

Essential Guide for Completing the PIP2 questionnaire

Whether you are completing a PIP2 form for yourself, with a family member or friend, or you are helping a tenant or client, we hope you will find the following guide useful.

Remember, not all PIP claimants will be asked to attend a face to face medical assessment. A decision can be made on the paper evidence alone, or the claimant may receive a phone call to check the information they have put on their PIP2 questionnaire.

As there may not be an opportunity to explain the claimant's difficulties face to face, it is very important allow plenty of time to complete the PIP2 form, giving a detailed and accurate account of how their condition affects their ability to carry out the twelve activities which are assessed.

Top Ten Tips!

1. Preparation!

If the claimant has physical difficulties with walking, you could ask them to measure the distance they can normally manage (if this varies, doing this on both a bad and a good day) and how long it takes them, how they are afterwards etc. If they have done this before you help with the form, they will have a much better idea of what they can or cannot manage.

If the claimant's condition varies (see point 4.) keeping a diary for a few days/weeks before completing the form can help give a better idea of how their symptoms and difficulties fluctuate.

2. Read the list of the activities and point scores!

Before you write anything on the PIP2 – read all the activities, descriptors and point scores (Appendix 1) and list of definitions (Appendix 2) carefully. This will help you have an idea of what points might be awarded and what sort of information would be useful to give in your answers. Make some rough notes of examples to show the difficulties the claimant has with the activities.

3. 'Reliability' – important to remember!

If the claimant can do the activity, but cannot do it reliably - ie...

Safely - in a fashion that is unlikely to cause harm to themselves or others,

To an acceptable standard - given the nature of the activity,

Repeatedly - as often as is reasonably required

or

Within a reasonable time period - no more than twice the length of time it would normally take a person without a disability to complete the activity

...then they cannot do the activity!

So, for example, if:

- Someone can prepare food but does not understand food hygiene, how to check something is cooked properly or not to use food that has gone out of date, they cannot do it safely or to an acceptable standard.
- Someone can walk 20 metres, but would be so exhausted afterwards that they would not be able to walk again for several hours, they cannot walk 20 metres repeatedly.

- Someone can dress themselves but it takes them an hour to do so, they cannot do it within a reasonable time period.

DWP guidance also states that 'pain, fatigue, breathlessness, nausea and motivation' will all be 'key factors' in deciding whether an activity can be done reliably.

4. Variability:

- Changing conditions through the week / month / year

The assessment looks at how a condition or disability affects a person's daily life or mobility over a 12 month period.

If a descriptor applies on more than half of the days (in the 12 month period from 3 months before the claim was made and likely to still be the case in 9 months' time), then you score points for that descriptor. Where 2 or more descriptors apply, the rules are complicated, but the best thing you can do is indicate how many days in the week or month each one applies for.

It can be really helpful if the claimant has kept a diary of their condition and how it has affected their ability to complete activities over the last few weeks; you can enclose a copy of this or use examples from it.

-Changes in condition or symptoms at different times of the day

Some people have health conditions which mean their symptoms are worse during certain parts of the day.

If a person has difficulties for part of a 24 hour period, they are treated as having the difficulties for the whole of that day. Eg. if severe pain for the first 2-3 hours of the day due to arthritis means someone cannot get dressed until lunchtime, they could score points for this activity. Please note, this will not apply, if during their worst periods of the day they would not need to carry out a particular activity, eg. if the person with arthritic pain in the morning could manage to prepare and cook a main meal in the middle or at the end of the day (ie the time of the day they would normally do this activity), they would not score points on the basis that they could not cook a meal first thing in the morning (a time of the day they would not normally do this).

5. Side effects of medication

If the claimant has any problems caused by their medication, which affect their ability to complete the activities, explain this. Or if the claimant is not able to take particular medication because of the side effects, explain why. Eg. they may need stronger painkillers but they cannot cope with the side effects or they are worried the risks from long-term use.

6. Aids and appliances

If the claimant uses any equipment or gadgets to enable them to complete activities, explain why they need to use them. Some objects you may not automatically think of could be classed as aids/appliances, eg someone with back pain who has to sit down to get dressed and undressed, may sit on their bed, which could be accepted as an aid. Be sure to explain why they need to use them.

