below:**

- what your health conditions or disabilities are, and
- approximately when each of these started

Health condition or disability	Approximate start date
Example: Diabetes	May 2010
DEPRESSION	JUNE 2019
ANXIETY	JUNE 2019
C.O.P.D.	YEARS
REYNAUDS DISEASE	YEARS.

We will ask you how your health conditions or disabilities affect how you carry out day-to-day activities in the rest of the form.

If you need to add more please continue at Q15 **Additional information**.

Q2b Tell us about:

- tablets or other medication you're taking or will be taking and the dosage
- any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis
- any side effects these have on you

MIRTAZAPINE 30 mg 1x NIGHTLY
BRALTUS INHALER 2 PUFFS 2x DAILY
VENTOLIN INHALER AS REQUIRED.

If you need to add more please continue at Q15 **Additional information**.

Section 3 - How your health condition or disability affects your day-to-day life

Tell us in the rest of this form how your health conditions or disabilities affect your day-to-day activities.

Q3 Preparing Food

Use page 7 of the Information Booklet to help answer these questions.

Tell us about whether you can prepare a simple one course meal for one from fresh ingredients.

This includes things like:

- food preparation such as peeling, chopping or opening packaging, and
- safely cooking or heating food on a cooker hob or in a microwave oven

Tick the boxes that apply to you then provide more information in the Extra information box.

Q3a Do you need to use an aid or appliance to prepare or cook a simple meal?

Aids and appliances include things like:

- perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators

Yes ☐ No ☑ Sometimes ☐

Q3b Do you need help from another person to prepare or cook a simple meal?

By this we mean:

- do they remind or motivate you to cook?
- do they plan the task for you?
- do they supervise you?
- do they physically help you?
- do they prepare all your food for you?

This includes help you have **and** help you need but don't get.

Yes ☑ No ☐ Sometimes ☐

Q3c Extra information - Preparing Food

Tell us more about any difficulties you have when **preparing and cooking food**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to prepare and cook food
- does whether you can do this vary throughout the day? Tell us about good and bad days
- can you cook using an oven safely? If not, tell us why not
- tell us about the aids or appliances you **need** to use to help you prepare and cook food
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the **help you need from another person** when preparing food. This includes help you have **and** help you need but don't get

I CAN COOK BUT SINCE JUNE I'VE BEEN TOO DEPRESSED TO THINK ABOUT IT. MY FAMILY HAVE BEEN PREPARING MEALS & ENCOURAGING ME TO EAT.

If you need to add more please continue at Q15 **Additional information**.

Q4 Eating and drinking

Use page 8 of the Information Booklet to help answer these questions.

Tell us about whether you can eat and drink.

This means:

- remembering when to eat
- cutting food into pieces
- putting food and drink in your mouth, and
- chewing and swallowing food and drink

Tick the boxes that apply to you then provide more information in the Extra information box.

Q4a Do you need to use an aid or appliance to eat and drink?

Aids and appliances include things like:

- weighted cups, adapted cutlery

Yes ☐ No ☑ Sometimes ☐

Q4b Do you use a feeding tube or similar device to eat or drink?

This means things like a feeding tube with a rate limiting device as a delivery system or feed pump.

Yes ☐ No ☑ Sometimes ☐

Q4c Do you need help from another person to eat and drink?

By this we mean:

- do they remind you to eat and drink?
- do they supervise you?
- do they physically help you to eat and drink?
- do they help you manage a feeding tube?

This includes help you have **and** help you need but don't get.

Yes ☑ No ☐ Sometimes ☐

Q4d Extra information - Eating and drinking

Tell us more about any difficulties you have when **eating and drinking**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids and appliances you **need** to use to help you eat and drink
- tell us about the **help you need from another person** when eating and drinking. This includes help you have **and** help you need but don't get

AS I SAID, SINCE JUNE I'VE BEEN VERY DEPRESSED & WITHOUT MY FAMILY'S SUPPORT & ENCOURAGEMENT I WOULDN'T BE EATING.

If you need to add more please continue at Q15 **Additional information**.

Q5 Managing treatments

Use page 8 of the Information Booklet to help answer these questions.

Tell us about whether you can monitor changes in your health condition, take medication or manage any treatments carried out at home.

Monitoring changes includes things like:

- monitoring blood sugar level
- changes in mental state, and
- pain levels

A home treatment includes things like:

- physiotherapy, and
- home dialysis

Tick the boxes that apply to you then provide more information in the Extra information box.

Q5a Do you need to use an aid or appliance to monitor your health conditions, take medication or manage home treatments?

For example using a Dosette Box for tablets.

Yes ☐ No ☑ Sometimes ☐

Q5b Do you need help from another person to monitor your health conditions, take medication or manage home treatments?

By this we mean:

- do they remind you to take medications and treatment?
- do they supervise you while you take your medication?
- do they physically help you take medication or manage treatments?

