**PIP Review**

**\*This is an EXAMPLE only. You must use the form PIP supply. This form acts as a practice version. The answers below are taken from this video:** [**https://rb.gy/vh13fp**](https://rb.gy/vh13fp)

**HEALTH CONDITIONS (**Use the examples in yellow to complete YOUR conditions on your PIP form)

* Knee pain, patella instability & hyper mobility = 2013
* Severe IBS = 2015
* Anxiety and depression = 2014
* Fibromyalgia = 2020
* Hyperthyroidism = 2015-2016
* Epilepsy = 2010

**MEDICATION (**Use the examples in yellow to complete YOUR medication on your PIP form)

* Duloxetine 30mg 2 x daily
* Codeine 15mg as required

**TREATMENT (**Use the examples in yellow to complete YOUR treatment on your PIP form) *Don’t worry if you do not have anything to write in this section. Most people don’t*

* Physiotherapy
* Counselling
* Hydrotherapy

**HOSPITAL ADMISSIONS (**Use the examples in yellow to complete YOUR admissions on your PIP form) *Again don’t worry if you do not have anything to write in this section. Most people don’t*

* April 2023
* June 2023

Preparing Food
(Use the examples in yellow to complete YOUR situation on your PIP form)

# Tell me if something has changed

I am NOT able to cook or prepare food. Due to my FND I am not able to co-ordinate my movements safely. Also, with my pain and fatigue I get very wobbly and my legs stop working 9 out of 10 days. If my legs stop working, it can last hours or days.

## Tell us how you manage this activity now:

My partner does all food preparation and cooking.

## Tell us about any changes to the help you need:

My partner does not work as he cares for me and our children.

Eating & Drinking
(Use the examples in yellow to complete YOUR situation on your PIP form)

## Tell me if something has changed:

My hands do not do what I want and I also get bad shakes, this is daily life for me. I am too tired to eat (this happens 4 times a week), I also forget due to brain fog as well. My partner has to nag me to eat, he does this every day.

## Tell us how you manage this activity now:

I often will not eat due to pain and fatigue. When I eat, I only use a spoon.Most of the time my partner will cook me something that I can pick up to eat. Like a toasty, if I have this it is ok if I drop it.

## Tell us about any changes to the help you need:

I know I need to ask my partner to chop my food for me so I can eat more healthy meals rather than live on toasties. But, I don’t want to give him more work to do as I feel like I should be doing this for myself.

Managing Treatments
(Use the examples in yellow to complete YOUR situation on your PIP form)

## Tell me if something has changed:

When my legs stop working (9 out of 10 days) my partner has to carry me to the toilet (this only happens 3 days a week) and then back again. He has to carry me to bed or downstairs. Also, my partner has to constantly try and get me to take my meds. If I am too shaky, he will leave it and see if I am better later on. If I am asleep, he will try and wake me but if I am too tired or confused, he will wait until later.

## Tell us how you manage this activity now:

I have to take meds throughout the day. I think my partner spends on average at least 2hrs a day with the meds and carrying me.

Tell us about any changes to the help you need:

I am very sorry but I was not clear on my PIP assessment as I was embarrassed. I have thought about a commode to have in the living room so I could (some days) move myself. But I do NOT want this. My partner would rather carry me, than we have to go to the toilet in our living room.

Washing & Bathing
(Use the examples in yellow to complete YOUR situation on your PIP form)

## Tell me if something has changed:

My partner has to lift me in/out of the bath. My legs will not listen to me (FND). Due to fatigue and my Fibro the pain is so bad, I just do cannot bathe. I use a handle\* in the bath when sitting down/standing up (if I cannot do this bit myself, we do not bathe me) as well as my partner helping me.

## Tell us how you manage this activity now:

Most of the time I do not have the energy to bath. I only do this maximum once a week and mainly when my partner nags me. My partner has to wash my hair for me as my shoulders hurt too much. He also brushes my hair as well.

Tell us about any changes to the help you need:

I think I need to cut my hair to make it easier for us. I cannot sit on a chair in the shower due to fatigue. If I could somehow get into the bath myself would be amazing. I would like to see Occupational Health please. I am NOT unclean; I sit on the toilet and wash my armpits and between my legs.