If the claimant is not able to use aids/appliances, but needs another person to help them complete an activity (therefore meaning they would score more points for the activity), explain why they cannot use an aid/appliance. This might be because their medical condition means it is not possible, eg. pain in hands is too severe for them to even manage

an electric can opener. If the claimant does not have the aid/appliance which could help, but that aid/appliance is widely available and cheap to buy and a medical professional would recommend they use one, the decision maker might award fewer points on the basis that the claimant could reasonably use the aid/appliance instead of asking another person to help.

7. Medical evidence

This could be a recent letter following an appointment with a doctor or consultant, or a therapist, confirming what was discussed/advised, or if you have other information, eg. test results.

It can be very useful to get a supporting letter from a medical professional or support worker who is treating the claimant. If you write to a doctor or support worker to request a letter, remember it is more useful if their letter concentrates on the twelve activities rather than being more general, so summarise what the claimant says their difficulties are with the activities and ask the doctor/support worker to comment on this in the light of the claimant's medical condition. And remember, you will need the claimant's signed permission for the doctor to send information to you.

Be aware that not all medical professionals provide letters free of charge. If the DWP decide to write to doctors directly (but this does not always happen), doctors are paid for their reply by the DWP.

If medical evidence is available, send copies with the PIP2 form (but do not delay in returning the form, you can send in the evidence as soon as you can afterwards).

8. Ask the claimant lots of questions!

This will help you to ensure all the relevant information is included.

See Appendix 3 for a checklist you can use.

Ask the claimant for examples from their daily life to describe their difficulties and help they need.

9. Write in the claimant's own words

If the claimant asks you to fill in the form, remember that you are just acting as their scribe, the information must come from the claimant. Write in the first person (eg. "I have difficulties with ..."). The only exception to this would be if the claimant is not able to describe their own difficulties (eg. due to a learning disability). If that is the case, you will need someone who knows the person very well to provide the information and you would write the form as if you are that person (eg. "My sister cannot prepare or cook food; due to her learning disability...")

Always read everything you write down to the claimant. Make sure that the claimant (or the person providing the information) agrees that it is accurate and correct.

10. Keep a copy !

It is best if the claimant keeps a copy of their PIP2 form (and any evidence they send) - they can look back at it before they go to a face to face consultation if required to do so. Or to seek advice if the claim is refused. It is also useful in case the form gets lost!

Appendix 1

Activities, descriptors and point scores

Remember! - Can the claimant complete the activity safely, to an acceptable standard, repeatedly and within a reasonable time period?

	Daily Living Activities			
1	Preparing food	a	Can prepare and cook a simple meal unaided	0
		b	Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	2
		c	Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
		d	Needs prompting to be able to either prepare or cook a simple meal.	2
		e	Needs supervision or assistance to either prepare or cook a simple meal.	4
		f	Cannot prepare and cook food.	8
2	Taking nutrition	a	Can take nutrition unaided.	0
		b	Needs – (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (iii) assistance to be able to cut up food.	2
		c	Needs a therapeutic source to be able to take nutrition.	2
		d	Needs prompting to be able to take nutrition.	4
		e	Needs assistance to be able to manage a therapeutic source to take nutrition.	6
		f	Cannot convey food and drink to their mouth and needs another person to do so.	10
3	Managing therapy or monitoring a health condition	a	Either – (i) does not receive medication or therapy or need to monitor a health condition; or (ii) can manage medication or therapy or monitor a health condition unaided.	0
		b	Needs any one or more of the following – (i) to use an aid or appliance to be able to manage medication; (ii) supervision, prompting or assistance to be able to manage medication; (iii) supervision, prompting or assistance to monitor a health condition.	1

		c	Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	2
		d	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	4
		e	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	6
		f	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	8
4	Washing and bathing	a	Can wash and bathe unaided.	0
		b	Needs to use an aid or appliance to be able to wash or bathe.	2
		c	Needs supervision or prompting to be able to wash or bathe.	2
		d	Needs assistance to be able to wash either their hair or body below the waist.	2
		e	Needs assistance to be able to get in or out of a bath or shower.	3
		f	Needs assistance to be able to wash their body between the shoulders and waist.	4
		g	Cannot wash and bathe at all and needs another person to wash their entire body.	8
5	Managing toilet needs or incontinence	a	Can manage toilet needs or incontinence unaided.	0
		b	Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2
		c	Needs supervision or prompting to be able to manage toilet needs.	2
		d	Needs assistance to be able to manage toilet needs.	4
		e	Needs assistance to be able to manage incontinence of either bladder or bowel.	6
		f	Needs assistance to be able to manage incontinence of both bladder and bowel.	8
6	Dressing and undressing	a	Can dress and undress unaided.	0
		b	Needs to use an aid or appliance to be able to dress or undress.	2
		c	Needs either – (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) prompting or assistance to be able to select appropriate clothing.	2
		d	Needs assistance to be able to dress or undress their lower body.	2