This includes help you have **and** help you need but don't get.

Yes ☐ No ☑ Sometimes ☐

Q5c Extra information - Managing treatments

Tell us more about any difficulties you have with **managing your treatments**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to manage your treatments
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to use to help you monitor your treatment
- tell us about the **help you need from another person** when managing your treatments. This includes help you have **and** help you need but don't get

If you need to add more please continue at Q15 **Additional information**.

Q6 Washing and bathing

Use page 8 of the Information Booklet to help answer these questions.

Tell us about whether you can wash and bathe.

This means things like:

- washing your body, limbs, face, underarms and hair, and
- using a standard bath or shower

This doesn't include any difficulties you have getting to the bathroom.

Tick the boxes that apply to you then provide more information in the Extra information box.

Q6a Do you need to use an aid or appliance to wash and bathe yourself, including using a bath or shower?

Aids and appliances include things like:

- bath / shower seat, grab rails

Yes ☐ No ☑ Sometimes ☐

Q6b Do you need help from another person to wash and bathe?

By this we mean:

- do they physically help you?
- do they tell you when to wash and bathe?
- do they watch over you to make sure you are safe?

This includes help you have **and** help you need but don't get.

Yes ☐ No ☐ Sometimes ☑

Q6c Extra information - Washing and bathing

Tell us more about any difficulties you have when **washing and bathing**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to wash and bathe
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you have difficulty washing particular parts of your body? Which parts?
- does it take you a long time to wash and bathe?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you wash and bathe
- tell us about the **help you need from another person** when washing and bathing. This includes help you have **and** help you need but don't get

I LIVE WITH MY SISTER & MY NEICE. MY SISTER WORKS NIGHT SHIFT & WHEN SHE GETS HOME SHE MAKES SURE I GET UP & WASH & SHAVE. I HAVE BEEN VERY DEPRESSED SINCE JUNE & I HAVE BEEN NEEDING ENCOURAGEMENT AT TIMES.

If you need to add more please continue at Q15 **Additional information**.

Q7 Managing toilet needs

Use page 9 of the Information Booklet to help answer these questions.

Tell us about whether you can use the toilet and manage incontinence.

Using the toilet means:

- being able to get on or off a standard toilet, and
- cleaning yourself after using the toilet

Managing incontinence means:

- emptying your bowel and bladder, including if you need a collecting device such as a bottle, bucket or catheter, and
- cleaning yourself after doing so

This doesn't include difficulties you have getting to the bathroom.

Tick the boxes that apply to you then provide more information in the Extra information box

Q7a Do you need to use an aid or appliance to use the toilet or manage incontinence?

Aids and appliances include things like:

- commodes, raised toilet seats, bottom wipers, bidets, incontinence pads or a stoma bag

Yes ☐ No ☑ Sometimes ☐

Q7b Do you need help from another person to use the toilet or manage incontinence?

By this we mean:

- do they physically help you?
- do they tell you when to use the toilet?
- do they watch over you to make sure you are safe?

This includes help you have **and** help you need but don't get.

Yes ☐ No ☑ Sometimes ☐

Q7c Extra information - Managing toilet needs

Tell us more about any difficulties you have with your **toilet needs or incontinence**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- are you incontinent? Tell us in what way and how you manage it
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to use to help you manage your toilet needs
- tell us about the **help you need from another person** when managing your toilet needs. This includes help you have **and** help you need but don't get

If you need to add more please continue at Q15 **Additional information**.

Q8 Dressing and undressing

Use page 9 of the Information Booklet to help answer these questions.

Tell us about whether you can dress or undress yourself.

This means:

- putting on and taking off clothes, including shoes and socks
- knowing when to put on or take off clothes, and
- being able to select clothes that are appropriate

Tick the boxes that apply to you then provide more information in the Extra information box.

Q8a Do you need to use an aid or appliance to dress or undress?

Aids and appliances include things like:

- modified buttons, front fastening bras, velcro fastening, shoe aids or an audio colour detector

Yes ☐ No ☑ Sometimes ☐

Q8b Do you need help from another person to dress or undress?

By this we mean:

- do they physically help you?
- do they select your clothes?
- do they tell you when to dress or undress?
- do they tell you when to change your clothes?

This includes help you have **and** help you need but don't get.

Yes ☐ No ☐ Sometimes ☑

Q8c Extra information - Dressing and undressing

Tell us more about any difficulties you have when **dressing and undressing**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to dress and undress
- does whether you can dress or undress yourself vary throughout the day? Tell us about good and bad days
- do you only have difficulty dressing certain parts of your body? Which parts?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you with dressing and undressing
- tell us about the **help you need from another person** when dressing and undressing. This includes help you have **and** help you need but don't get

I LIVE WITH MY SISTER. I'VE BEEN VERY DEPRESSED SINCE JUNE & I HAVE BEEN NEEDING ENCOURAGEMENT.

