

Training days based on our guides

See page 3.

**The *Benefits and Work* guide to:
Claiming Disability Living Allowance for
adults on mental health grounds**

A free guide, published on the internet by **Steve Donnison
& Holiday Whitehead**, barrister.

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www.benefitsandwork.co.uk

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Every care has been taken to ensure that the content of this work is accurate and that legislation and caselaw used is current at the time of writing. However, no responsibility for loss occasioned to any person acting or refraining from action as a result of any statement in this work can be accepted by the authors.

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- Getting results from the personal capability assessment
- Introduction to housing benefit
- Introduction to means-tested benefits for young people
- Introduction to pension credit
- Making the best possible DLA and AA claims
- Using the Disability Discrimination Act to help clients get and keep work

Contact us

For more information:

write to: Benefits and Work, PO Box 2479, Foxham, Chippenham SN15 4XN

email: training@benefitsandwork.co.uk

Tel/fax: 01249 740 556

mobile: 07940 703399

About this guide

Who is this guide for?

This guide is for you if you are thinking about making a claim for Disability Living Allowance (DLA), based on your mental health.

We use the term ‘mental health problems’ throughout this guide, although you may prefer a different term such as:

- mental health difficulties,
- emotional distress
- nervous problems

or a more specific term such as:

- depression
- anxiety
- eating disorder

The important thing is that this guide is about the way problems you experience with your feelings and thoughts may entitle you to DLA. (If you also have physical health problems you should include information about those in your claim pack.)

Who is this guide about?

Imagine a guide to claiming DLA for people with physical health problems. It would need to cover conditions as different as arthritis and deafness, diabetes and head injuries. Clearly nothing in it would apply to everyone, each reader would have to pick out the bits that were relevant to them.

It’s the same with this guide. We are writing for people with conditions as varied as anxiety depression, schizophrenia, eating disorders and agoraphobia. Some of the information we give will apply to you, some will not. But the methods we explain for doing things like:

- filling out the claim pack
- getting supporting evidence
- preparing for a medical

apply to anyone making a claim based on mental health. So use the parts that are helpful to you and please don’t be troubled or put off by the parts that aren’t.

Above all, if the problems you experience aren’t as great as some of the examples we give, don’t imagine there’s no point in claiming. If the only problems you have are with going outdoors in unfamiliar places, for example, or with cooking a main meal, that alone may be enough for you to get DLA.

How to use this guide

Use it slowly, bit-by-bit.

This is a guide to the whole process of making a claim for DLA. It will help you to make a very detailed and well supported claim and considerably improve your chances of success. But it’s also very long and we often have to say the same thing in several different places, so please don’t try to read it all at once. Use it like you would any other instruction manual – a car maintenance manual, say - just read the bit you need at the time and don’t worry about the rest.

A very brief glossary

Below are a few terms in the guide that you may not be familiar with, or that have particular meanings in relation to DLA. Don't worry if they seem a bit obscure or confusing at this point, we explain things in detail as we take you through filling out the form.

Attention: when deciding whether you are eligible for DLA, one of the things decision makers look at is the amount of 'attention' and/or 'supervision' you need, or would benefit from, because of your condition. Attention, for the purposes of DLA, is when someone is doing something active with you. For example: physically helping you to get dressed or verbally encouraging you to get dressed.

Day and night: the definition of day and night has changed following commissioner's decisions in December 2003 and February 2004. (CSA/322/2003 & CDLA/3242/03). Formerly, night was the period when the adults in your household were normally in bed. So, for the purpose of DLA, day might have been between 8.00am and 12.00pm in one person's house, but be between 5.00am and 9.00pm in the house next door. However, the Commissioners in these decision held that, while household routines may have a marginal effect on when day and night begin and end, in general day and night are the same for all households. One of the Commissioners held that night is between 11.00pm to 7.00am. because you may only need to show 20 minutes attention or supervision needs at night to be eligible for the middle rate of DLA, this distinction is an important one.

Decision makers: these are the people who make decisions about your benefits, they used to be called adjudication officers.

Department for Work and Pensions (DWP): the new name for what used to be the Department of Social Security (DSS).

Night: see '*Day and night*' above

Social Security Commissioners: if you are unhappy with a benefits decision you can generally appeal to a tribunal. If you are unhappy with the tribunal's decision you may be able to appeal further, to a Social Security Commissioner. Commissioners decisions are binding on all tribunals.

Supervision: this is when someone is watching over you to prevent you from coming to harm because, for example, you are unsteady on your feet and at risk of falling or because you have fits and may come to harm if no-one is there to watch over you.

Am I eligible?

DLA is a complicated benefit and many people, including some doctors, care workers and Department of work and Pensions (DWP, the new name for the former DSS) staff, pass on information and opinions that aren't correct. So we'd like to start by telling you 12 things that, no matter what you've been told before, don't affect your right to claim DLA.

12 things that won't affect your claim:

1. You're getting any other benefits - DLA will be paid on top.
2. You're working.
3. Your partner works.
4. You have savings.
5. You have not paid any national insurance contributions.
6. You don't consider yourself to be disabled - DLA is for people with long term health problems which affect their everyday activities.
7. You've been told by a doctor, nurse, care worker - or anyone other than a welfare rights worker - that you won't get DLA. Eligibility for DLA is a legal question, not a matter of medical - or any other - opinion.
8. You live alone and no-one is providing care for you.
9. You already have someone, a partner for example, providing care for you.
10. You don't want anyone to provide care for you.
11. You've been turned down before. Take a look at the chapters on *Completing section 2 of the claim pack* and *Including supporting evidence*, you may decide you could put forward a stronger case if you applied again.
12. You do not want to spend money on personal care: you can spend DLA on anything you wish.

There are a few things, other than your current state of health, which are important, however:

2 things that will affect your claim

1. Are you under 65?
Yes? You can move on to question 2.
No? Unfortunately, if you are 65 or over you cannot begin a claim for DLA. However, you may be able to claim a similar benefit called Attendance Allowance. Contact one of the organisations listed in the *Help!* section for further details.
2. Have your mental health problems lasted at least three months and are they likely to last at least another six months?
Yes? Then you can claim immediately.
No? If they haven't already lasted three months you can still make a claim, but payment can only begin from the date when they have lasted three months.