		e	Needs assistance to be able to dress or undress their upper body.	4
		f	Cannot dress or undress at all.	8
7	Communicating verbally	a	Can express and understand verbal information unaided.	0
		b	Needs to use an aid or appliance to be able to speak or hear.	2
		c	Needs communication support to be able to express or understand complex verbal information.	4
		d	Needs communication support to be able to express or understand basic verbal information.	8
		e	Cannot express or understand verbal information at all even with communication support.	12
8	Reading and understanding signs, symbols and words	a	a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	0
		b	Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	2
		c	Needs prompting to be able to read or understand complex written information.	2
		d	Needs prompting to be able to read or understand basic written information.	4
		e	Cannot read or understand signs, symbols or words at all.	8
9	Engaging with other people face to face	a	Can engage with other people unaided.	0
		b	Needs prompting to be able to engage with other people.	2
		c	Needs social support to be able to engage with other people.	4
		d	Cannot engage with other people due to such engagement causing either – (i) overwhelming psychological distress to the claimant; or (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	8
10	Making budgeting decisions	a	Can manage complex budgeting decisions unaided.	0
		b	Needs prompting or assistance to be able to make complex budgeting decisions.	2
		c	Needs prompting or assistance to be able to make simple budgeting decisions.	4
		d	Cannot make any budgeting decisions at all.	6

	Mobility Activities			
1	Planning and following journeys	a	Can plan and follow the route of a journey unaided.	0
		b	Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	4
		c	Cannot plan the route of a journey.	8
		d	Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	10
		e	Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	10
		f	Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.	12
2	Moving around	a	Can stand and then move more than 200 metres, either aided or unaided.	0
		b	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided	4
		c	Can stand and then move unaided more than 20 metres but no more than 50 metres.	8
		d	Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	10
		e	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	12
		f	Cannot, either aided or unaided, – (i) stand; or (ii) move more than 1 metre.	12

Appendix 2

Glossary of terms used in the PIP Regulations 2013

acceptable standard means that you may be able to actually complete the activity, but not to a good enough standard. For example where someone can physically wash themselves but does not realise they have done so badly and are still not clean after they have finished.

and then move means that you need to be able to move independently while remaining standing. So if you could only cover, say 20 metres, by standing, transferring to a wheelchair and then completing the journey, you will not be considered capable of moving that distance.

aided means with –

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

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

assistance dog means a dog trained to guide or assist a person with a sensory impairment.

basic verbal information means information in your native language conveyed verbally in a simple sentence.

basic written information means signs, symbols and dates written or printed standard size text in your native language.

bathe includes getting into or out of an unadapted bath or shower.

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

complex budgeting decisions means decisions involving –

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

complex verbal information means information in your native language conveyed verbally in either more than one sentence or one complicated sentence.

complex written information means more than one sentence of written or printed standard size text in your native language.

cook means heat food at or above waist height.

dress and undress includes putting on and taking off socks and shoes.

engage socially means –

- (a) interact with others in a contextually and socially appropriate manner;
- (b) understand body language; and
- (c) establish relationships.

limited ability (to carry out daily living activities) means obtaining a score of at least 8 points in the PIP assessment.

manage incontinence means manage involuntary evacuation of the bowel or bladder, including the use of a collecting device or self-catheterisation, and clean oneself afterwards.

manage medication means take medication, where a failure to do so is likely to result in a deterioration in your health.

manage therapy means undertake therapy, where a failure to do so is likely to result in a deterioration in your health.

medication means medication to be taken at home which is prescribed or recommended by a registered (a) doctor; (b) nurse; or (c) pharmacist.

monitor a health condition means –

- (a) detect significant changes in your health condition which are likely to lead to a deterioration in your health; and
- (b) take action advised by a (i) registered doctor; (ii) registered nurse; or (iii) health professional who is regulated by the Health Professions Council, without which your health is likely to deteriorate.

orientation aid means a specialist aid designed to assist disabled people to follow a route safely.

prepare in the context of food, means make food ready for cooking or eating.

prompting means reminding, encouraging or explaining by another person.