If you need to add more please continue at Q15 **Additional information**.

Q9 Communicating

Use page 10 of the Information Booklet to help answer these questions.

Tell us about whether you have difficulties with your speech, your hearing or your understanding of what is being said to you.

This means in your native spoken language.

Tick the boxes that apply to you then provide more information in the Extra information box.

Q9a Do you need to use an aid or appliance to communicate with others?

Aids and appliances include things like:

- hearing and voice aids
- picture symbols, and
- assistive computer technology

Yes ☐ No ☑ Sometimes ☐

Q9b Do you need help from another person to communicate with others?

By this we mean:

- do they help you understand what people are saying?
- do you have someone who helps you by interpreting speech into sign language?
- do they help you by speaking on your behalf?

This includes help you have **and** help you need but don't get.

Yes ☐ No ☐ Sometimes ☑

Q9c Extra information - Communicating

Tell us more about any difficulties you have with **your speech, your hearing and your understanding of what is said to you**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like anxiety and distress?
- tell us about the aids or appliances you **need** to help you to communicate
- tell us about the **help you need from another person** when communicating. This includes help you have **and** help you need but don't get

I STRUGGLE TO CONCENTRATE AND MY DAUGHTER HAS BEEN ATTENDING ALL MY DOCTORS APPOINTMENTS, OFTEN HAVING TO SPEAK ON MY BEHALF, AS I HAD NOT BEEN TELLING THE DOCTOR ANYTHING.

If you need to add more please continue at Q15 **Additional information**.

Q10 Reading

Use page 10 of the Information Booklet to help answer these questions.

Tell us about whether you can read and understand signs, symbols and words in your native language. Also tell us about difficulties you have concentrating when doing so.

This means:

- signs, symbols and words written or printed in your native language, **not braille**
- understanding numbers, including dates
- other instructions, such as timetables

Tick the boxes that apply to you then provide more information in the Extra information box.

Q10a Do you need to use an aid or appliance other than spectacles or contact lenses to read signs, symbols and words?

Aids and appliances include things like magnifiers

Yes ☐ No ☑ Sometimes ☐

Q10b Do you need help from another person to read or understand signs, symbols and words?

By this we mean do they read or explain signs and symbols to you?

This includes help you have **and** help you need but don't get.

Yes ☐ No ☑ Sometimes ☐

Q10c Extra information - Reading

Tell us more about any difficulties you have when **reading and understanding signs, symbols and written words**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do your difficulties depend on how complicated the signs, symbols and words are, or how big they are?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the aids or appliances you **need** to help you read
- tell us about the **help you need from another person** when reading. This includes help you have **and** help you need but don't get

If you need to add more please continue at Q15 **Additional information**.

Q11 Mixing with other people

Use page 10 of the Information Booklet to help answer these questions.

Tell us about whether you have difficulties mixing with other people.

This means how well you are able to:

- get on with other people face-to-face, either individually or as part of a group
- understand how they're behaving towards you, and
- behave appropriately towards them

It includes both people you know well and people you don't know.

Tick the boxes that apply to you then provide more information in the Extra information box.

Q11a Do you need another person to help you mix with other people?

By this we mean:

- do they encourage you to mix with other people?
- do they help you understand how people are behaving and how to behave yourself?

This includes help you have **and** help you need but don't get.

Yes ☐ No ☐ Sometimes ☑

Q11b Do you find it difficult to mix with other people because of severe anxiety or distress?

Yes ☑ No ☐ Sometimes ☐

Q11c Extra information - Mixing with other people

Tell us more about any difficulties you have when **mixing with other people**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- do you have behaviours that could put yourself or others at risk?
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you avoid mixing with other people, some more than others?
- does it take you a long time to mix with other people?
- do you experience any other difficulties, **either during or after the activity**, like anxiety or distress?
- tell us about the **help you need from another person** when mixing with other people. This includes help you have and help you **need** but don't get

I DON'T WANT TO TALK TO ANYONE - I HAVE BEEN AVOIDING PEOPLE SINCE THE SUICIDE. I SPEND ALOT OF TIME IN MY SISTER'S GARDEN WHERE I CAN JUST BE BY MYSELF. I DONT WANT TO TALK TO FRIENDS, AND MY FAMILY TELL ME I'M MORE AGITATED WITH THEM THAN I REALISE. IF SOMEONE COMES IN TO A ROOM WHEN I'M THERE I'LL USUALLY SAY I NEED SOME AIR & GO TO THE GARDEN.

If you need to add more please continue at Q15 **Additional information**.

Q12 Making decisions about money

Use page 11 of the Information Booklet to help answer these questions.

Tell us about whether you can make decisions about spending and managing your money.