Finally, to help you decide if you might be eligible for DLA, try our two minute DLA test on the following page.

The 2 Minute DLA Test

1 Look through this list of some (but not all) of the everyday activities that are relevant to DLA:

- *Going outdoors alone (especially in unfamiliar places)*
- *Preparing a cooked main meal for yourself*
- *Taking medication*
- *Eating*
- *Being alone*
- *Communicating with other people*
- *Getting out of bed in the morning*
- *Going to bed at night*
- *Sleeping*
- *Washing, bathing and looking after your appearance*
- *Getting dressed and undressed*
- *Social and leisure activities*

(Shopping and housework are not counted as everyday activities that are relevant to DLA).

2 Choose one of the activities above that you have some problems with. For example:

- you might have problems communicating with other people, because you get anxious in company or find making conversation too difficult or tiring
- you might have problems going outdoors alone in unfamiliar places because you get very nervous or panicky
- you may not feel able to prepare a cooked main meal for yourself because you are forgetful and leave pans to boil dry or you cannot concentrate well enough to remember all the different cooking times and ingredients.

3 With your chosen activity in mind, answer the True or False questions below. If your condition varies, so that the answer is sometimes true and sometimes false, then choose true.

I can't do it at all.	<i>True or False?</i>
It's not safe for me to do it.	<i>True or False?</i>
I have problems concentrating to do it.	<i>True or False?</i>
I need someone to remind me to do it.	<i>True or False?</i>
I need someone to encourage me to do it.	<i>True or False?</i>
I feel panicky or anxious if I try to do it.	<i>True or False?</i>
I get confused when I try to do it.	<i>True or False?</i>
I start doing it but then I don't finish.	<i>True or False?</i>
I can do it, but I need someone with me just in case things go wrong.	<i>True or False?</i>

4 If you haven't answered *True* to any of the questions, try the test again with another activity from the list and so on, until you've found a statement that is true or decided that there aren't any.

5 If the answer is *True* to any of the questions in relation to any of the activities listed then you may be entitled to DLA, because they are all reasons why you might 'reasonably require' help or supervision, even if you don't get it or want it. Whether you are actually eligible for DLA, and at what rate, will depend on how many activities you have problems with and which ones they are.

If the answer wasn't true to any of the questions it doesn't mean you are definitely not eligible for DLA, you should try to get advice from one of the agencies listed in the Help! section.

Should I claim?

DLA can definitely make a big difference. It can give people back some of their feelings of independence and control. It may make you feel that the problems that you face are being recognised and taken seriously by society. Even at the lowest rate, £14.90 a week from April 2002, DLA can provide very useful extra income. And because you can spend your DLA on anything you choose it can also bring about a real improvement in your quality of life. Here's what some people have told us about the effect of being awarded DLA:

'DLA has got me to Turkey, France, Wales, Scotland, London, etc. In other words – a new life'.

'As a result of getting DLA I also qualified immediately for income support, so now I get free prescriptions for all my medication'.

'Since getting DLA my confidence has definitely improved'.

'DLA pays for me visiting the hairdresser once every six weeks and has made me "rich" enough to be generous, i.e. the odd bunches of flowers for friends'.

'Getting DLA makes it easier for me to travel a lot more, because I can go by taxi'.

'The knock-on effect of getting DLA has been lower levels of stress and anxiety about everyday necessities'.

'Before I got DLA I didn't have enough to live on, so it has made an enormous difference to my life. I now feel more independent too and life has become less of a struggle'.

'Since getting DLA I feel more dignified being able to pay for help'.

Getting support

However, before you make a claim you need to think carefully about whether this is a good time to do it, particularly if you are involved in any sort of personal crisis. This is because many people find the process of claiming DLA distressing in a number of ways. You should definitely think about any ways in which you can get support from other people.

Emotional support This may come from friends, relatives, carers or people you know who also experience mental health problems and have perhaps claimed DLA themselves. Consider letting people close to you know that you are making a claim, and that you would appreciate their support. You could explain to them that many people find the process of claiming DLA distressing in a number of ways including:

- Completing the claim pack can be a long and hard task. It can force you to think about the things you find difficult to do and remember some of the most upsetting events from your past.
- You may be visited at home by a DWP doctor, something which many people find quite stressful. (But see *Will I get a medical visit?* for ways you can prepare for a medical).
- Your own doctor may not support your claim in the way you thought s/he would.

- Your claim may not be successful and you may be left feeling like people think you were lying.
- If you are unhappy with the decision you may decide to appeal, a process that could take many months or even years and which may involve you having to talk about very personal matters to strangers at a tribunal. All this with no guarantee of success.
- Even if you are happy with your award it may only be for a limited period, perhaps as little as one year, and then you will have to go through the claim process again.

Professional support As well as emotional support you may be able to get some professional support. This may come from an advice centre if you need help completing the form and possibly a solicitor or law centre if you are not happy with the decision on your claim, (see the *Help!* section). Health and care professionals such as your GP, CPN, psychiatrist or social worker, if you have any of these, may be able to support you by writing letters to accompany your claim. You can find out more about this in the section on *Including supporting evidence*.

Before starting your claim

Take control – keep a Claim File

A claim file is just a folder, or a ring binder, in which you keep notes and copies of everything to do with your DLA claim, but it can save you months of frustration and lost benefits if the DWP lose any of their records.

What to keep in your claim file.

1 Keep a photocopy of everything you send the DWP.

Most especially, keep a photocopy of your completed claim form and keep it safe. We do know how difficult and expensive this can be, but if you don't you may regret it because:

- Your claim form may be lost by the DWP – it does happen.
- Even if your claim is successful the award will either be for a limited period, perhaps as little as one year, and you'll have to apply again towards the end of that period, or it will be for an indefinite period but it may still be reviewed every few years. In either case you'll have to fill out more claim forms and, if you don't give at least as much detail as you did in the original, the DWP may decide you're getting better and stop your claim.
- If you're not happy with the result of your claim you will have difficulty challenging the decision effectively without a copy of your original form.

2 Keep every letter you receive from the DWP.

Put them all in a folder in date order along with copies of letters you've sent them. (We had one client who was able to claim thousands of pounds in backdated benefits because he had kept copies of letters right from the beginning of his claim).