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

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

repeatedly means being able to repeat the activity as often as is reasonably required. Consideration should be given to the collective effects of symptoms such as pain and fatigue. For example, if the effort it takes for you to complete a task then makes you tired and/or in pain so much so that you would not be able to do it again or take on another activity, you should not say you can do the activity repeatedly. For example, if you are able to prepare a meal once unaided, but the exhaustion caused to you by doing this would mean that you could not prepare another meal that day, you should be treated as being unable to prepare a meal unaided.

reasonable time period means no more than twice as long as the maximum period that a person without a physical or mental condition which limits that person's ability to carry out the activity would normally take to complete that activity.

safely means in a manner unlikely to cause harm to you or to another person, either during or after the completion of the activity.

severely limited ability (to carry out daily living activities) means obtaining a score of at least 12 points in the PIP assessment.

simple budgeting decisions means decisions involving –

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

simple meal means a cooked one-course meal for one using fresh ingredients.

social support means support from a person trained or experienced in assisting people to engage in social situations.

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

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

take nutrition means –

- (a) cut food into pieces, convey food and drink to one's mouth and chew and swallow food and drink; or
- (b) take nutrition by using a therapeutic source.

therapeutic source means parenteral or enteral tube feeding, using a rate-limiting device such as a delivery system or feed pump.

therapy means therapy to be undertaken at home which is prescribed or recommended by a –

- (a) registered (i) doctor; (ii) nurse; or (iii) pharmacist; or
- (b) health professional regulated by the Health Professions Council.

but does not include taking or applying, or otherwise receiving or administering, medication (whether orally, topically or by any other means), or any action which falls within the definition of 'monitor a health condition'.

toilet needs means –

- (a) getting on and off an unadapted toilet;
- (b) evacuating the bladder and bowel; and
- (c) cleaning oneself afterwards.

unaided means without –

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

Other terms:

aids or appliance means any device that improves, provides or replaces your impaired physical or mental function, including a prosthesis. It could also include items such as walking sticks, glasses or collecting devices (for example colostomy bags). In assessing your ability to carry out a task, you will be assessed as if wearing or using any aid or appliance that you would normally wear or use, or which you could reasonably be expected to wear or use if you do not currently do so. It should not be considered reasonable for you to wear or use an aid or appliance if it is too expensive, difficult to obtain or is culturally inappropriate for you.

appointee means someone legally appointed to act on your behalf.

award means the rate and amount of a benefit that you have been granted.

calendar month means the period of time from the same date of one month to the same date of the next month.

case manager is the person working for the DWP who will make the decision whether or not to award you PIP. They do this by considering your claim form, the report from your face-to-face consultation and any additional evidence you submitted.

descriptor means a description of tasks of varying degrees of difficulty.

DS1500 is a medical report issued by your GP, hospital consultant, nurse, Macmillan nurse or social worker that describes your medical condition – it is not a prognosis.

healthcare professional is the medically qualified person who carries out your face-to-face consultation.

PIP1 is the form on which you start your PIP claim which is usually completed over the telephone by a DWP agent with your basic qualifying information and sent to you to sign.

PIP2 is the main claim form for PIP called *How your disability affects you*.

passport benefits are those benefits which some groups of people are automatically entitled to because of their entitlement to another benefit.

reasonably be expected means more likely than not – your doctor will be asked to complete a form (DS1500) to confirm this.

terminally ill means that your death can ‘reasonably be expected’ within the next six months.