*\*You can submit extra evidence with this for like photos of aids you use i.e. pill pots, handles etc. If you did not get the right points last time submit evidence and watch this video:* <https://rb.gy/kygfan>

Toilet
(Use the examples in yellow to complete YOUR situation on your PIP form)

## Tell me if something has changed:

I experience incontinence daily (bladder). My partner has to carry me to the toilet. I can also get incontinence (bowel), this happens at least 1-3 a month. I do not have the energy to keep going to the toilet for my IBS and sometimes I am on the toilet for 1hr+. I use the sink to get myself off the toilet when my legs are working.

## Tell us how you manage this activity now:

I clean myself but my partner helps me pull up my PJ bottoms. Sometimes after a bowel movement, if I am too exhausted, I clean as best I can. I rest and then later I will wash myself. I get worse as the day goes on, so my partner has to carry me more at the end of the day or we walk together and I lean heavily on him.

## Tell us about any changes to the help you need:

## I have not got side handles or a raised toilet seat. I would be willing to see if this helps.

Dressing/undressing
(Use the examples in yellow to complete YOUR situation on your PIP form)

## Tell me if something has changed:

Due to the issues with my legs (hypermobility, patella issues, FND) I find it easier to stay in my PJ’s. I do this at least 4 days a week now. I am just too tired as well to bother getting dressed and it increases my pain levels. I avoid making it worse.

## Tell us how you manage this activity now:

My partner does nag me to get dressed, he has to help me put on tops as my arms do not listen. If my legs are not working, we do not change my bottoms. He would have to help me as my body just will not cooperate. I wear oversized clothing for ease and slip on shoes.

## Tell us about any changes to the help you need:

I do not think any changes could help me here as my partner is great.

Speaking to People
(Use the examples in yellow to complete YOUR situation on your PIP form)

## Tell me if something has changed:

My panic attacks are worse. I do not remember what was said.

## Tell us how you manage this activity now:

I avoid speaking to people. My partner or a friend is with me at all times if I have to deal with anyone.

## Tell us about any changes to the help you need:

I plan on trying CBT in the future

Speaking to People
(Use the examples in yellow to complete YOUR situation on your PIP form)

## Tell me if something has changed:

No change

## Tell us how you manage this activity now:

No change

## Tell us about any changes to the help you need:

No change

Mixing with People(Use the examples in yellow to complete YOUR situation on your PIP form)

## Tell me if something has changed:

I knew I got worse if I had to mix with people, with my new diagnoses it confirms my thoughts that stress makes it much worse. If I have to mix with people, I start having panic attacks and ALL my conditions get worse. I do NOT want to mix with people. I avoid this.

## Tell us how you manage this activity now:

If I have to go out my partner is always with me. I prefer to stay at home (due to incontinence, mobility, pain and fatigue).

## Tell us about any changes to the help you need:

I have been told if I win PIP I can get a blue badge. If we can park nearer to locations, on my really, rare good days I might try and go out. I am not sure, but now the walking from the car is always too far.

Making Decisions
(Use the examples in yellow to complete YOUR situation on your PIP form)

## Tell me if something has changed:

No change

## Tell us how you manage this activity now:

My partner makes the important decisions. I trust him and most days I am too tired, so I am in ‘survival mode’ and just trying to do simple things like get to the toilet safely.

## Tell us about any changes to the help you need:

I am not sure what we could change to make this easier?

Planning and Following a Journey
(Use the examples in yellow to complete YOUR situation on your PIP form)

## Tell me if something has changed:

I now request all appointments over the phone, where physical examinations are not required. There is NO way, I could plan and follow a journey. Not at all, due to my conditions.

## Tell us how you manage this activity now:

If we have to go to a location, my partner plans this and drives. I am not safe; I cannot go anywhere unaided.

## Tell us about any changes to the help you need:

If I need to have another assessment, please can this be a phone call?

Mobility
(Use the examples in yellow to complete YOUR situation on your PIP form)

Tick the box for that corresponds to you. Remember, this is not you on a ‘good day’ this needs to be your mobility the majority of the time.

Don’t say you ‘sometimes need an aid’ if 9 out of 10 days you cannot walk on your own or avoid leaving the house.

## Tell us how you manage this activity now:

I lean on my partners arms when I walk and my legs are not working well. When they stop working, my partner carries me. This happens at least 3 days a week

## Tell us about any changes to the help you need:

I would like to speak to Occupational Health about mobility aids please

If you use an aid, tick the box that you ARE interested in the Mobility Scheme