3 Keep a note of any phone calls to or from the DWP.

Ask for the name of anyone you speak to and keep a note of it, along with the date and the subject of the call. For example:

16.6.04 Spoke to Gemma at the DLA Unit. She said they have received my consultant's letter.

Try not to feel embarrassed or awkward about this as DWP staff are used to giving their names. In the very unlikely event that anyone refuses to give you at least their first name and the section they work on, ask to speak to their Supervisor.

At the end of this guide you will find a **Claim File Record Sheet** which you can use for making a note of calls and letters.

Starting your claim

In order to start your claim you need a claim pack. The best way to get one is to make a freephone call to the Benefits Enquiry Line on 0800 882 200 (8.30 am to 6.30 pm Monday to Friday and 9.00 am to 1.00 pm on a Saturday) and ask them to send you a DLA claim pack. If you prefer not to use the telephone you can write to, or visit, your local DWP office asking them to send you a DLA claim pack.

You should then be sent a DLA claim pack with two dates stamped on it. The first is the date you asked for the form and the second is the date, six weeks later, by which you should return it. (Which means you have to post it several days before that date). If they receive it after the six weeks your claim is still valid, but it starts from when the DWP get your form back instead of the date when you first asked for it.

While you're waiting for your claim pack to arrive you might want to consider keeping a diary, (see *Including supporting evidence*). Once your claim pack does arrive, move on to the following page – Completing section 1

Claimants in the Glasgow area

If you live in the Glasgow area and phone for a claim pack you may be asked if you would mind answering a few questions. You will then be put through to a Customer Claims Advisor (CCA) and asked a series of questions, beginning with contact details and then moving on to the following:

- Do you have any difficulties during the day?
- Do you have any difficulties preparing a cooked meal?
- Do you have any difficulties during the night?
- Do you have any difficulties getting about?

You will not at any point be told that you are taking part in a 'voluntary' trial of a new claims procedure. Based on your answers, you will be sent a claim pack which already has some of your details, but not your care needs, typed into it.

The claim pack you receive will be much shorter than the standard one. Instead of the current 20 pages provided to give evidence about difficulties with everyday activities it will have a maximum of 4, one for each question you gave the 'right' answer to. If you fail to convince the CCA that you have problems with, for example, getting about you will not be sent the page on difficulties with walking. Instead, there will be a box saying 'We were told that you do not have any difficulties with getting about'. The form will tell them that if you now realise they have needs, you can write about these on the additional information page.

To make up for collecting much less evidence from you, the DWP say they will make telephone calls to people you give details of in your claim pack and get information from them. They may also telephone you for extra information. However, so far it seems that many claims are being decided without making these calls. So far no results have been published to show whether using the new claim form will make a difference to whether, and at what rate, people get DLA.

If you would rather not take part in this trial, when you are asked if you have time to answer a few questions simply say that you do not wish to take part in the trial and wish to be sent the standard claim pack instead.

Completing section 1 of the claim pack

Important notice: see *Starting your claim* if your claim pack is different to the one described here.

Section one of the claim pack, which you'll need to have in front of you, is relatively straightforward and, we hope, won't cause you too many problems.

Pages 1- 9.

These are factual questions about your name and address, where you would like to cash your benefit book, other benefits you receive and whether you are, or have been, in residential care or hospital. They are the one bit of the form we can't really help you with.

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What are your illnesses or disabilities?

Your entitlement to DLA is based on **all** your health problems. If you have physical health problems - for example arthritis or angina - as well as mental health problems, list them here.

What medicines, tablets or other treatments have been prescribed for your illnesses or disabilities?

List all the medication you have been prescribed, how much you take and how often. If you wish also list other, non-prescribed, medication that you use. In addition, list any treatment such as physiotherapy, special diets or diet supplements. If in doubt, mention it.

Who would you like to tell us about your illness or disabilities

If possible give details of the professional person who you think knows most about the way your condition affects your everyday life. This can be your GP, psychiatrist, Community Psychiatric Nurse, occupational therapist, care worker, etc. Make sure you tell the person that you have given their name and also explain to them in detail the problems that you have in relation to everyday activities. But please don't assume that the DWP will actually contact this person – they may well not, particularly if it is someone other than your GP.

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Your family doctor or GP

You have to include details of your GP on the form. Please don't assume your GP knows all about the problems you have with everyday activities – you may never have told them or they may not have made notes at the time. People are often astonished by what their GP writes about them. So make sure you make an appointment to give your GP an up-to date picture of your problems as soon as you've completed this form and **BEFORE** they are contacted by the DWP. You should also warn your GP that the DWP may contact them.

Your hospital doctor or specialist

Give details of all the hospital doctors or specialists you have seen in the last 12 months, for any conditions you have. If there isn't room to list all of them here put them on an extra sheet.

For people on kidney dialysis

Only complete this if it applies to you.

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Claiming under the Special Rules

Only tick this if you are terminally ill and not expected to live longer than six months.

What to do now

If possible fill in section 2 as well and send them both in together. (Tick box 1).

But if you are getting close to the 6 week deadline send in this section on its own and section 2 when you have completed it. (Tick box 2)

We would not advise you to get help from the DWP filling in the form (Box 3) as the person you speak to is unlikely to have any specialist knowledge of your condition.

We would also not advise you to ask for a DWP doctor to visit (Box 4). You may have to have a visit from a DWP doctor in any case, (see *Will I get a medical visit?* for further details).

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Declaration

Please read the declaration carefully before you sign it

Statement from someone who knows you

You can ask absolutely anyone who knows you, and who knows that you experience mental health problems, to fill in this part. This could be, for example, your partner, your carer, a friend, a neighbour, care worker or your doctor.

Congratulations! You've now completed section 1.

Before you begin section 2

Section two is the longest and hardest section and you may want to do it a bit at a time over a period of days. If possible read through the notes below, which are divided into four parts, before you begin:

1. General tips on completing section two.
2. How to fill in the main boxes.
3. How to fill in the smaller boxes.
4. How to explain fluctuating conditions.

And don't worry if you can't remember everything we tell you - we'll be giving you frequent reminders as you go through the form.