Appendix 3

Checklist – questions to ask the claimant when gathering information to complete the PIP2

For each activity consider:

- What health condition(s) affect the claimant's ability to complete this activity?
- What difficulties do they have with this activity? (Eg. low motivation, poor concentration, lack of understanding, pain)
- Do they need to use an aid or appliance for this activity? If yes – any problems / help needed using it?
- Do they need physical help / prompting / supervision from another person to be able to complete this activity*? If yes, why? (* it does not matter whether they get help or not, it is the help they need that counts)
- Do the claimant's symptoms vary during the day? If so, does this mean the claimant cannot complete this activity at the time of the day when they would normally need to do so?
- Do the claimant's symptoms vary from day to day / week to week etc? If so give details of how many bad / good days they normally have per week / month and describe how their symptoms limit their ability to complete the activity on both bad and good days.
- Can the claimant complete the activity safely, to an acceptable standard, repeatedly and within a reasonable time period (not taking more than twice the amount of time)?

Appendix 4

Sample answers

There is no right or wrong way to answer the questions on the PIP2 – the key to a good form is including enough detail. However we have included some sample answers below – just to give you an idea of the kind of information you might like to include.

Physical health

Preparing food

My osteoarthritis and cervical spondylosis mean that I get severe pain in my neck, shoulders, hands, hips, knees and feet. My arthritis is worse in the winter, I have about 5-7 bad days per week from about November to March; from April to October I still have about 3-4 bad days every week. On my bad days it is too painful for me to move around the kitchen. Even on good days I do not have enough grip and my hands are too painful for me to peel and chop vegetables or lift pans. I drop things a lot; last month I dropped a cup of tea and scalded myself. I have an electric tin opener because I cannot manage an ordinary one. My husband has to cook our main meal every evening because I am not able to. I have a perching stool in the kitchen, I used to use it when I was able to do a bit more in the kitchen, I got it a couple of years ago, but the pain has got worse since then and I have not prepared our evening meal for at least the last year, I just use it to rest on if I am making toast. On good days I can get a quick snack like toast, but not most days.

Moving around

My Chronic Fatigue Syndrome means that I have no energy. My symptoms vary from (after a few days resting) being able to go downstairs and sit in the lounge and maybe have a friend round or get a lift to her house, to really bad days when I have to stay upstairs in bed for several days at a time with severe headaches and joint pain as well as severe fatigue. The bad days are normally after I have done something like get a lift to my friend's or to a doctor's appointment; I feel totally wiped out afterwards for several days. My mum brings me a drink and snacks before she goes out to work so I don't have to come downstairs, because I do not have the energy to get back up again. If I go to the doctor's (on a good day – on a bad day I need a home visit) I get a lift; even though it is only a 5 minute walk for other people, there is no way I could manage it. The distance from the car park into the waiting room is around 20 metres. I can manage this if I walk very slowly. It takes me about 3 times as long as it would have taken me before I became ill. After sitting in the waiting room and seeing the doctor I walk back to the car, but my walking is even slower and I need to stop and rest half way and link arms with my mum. When we get home I feel sick and exhausted and I need to lie on the settee for at least 2 hours because I cannot get upstairs.

Mental health

Washing and bathing

My severe depression means I have very low mood most of the time and I cannot motivate myself to do things. My mood does not vary much from day to day. I do not look after myself properly. I go for several days without having a wash or brushing my teeth. It feels like too much of an effort and I have very low self-esteem, so I feel like I am not worth it. My friend calls round to see me twice a week. She makes me go in the shower while she is there. She says that it is the only way to get me to have a proper wash, if she did not make me I don't think I would bother.

Planning and following journeys

My severe anxiety and agoraphobia mean that most days I cannot get out of the house. Even if someone was available to take me out every day, I would not be able to cope with that, because the stress beforehand, when I know I have to go out and the feeling of exhaustion afterwards affects me a lot. My sister takes me to doctors appointments. She takes me in her car. She comes in to the waiting room and in to see the doctor with me, because I feel very shaky and nervous, and I can't concentrate very well. I have had panic attacks in the waiting room in the past, when I felt like I couldn't breathe and my heart was pumping, so now we wait near the door, so I can get outside quickly if I feel too panicky. I have cancelled quite a few appointments at the last minute as I felt I could not go out. The day before a doctor's appointment my anxiety levels increase because I am constantly thinking about it and worrying how I will be able to cope. The day after my appointment I feel exhausted and my mood is low, and I need to stay in bed most of the day. My sister does my shopping for me. My sister frequently tries to get me to go with her to her house, she often phones offering to pick me up and take me round for a cup of tea just to get me out of my four walls, but I have only managed to go with her about twice in the last 3 months. I feel like I need to stay at home where I feel safer.