This means:

- understanding how much things cost
- understanding how much change you should get
- managing budgets, paying bills and planning future purchases

This activity looks at your decision making ability not things like getting to the bank.

Tick the boxes that apply to you then provide more information in the Extra information box.

Q12a Do you need someone else to help you to understand how much things cost when you buy them or how much change you'll receive?

By this we mean:

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

This includes help you have **and** help you need but don't get.

Yes ☐ No ☑ Sometimes ☐

Q12b Do you need someone else to help you to manage your household budgets, pay bills or plan future purchases?

By this we mean:

- do you need someone to do it for you?
- do they have to help you manage your bills?
- do you need encouraging to do it?

This includes help you have **and** help you need but don't get.

Yes ☐ No ☐ Sometimes ☑

Q12c Extra information - Making decisions about money

Tell us more about any difficulties you have when **making budgeting decisions**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, **either during or after the activity**, like anxiety and distress?
- tell us about the **help you need from another person** when making decisions about money. This includes help you have **and** help you need but don't get

I'VE BEEN LIVING WITH MY SISTER & MY NIECE, & MY DAUGHTER HAS BEEN HELPING ME SINCE JUNE - I'VE BEEN DISTRACTED & DEPRESSED SINCE MY WORKMATE'S SUICIDE & NOT ALWAYS DEALING WITH THINGS.

If you need to add more please continue at Q15 **Additional information**.

Q13 Going out

Use page 11 of the Information Booklet to help answer these questions.

Tell us about whether you can plan and follow a route to another place. Also tell us if severe anxiety or stress prevents you from going out.

This includes planning and following a route to another place using public transport.

This activity doesn't look at your ability to walk which is covered in Question 14, **Moving around**.

Tick the boxes that apply to you then provide more information in the Extra information box.

Q13a Do you need help from another person to plan and follow a route to somewhere you know well?

By this we mean do you:

- need someone to help you plan a route, or plan it for you?
- need to be encouraged to go out or have someone with you when going out to reassure you?
- need help from an assistance dog or specialist aid, such as a white stick?
- need someone to be with you to keep you safe or stop you getting lost?

This includes help you have **and** help you need but don't get.

Yes ☐ No ☐ Sometimes ☑

Q13b Do you need help getting to somewhere you don't know well?

By this we mean do you:

- need to be encouraged to go out or have someone with you when going out to reassure you?
- need help from an assistance dog or specialist aid, such as a white stick?
- need someone to be with you to keep you safe or stop you getting lost?
- need help using public transport?

This includes help you have **and** help you need but don't get.

Yes ☑ No ☐ Sometimes ☐

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

Yes ☐ No ☐ Sometimes ☑

Q13d Extra information - Going out

Tell us more about any difficulties you have when **planning and following a route**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- does whether you can do this depend on where you're going?
- do you experience any other difficulties, **either during or after the activity**, like anxiety or distress?
- tell us about the **help you need from another person** when planning and following a journey. This includes help you have **and** help you need but don't get

I HAVENT BEEN GOING OUT MUCH SINCE JUNE-
I DONIT WANT TO MEET ANYONE & HAVE TO
TALK TO THEM. I'VE ALSO BEEN VERY
DISTRACTED & FORGETFUL SINCE JUNE.

If you need to add more please continue at Q15 **Additional Information**.

Q14 Moving around

Use page 11 of the Information Booklet to help answer these questions.

Tell us about whether you can physically move around.

This means how well you can walk and if you **need** to use aids and appliances to get around.

Tick the boxes that apply to you then provide more information in the Extra information box.

Q14a How far can you walk taking into account any aids you use?

- to give you an idea of distance, 50 metres is approximately 5 buses parked end to end

Less than 20 metres ☐	Between 20 and 50 metres ☐	Between 50 and 200 metres ☑
200 metres or more ☐	It varies ☐	

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

Walking aids include:

- walking sticks
- walking frames
- crutches, and
- prostheses

Yes ☐ No ☑ Sometimes ☐

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

Yes ☐ No ☑ Sometimes ☐

Q14d Extra information - Moving around

Tell us more about any difficulties when **moving around**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you regularly fall? Do you find it difficult to move around on certain ground surfaces?
- do you use a wheelchair? Is it motorised or manual?
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness, tiredness, dizziness or anxiety?
- tell us about the aids or appliances you **need** to use when moving around
- tell us about the **help you need from another person** when moving around. This includes help you have and help you **need** but don't get

I CAN WALK ABOUT 80 METRES BEFORE I HAVE TO STOP TO REST & TAKE MY BLUE INHALER. THE MORE I DO, THE WORSE IT GETS.
MY BIG TOES & KNEES OFTEN GO WHITE & FREEZING COLD & NUMB. IT HAPPENS MORE IN WINTER BUT CAN BE ANY TIME OF YEAR.

If you need to add more please continue at Q15 **Additional information**.