1 General tips

When you're filling out the DLA form you **don't** need to worry about handwriting, spelling, punctuation, grammar or staying inside the boxes. Do whatever works best for you, including any or all of the following:

- write in note form;
- write in bullet points;
- write outside the boxes and up the side of the page if you can't fit everything inside the boxes;
- write on additional sheets of your own paper, but if you do so always:
 - write your name and national insurance number across the top of each extra sheet;
 - staple it to the last page of the section you're completing.

The important thing is to *make the form fit your condition, rather than trying to make your condition fit the form.*

Also, don't worry about repeating yourself. Whoever designed the DLA forms obviously felt that if a thing's worth saying it's worth saying at least half a dozen times. So repeat yourself as many times as the form requires. It's very boring, but it *is* necessary.

2 How to fill in the main boxes.

Section two of the form asks about various everyday activities. On most pages there is a main box for describing the problems you have and smaller boxes for saying how long you need help for, how often each day or night and how many days a week.

For the main boxes we recommend you use our four step system to ensure you give detailed and relevant information.

Step 1

Say what causes the problems with the activity

Decision Makers are very fond of saying that claimants could do things if they chose, they just prefer not to. So make it clear, in your own words, that the reason you have problems is because of your mental health. For example:

- *I have problems with this activity because of my depression.*
- *I have problems with this activity because I am schizophrenic.*

- *I have problems with this activity because I get anxious.*

Or if you prefer to be more general:

- *I have problems with this activity because of my mental health.*

If there is more than one reason why you have problems then say so:

- *I have problems with this activity because of my depression and the medication that I take.*
- *I have problems with this activity because of my anxiety and my angina.*

You might get fed up with having to repeat the same thing on every page you complete, but it really is worth doing.

Step 2

Say what the problems are – in detail

Give as much information as you can about the problems you have. For example:

- *Because of my depression and the medication I take I cannot prepare a main meal.*

I don't have the energy to cook a proper meal, I get exhausted very quickly, so I live off sandwiches, snacks and microwave food. Also, most of the time I have great difficulty concentrating because of my medication which makes me feel like I have a permanent hangover. If I try to cook I forget to put all the ingredients in or I get confused about what things need to be put on the heat when, so some things get overcooked while others are still nearly raw. I'm also very forgetful so I am likely to leave things on the heat and then go and do something else and forget about them until I smell burning.

Step 3

Give an example

This could be:

When you tried to carry out the activity and it went badly wrong:

- *On one occasion I left a frying pan on the heat and then forgot about it. The oil in the pan burnt and could easily have started a fire.*

A recent attempt to carry out the activity which was not successful:

- *I tried to go to Bath to visit my daughter last week, but I got more and more anxious waiting for the bus. My heart was racing and I was sweating and shaking and got very faint. Someone at the bus stop asked me if I was alright which made me even more anxious. In the end I managed to walk back home, but it left me feeling very shaken and depressed and I haven't been outdoors since.*

An example of how you are able to carry out the activity because you have help:

- *If it was not for my partner reminding me, encouraging me and sometimes getting angry with me I don't think I would bother getting washed or getting dressed most days.*

If you never attempt the activity alone anymore, say how long it has been since you did so:

- *I have not had a conversation with anyone except my immediate family for at least six months.*

Step 4

Say how someone could help

To get DLA you need to show that you 'reasonably require' help or someone to watch over you. You don't have to show that you actually get, or want, help – just that it would be reasonable for

you to have it. But if you have problems with activities and there's nothing anyone can ever do that would make the slightest bit of difference, then you may not be entitled to DLA. So always try to show a way in which someone could help.

- *If someone is with me when I go outdoors they can calm me down if I start to get panicky*
- *If someone is with me on a morning they can encourage me to get up and dress*
- *If someone is with me at mealtimes they can encourage me to eat*

3 How to fill in the smaller boxes

Section 2 also asks you to say how many days or nights a week, how often each day or night and how many times a day or night you need help with each activity. Your answers will affect what rate of the care component you are eligible for. We explain the rules below, but the important thing to remember is just to fill in the form in as much detail as possible and without underestimating the problems you face. If the amount of help you need varies, see '*Fluctuating conditions*' below.

How long on average do you need help for during the day

If you reasonably require help for *at least an hour* a day in total you may qualify for the **lower rate**. It doesn't matter if this help is needed all in one go or partly in the morning and partly in the evening. So if you need help and encouragement for 40 minutes in the morning with getting up, washing and dressing and 20 minutes in the evening to get you to go to bed, this may be enough for you to get lower rate care. (Even if you require help for less than an hour a day you may still qualify. The Court of Appeal decided in January 2003 [*Ramsden v Secretary of State for Work and Pensions*] that a period of less than an hour might be sufficient, particularly if it is made up of a lot of short periods of help or if the help requires a lot of concentration or intense activity. The Court also said that the percentage of the day that the attention required should be taken into account).

To get the **middle rate** you have to show that you need help frequently throughout the day: so you have to need help with things in the morning, during the day and in the evening as well.

How long on average do you need help for at night

You have to need help for *at least 20 minutes* a night, or at least twice a night, for it to count. If you only need help at night you may get the **middle rate** care component. If you need help during the day *and* at night you may get the **higher rate** care component.

How many days / nights a week

As a general guide, if you need help less often than *four or five days / nights* a week you will be less likely to qualify for DLA.

How many times a day do you need help

As we said above, for lower rate care it doesn't matter how many times, but for the middle rate it needs to be '*frequent*' which has, rather unhelpfully, been defined as several times.

How many times a night do you need help

As we said above, at night it needs either to be once for at least twenty minutes or it needs to be at least *twice* a night.

4 How to explain fluctuating conditions

Your condition may be one that varies from day to day, week to week or month to month. People often find this a real problem when filling in a DLA form. We suggest that you explain how you are on your bad days and then how you are on your 'better days'. (Please note that if you use expressions like 'good days' or 'normal days' it may be assumed that these are days on which you have no problems whatsoever). So, for example you might say:

On bad days I cannot get out of bed at all because of my depression. On better days I can only get out of bed after hours of trying to persuade myself.

If you have very few (or no) days when you can get out of bed easily, then you can reasonably say that you need help seven days a week. If you have a condition that causes different problems on different days, for example some days you are very low and others you are very high, you will need to give details of each and estimate how often the two together cause you problems.

Be careful not to underestimate your condition. Are your 'better days' actually free of problems, or just relatively so by your standards? It may be that, for the purposes of claiming DLA, you have to accept that you don't really have any 'good days' at all – you've just learnt to deal positively with your condition. Having to think about this may be very distressing for you, so please make sure there is someone available to offer you support if you need it.

If you do have periods when you do not have problems with an activity then average them out as follows:

If your condition varies from day to day, decide on average how many difficulty free days a week you have. If it's only 1 or 2 then you need help 5 or 6 days a week. (If you need help for fewer than 4 or 5 days a week it is less likely you will be awarded DLA).

If your condition varies from week to week, again average it out. If you have about one good week a month that's a bit less than a quarter of the time, so you still need help on an average of 5 to 6 days a week.

If your condition varies from month to month and you have long periods of remission then you should decide whether you have no problems at all during the periods of remission or whether you still suffer from some problems. If you do have periods of months when you have no problems, you are unlikely to be eligible for DLA during those periods.

Completing section 2 of the claim pack

Important notice: see *Starting your claim* if your claim pack is different to the one described here.

Ready to begin section 2? Remember you don't have to do it all in one day – take your time and you'll probably make a better job of it. And do please remember that the effects of mental health conditions vary a great deal from person to person and you may have very few of the symptoms or problems we list. This does not mean that you are not eligible for DLA. But do try to check what we say about each activity: you may be surprised at how much applies to you.

Page 1

About you

Read through the notes and fill in your details (again).

Page 2

About you – continued

Tick the box saying: *You have a mental health problem.*

Tick any of the other boxes that apply to you.

Page 3 Walking outdoors

Do you have physical problems walking?

This page only applies if you have physical problems with walking, not ones that are due to your mental health.

Complete this page if you have problems with walking that are due to physical health problems, such as pain and stiffness caused by arthritis or exhaustion caused by Chronic Fatigue Syndrome.

Page 4 Having someone with you when you are outdoors

Do you need someone with you when you are outdoors?

This is a very important page. If you have problems with this activity you may be entitled to lower rate mobility, even if you don't have problems with anything else.

This page is for you if you have problems walking outdoors in *unfamiliar* places. So complete it even if you are OK walking in your own neighbourhood but would have problems in say, Swindon, or some other place you don't know well.

Only tick No if you have read the examples on the claim form and read the box below and decided you don't have any such problems.

Describe in your own words the problems you have and the help you need when you are outdoors

Do you feel too tired or lethargic to walk outdoors in unfamiliar places?

Do you get anxious in unfamiliar places? Do you have panic attacks? Do strangers or crowds make you anxious? Are you worried about meeting people you know? Are you afraid of open spaces?

Do you get confused and disoriented if you are in unfamiliar places?

Are you unsafe near traffic because you get distracted, perhaps by disturbing thoughts or voices or by overwhelming feelings? Do you become aggressive, perhaps because you feel threatened or vulnerable? Do you approach strangers? Do you behave in some other way that puts you, or other people, at risk?

Remember to include the effects of any medication you take. Does it make you drowsy, apathetic or lethargic so that it is difficult to motivate yourself to walk outdoors? Does it make you too anxious or confused to walk outdoors? Does it make you dizzy or unsteady on your feet? Does it cause involuntary movements, dribbling or other side-effects which make you feel too self-conscious and vulnerable to walk outdoors alone in unfamiliar places?

Can you give any examples of distressing or dangerous experiences you have had as a result of your mental health condition, when walking outdoors in unfamiliar places,?

Would it help if someone encouraged you to go outdoors and came with you when you were in unfamiliar places? Can they help by monitoring your condition and calming you down if you get anxious, panicky or aggressive? Can they help if you get lost, confused or distracted?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

How many days a week do you need someone with you when you are outdoors?

If you don't go out much, or at all, because of your condition that's not the point. The question is: how many days a week would you have problems if you tried to walk outdoors in unfamiliar places? If you would need help every day then the answer is 7 days. If there are some days when you would not need help then give an average. Less than 5 days a week is less likely to count.

Page 5 Falls or stumbles

Do you sometimes fall or stumble, even in places you know well because of your disability or the effects of your medication?

Only tick No if you have read the examples on the form and read the box below and decided you don't have any such problems.

Why do you fall or stumble?

This is not a problem that we have found to be related to mental health conditions. But if you do have a problem with falling or stumbling, for either physical or mental health reasons, then give details on this page.

Step 1 Say what causes the problems with this activity.

Remember this includes falls and stumbles indoors and outdoors.

Does your medication cause dizziness, blurred vision or trembling which makes you more likely to fall or stumble?

Do you experience panic attacks which make you feel weak and dizzy and more likely to stumble?

Tell us where you might fall or stumble

E.g. uneven pavements or road surfaces; crossing roads; getting up or down kerbs; in and out of doorways; in crowded shops or streets; on or off buses.

Describe in your own words the problems you have and the help you need when you fall or stumble

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

Tell us roughly how often you fall or stumble

Remember to include falls and stumbles indoors and outdoors.

Page 6 Moving about indoors

Do you have problems moving about indoors?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Does someone have to tell you or encourage you

Only tick No if you have read the box below and decided you do not need telling or encouraging.

Describe in your own words the problems you have and the help you need

Do you feel too tired or depressed to move? Do you lose track of time? Do you find that you've spent hours thinking repetitively or obsessively about something and not moved about at all? Do you fall asleep during the day?

Remember to include the effects of any medication you take. Does it make you drowsy or lethargic or apathetic so that you are less likely to move about?

What happens, or doesn't happen, when you don't move about indoors? Do you miss meals, miss medication and miss appointments because you stay in the same place for hours? Do you become more isolated or depressed or anxious?

Would it help if someone encouraged you to move around? Would it help if someone spoke to you to break the chain of repetitive or obsessional thinking? Would it help to lift your depression or calm your anxiety if you had someone there to talk to?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

Tell us about any ways your home has been adapted or any equipment you use

This box may not be relevant to your claim. Leave it blank if it does not apply to you.

How long ... ?

How long, on average, would you need someone with you each time you needed reminding or encouraging to move around.

How many days a week ... ?

If you always have problems with moving around indoors then the answer is 7 days. If you only need help for part of each day, perhaps just the mornings or evenings, the answer is still 7 days. If you only need the help on bad days try to give the average number of bad days a week. Under 5 days a week is less likely to count.

How many times a day ... ?

Count all the times you would benefit from help and add them all together. If this is too difficult you may wish to give an answer such as 'Frequently', 'At regular intervals throughout the day', or 'As often as possible'.

Page 7 Getting out of bed in the morning and into bed at night

Do you have problems getting out of bed in the morning and into bed at night?

Only tick No if you have read the two boxes below and decided you don't have any such problems.

Does someone have to tell you or encourage you to get out of bed in the morning and into bed at night?

Only tick No if you have read the box below and decided you do not need telling or encouraging.

Describe in your own words the problems you have and the help you need ...

In the morning

Do you sleep so badly at night that you are too exhausted to get up on a morning? Do you stay in bed because you can't face the day or you can't see the point of getting up? Do you stay in bed to avoid people or problems?

Does your medication prevent you sleeping at night? Does your medication make you too tired or sleepy to get up in the morning?

Can you give examples of problems you have had because of not being able to get out of bed, e.g. missed appointments, missed meals, missed medication, everyday tasks not getting done? Do you get more depressed, angry with yourself or isolated if you don't get up on a morning?

Do you need someone to encourage you to get out of bed? If you live with other people what would happen if they weren't there?

At night

Do you feel too tired, depressed or lethargic to go to bed at night? Is your sleep pattern so disturbed that you are not sleepy until the early hours of the morning?

Do you get too anxious or agitated to go to bed at night? Do you avoid going to bed because you have nightmares or panic attacks at night in bed? Are you more likely to have distressing thoughts or hear disturbing voices at night in bed?

Do you get so caught up in your thoughts or activities that you forget that it is time to go to bed? Do you avoid going to bed because you have thoughts about harming yourself at night in bed?

Does your medication cause insomnia so that you don't see any point in going to bed because you know you won't sleep?

Can you give any examples of what happens if you avoid going to bed? Do you become increasingly anxious, depressed or likely to harm yourself? Do you sleep during the following day? Do you become more irritable or confused because of lack of sleep? Do you become more isolated? Have you had any arguments or accidents because of lack of sleep?

Do you need someone to encourage or remind you to go to bed?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

Tell us about any equipment you use ...

This box may not be relevant to your claim. Leave it blank if it does not apply to you.

How many days a week ...?

If you always have problems then the answer is seven days. If not, then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How long on average ...?

Give an average for getting out of bed and an average for getting into bed if they are different.

Page 8 When you are in bed

Do you have problems when you are in bed?

Only tick No if you have read the examples on the form and read the box below and decided you don't have any such problems.

Describe in your own words the problems you have and the help you need

Do you suffer from insomnia? Do you have night terrors? Do you experience repetitive or obsessional thoughts which make you anxious or cause panic attacks?

Are you more likely to harm yourself at night when you are in bed? Do you fall asleep with lit cigarettes? Do you sleep walk?

Can you give an example of any distressing or dangerous experiences you have had at night after you have gone to bed, as a result of your mental health condition? Can you give an example of an occasion when having someone available to reassure or help you has made a difference?

Does it help if there is someone around who can reassure you or calm you down? Does it help if there is someone available to make sure you are safe?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

Tell us about any equipment you use ...

This box may not be relevant to your claim. Leave it blank if it does not apply to you.

How long ... ?

How long would it take someone to help you become calm or check you are OK?

How many nights a week ... ?

If you always have problems then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a night

If this varies give an average.

Page 9 Help with your toilet needs

Do you have problems coping with your toilet needs?

Only tick No if you have read the examples on the form and read the three boxes below and decided you don't have any such problems.

Does someone have to tell you remind you or encourage you to deal with your toilet needs?

Only tick No if you have read the box below and decided you do not need telling or encouraging.

Describe the problems you have and the help you need during the day

This isn't a problem we have found in connection with mental health conditions. But if you do have a problem with continence during the day or when you are in bed, for either physical or mental health reasons, then give details on this page.

Does your medication cause bowel or bladder urgency?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

Describe the problems you have and the help you need at night

See the box above.

How long ... during the day/night?

If this varies, give an average or a range

How many days/nights a week ... ?

If you always have problems then the answer is seven days/nights. If not then give an average which takes into account bad or worse spells. Under 5 days/nights is less likely to count.

How many times a day/night ...

If this varies give an average or a range.

Please tell us where the toilet is in your house and about any special equipment you use

Page 10 Washing, bathing and looking after your appearance

Do you have problems washing, having a bath or shower, or looking after your appearance?
Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Does someone have to tell you, remind you or encourage you to wash or take a bath or shower?
Only tick No if you have read the box below and decided you do not need telling or encouraging.

Describe the problems you have or the help you need washing, bathing or showering or looking after your appearance. If you need to wash or bath or shower more than once a day, please tell us why. If you have bed baths, tell us how long they take.

Do you feel too depressed or tired to wash, bathe, shower or shave? Do feelings about your body or how you look make it difficult for you to wash, bath, shower or shave?

Do you forget to wash, have a bath or shower or shave?

Do you wash or bathe much more often than other people, perhaps because of feelings you have about cleanliness? Do you have certain actions or rituals that you have to perform when you wash or bathe that take a lot of time?

Does your medication cause involuntary movements or affect your appearance in ways you find distressing and which make it difficult for you to care about looking after your appearance.

Can you give an example of what has happened when you have failed to look after your appearance? For example, have other people commented on your appearance or personal hygiene? If you wash too often has it ever caused chapped, sore or broken skin?

Does someone else remind you to look after your appearance? What would happen if they were not there? If you wash compulsively, if someone else is there can they encourage you to wash less frequently or spend less time doing it?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

How long ...?

Remember this may include the time to get undressed, bathe, dry and dress again.

How many days a week ...?

If you always have problems then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day ...?

If you have to wash or bathe more frequently because, for example, your condition or your medication causes you to sweat a lot remember to include all these times. If your condition varies give an average or a range.

Page 11 Getting dressed or undressed

Do you have problems getting dressed or undressed?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Does someone have to tell you, remind you or encourage you to get dressed or undressed?

Only tick No if you have read the box below and decided you do not need telling or encouraging.

Describe the problems you have and the help you need

Do you find it too much of an effort to get dressed when you get up? Are you often still not dressed hours after you have got up? When you do get dressed do you feel too depressed, tired or lethargic to put on clean clothes?

Do you forget to put on clean clothes?

Do you dress in clothes that are unsuitable for the weather, for the time of day or for what you are doing?

Do you go to bed still dressed in the clothes you have worn all day?

Do you have certain actions or rituals that you have to carry out when you dress or undress which mean it takes you a long time to do so?

Can you give any examples of when you have worn the same clothes for a long time or when you have worn inappropriate clothes – say, very lightweight clothes in winter or in the rain.

Could someone help by making sure you dressed appropriately and in clean clothes? Could someone encourage you to undress at night? If there is someone who makes sure you wear clean clothes and dress appropriately, what would happen if they weren't there?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

Equipment you use

This box may not be relevant to your claim. Leave it blank if it does not apply to you.

How long ...?

How long might it take someone to ensure you dressed in clean clothes and undressed at night?

How many days a week ...?

If you always have problems then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day ...?

If you would benefit from changing during the day, perhaps because your condition or medication causes you to sweat a lot, remember to include these times as well. If your condition varies give an average.

Page 12 Preparing a cooked main meal for yourself

Would you have a problem because of your illness or disability if you prepared a cooked main meal for yourself?

This is a very important page. If you can't prepare a cooked main meal for yourself then this alone may entitle you to the lower rate care component of DLA.

Remember this is a hypothetical test: this means it doesn't matter whether you know how to cook or ever do cook. What matters is whether, if you had the ingredients, you would be physically and mentally able to carry out all the activities listed on the form.

And remember it's a traditional meat (or soya) and two veg. type of meal, not reheating something, making a sandwich or chucking something in the microwave. It also has to be done safely. (But it doesn't include doing the shopping, you have to imagine that's already been done).

Only tick No if you have read the examples on the form and read the box below and decided you don't have any such problems.

Describe the problems you would have and the help you would need

Are you often too tired or depressed to cook? Would it just not occur to you to cook?

Would you have difficulty concentrating to plan a meal and choose the ingredients? Might you have problems with timing the different tasks? Might you forget what you are doing and start doing something else? Would you be likely to burn things, undercook things or have accidents because of poor concentration?

Would it be dangerous for you to be around hot pans, flames or sharp knives? Might you leave things on the cooker and go out, forgetting about them? Might you use food that was past its sell by date or going off because you have not stored it properly? Does your medication cause you to shake so that you are in danger of cutting yourself or dropping hot pans? Does preparing a meal make you feel sick so you avoid doing it?

Can you give any examples of when you have tried to cook and had problems or perhaps something dangerous or distressing happened?

Are you more likely to cook if there is someone to remind and encourage you? Is it safer for you to cook if there is someone there to keep an eye on what you are doing? Do you get meals on wheels because you aren't able to cook for yourself?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

How many days a week ...?

If you always have problems then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

Page 13 At mealtimes

Do you have problems at mealtimes?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Does someone have to tell you, remind you or encourage you to feed yourself or have a drink?

Only tick No if you have read the box below and decided you do not need telling or encouraging.

Describe the problems you have and the help you need

Do you forget whether you've eaten or not? Do you often feel too lethargic, depressed or tired to eat? Do you often find that you just don't have any appetite? Do you get too anxious or over excited to eat? Do you go without proper food, just eating snacks and junk food? Do you avoid eating meals? Do you overeat at mealtimes? Do you not have mealtimes, either eating all the time or hardly at all?

If you don't eat proper meals does this have an effect on your mood – perhaps you get more depressed; your behaviour – perhaps you become more irritable; or your physical health?

Do you make yourself sick after eating? Do you take diuretics or laxatives after eating? Do you have rituals connected with eating? Do you become angry with yourself, depressed or think about harming yourself after eating? Have you suffered from malnourishment or weight loss as a result of not eating? Have you suffered health problems as a result of overeating?

Can you give examples of health problems that have been caused by your eating habits? Can you give examples of dangerous or distressing things that have happened as a result of problems connected with eating?

Do you need help monitoring what you eat or reminding to eat or drink supplements? Does it help if someone reminds or encourages you to eat? Are you less likely to over eat or under eat or make yourself sick if there is someone else around? Does it help if someone prepares food for you?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

Equipment you use.

This box may not be relevant to your claim. Leave it blank if it does not apply to you.

How long ...?

If someone helps you, how long do they spend doing this?

How many days a week?

If you always have problems then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day?

Remember to say if you have to eat frequently throughout the day. If your condition varies give an average.

Page 14 Help with medical treatment

Do you have problems coping with medical treatment?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Does someone have to tell you, remind you or encourage you to take your medication?

Only tick No if you have read the box below and decided you do not need telling or encouraging.

Describe the problems you have and the help you need during the day?

Do you sometimes forget to take your medication? Do you get too tired or depressed to take your medication? Do you sometimes feel better and stop taking your medication?

Do you sometimes stop or reduce your medication because it has unpleasant side effects? Do you need help coping with the side-effects of your drugs, such as lethargy or confusion? Does your medication have side effects that distress you, such as altering the way you look or causing involuntary movements?

Do you get confused about whether you have taken your medication or not? Is there a danger that you might overdose either accidentally or deliberately? Do you self-medicate by taking extra drugs or drugs that have not been prescribed for you? Do you mix your medication with alcohol or drugs in a way that might be harmful?

What happens if you do not take your medication? Does your behaviour change? Do you have withdrawal symptoms?

Can you give an example of an occasion when you have had problems as a result of taking too much or too little medication?

Does it help if someone reminds you or encourages you to take your medication? Does it help if there is someone to talk to about the effects your medication has on you? Does it help if there is someone to make sure you do not take too much medication, accidentally or deliberately?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

Describe the problems you have and the help you need during the night

See the daytime box. Are there any extra problems you have with medication at night? Make sure you include any problems you have at night as they may entitle you to a higher rate of DLA.

How long each time during the day/night?

If this varies give an average or range of times.

How many days/nights a week?

If you always have problems then the answer is seven days/nights. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day/night?

If your condition varies give an average or a range.

Page 15 Someone keeping an eye on you

Do you need someone to keep an eye on you?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Describe why you need someone with you during the day?

This can be either outdoors or indoors.

Indoors

Do you become anxious or distressed if left alone for any length of time?

Might you be at risk if you are left alone because you do things like leaving the cooker on, leave taps running, put cigarettes down and forget about them or leave doors and windows open.

Might you be at risk of harming yourself if left alone?

Do you sometimes get angry or distressed when left alone and smash things or hit out at chance callers?

Outdoors

Do you need someone with you when you go outdoors to keep you safe. For example, are you safe near traffic; do you become aggressive towards strangers, perhaps because you are feeling threatened; are you too trusting of strangers so that you get into potentially dangerous situations; are you likely to wander off and not return home?

Can you give any examples of dangerous or distressing things that have happened when you have been left alone? Or can you give any examples of when dangerous or distressing things were prevented from happening because someone else was with you?

Can you give any examples of the ways in which having someone with you might make you less likely to come to harm? What things might they do or say or what things might they be able to prevent you doing or saying?

Remember the four steps:

Step 1 Say what causes the problems with this activity (*The activity in this case is being alone.*)

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

Describe why you need someone to be awake to watch over you during the night

See the box above. The reasons you might need someone to watch over you at night may be similar to the reasons you need someone to be around during the day. If they are, still list them again in this box: night time needs may entitle you to a higher rate of DLA.

In addition:

Do you need someone to be awake because you suffer from panic attacks or night terrors and become very distressed if there is no-one to help calm you down?

Are you more likely to try to harm yourself at night?

Might you go out alone and be in danger late at night?

If possible, give examples of things that have happened at night or ways in which someone has prevented you coming to harm at night.

Remember the four steps:

Step 1 Say what causes the problems with this activity (*The activity in this case is being alone.*)

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

How long ... ?

In order to count towards an award for DLA you need to have someone keeping an eye on you or providing 'supervision' for a certain amount of time.

During the day the supervision needs to be continual, which means that you need someone to be available for most of the time, though not necessarily without any breaks. If this is the case the answer is 'All of the time'.

At night the supervision needs to be for at least twenty minutes or at least twice a night to count.

However, if your supervision needs are less than this still put them down as it will help to show the general level of problems that you face.

How many days/nights a week?

If you always have problems then the answer is seven days/nights. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day/night?

During the day, if you need someone with you most of the time then the answer is 'Frequently'. Otherwise give an average.

Remember that at night someone needs to be awake to watch over you once for at least twenty minutes or twice for shorter periods.

However, if your supervision needs are less than this still put them down as it will help to show the general level of problems that you face.

Page 16 Dizzy spells, blackouts, fits, seizures or something like this

Do you have dizzy spells, blackouts, fits, seizures or something like this?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Describe the problems you have and the help you need during the day

Does your medication cause you to have faint or dizzy spells? Do you get faint or dizzy if you become anxious or have a panic attack?

Do you get any warning of dizzy spells? Do you have to sit or lie down when you have one?

Can you give an example of an occasion when you have had problems because of feeling dizzy or faint?

Could someone help you to relax if you become anxious or are having a panic attack? Could somebody help you to cope with the effects of dizziness or faintness?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

Describe the problems you have and the help you need during the night

See the box above.

Are you in danger of falling downstairs if you become dizzy or faint at night ?

How long each time during the day/night?

Give an average including the time that someone stays awake or is on hand in case you need them.

How often during the day/night?

If this varies give an average or a range.

Page 17 The way you feel because of your mental health

Do you have problems because of your mental health?

Tick Yes.

Describe the things you do or cannot do, or the experiences you have had

Look through the list on the form. You may feel you have covered all this already as you completed the claim form. But it is worth mentioning some of what you consider to be your greatest problems again here.

You can also use this box to write about how you feel most of the time, and/or about particularly difficult emotions or situations that you have to deal with such as:

depression

anxiety

panic attacks

paranoia

anger
self-neglect
delusions
hallucinations

Tell us roughly how often this happens and how long you need help for when this happens
If your mental health condition has *some* effect on the way you feel all, or most of, the time then say so.

If it is difficult to say how long you 'need help' for then the answer might be something like "The amount of time that I need help for varies depending on the situation".

Page 18 Communicating with other people

Do you have problems communicating with other people?

Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Describe the problems you have and the help you need

Do you feel too tired, depressed or lethargic to talk to people, read letters or answer the phone?

Has your condition caused you to lose your self-confidence? Do you become nervous, anxious and self-conscious around other people, making it difficult to hold a conversation? Do you avoid people, perhaps even friends and family? Do you avoid answering the phone or answering the door? Do you avoid social situations or new situations because of anxiety or lack of self-confidence?

Do you find it too difficult to concentrate to hold a conversation? Do you have obsessive or intrusive thoughts that prevent you concentrating? Do you hear voices that make it difficult for you to concentrate?

Do you quickly become irritable or angry with people when you have a conversation? Do you feel too distrustful of people to communicate with them without difficulty?

Do you have problems with all forms of communication or just with some sorts, e.g.: face-to-face; telephone; letters; at the door; on the street, in shops or other public places.

Are there certain people or types of people you have difficulty communicating with, e.g.: strangers; friends; relatives; colleagues; men; women. Have you lost touch with friends or family because of your mental health condition? Have you stopped taking part in social activities – going to clubs or playing sport, for example – because of problems you have communicating with people?

Do you find it hard to meet and talk to people because of the side-effects of your medication? Does it make you too lethargic to want to talk to people or make it too difficult to follow a conversation? Has your medication altered your appearance or does it cause involuntary movements with the result that you avoid people?

Can you give an example of when communicating with people has been particularly difficult or you have had a difficult or distressing experience as a result of problems with communication?

What help can other people give you? Do they encourage you to talk to people; accompany you and reassure you in social situations; answer the telephone or the door for you? Do they read or respond to letters and bills for you? Do they help you to fill in forms?

Remember the four steps:

Step 1 Say what causes the problems with this activity.

Step 2 Say what the problems are – in detail.

Step 3 Give an example.

Step 4 Say how someone could help.

1

Equipment

Do you write letters or use the telephone in order to avoid meeting people face-to-face?

Do you have an entry phone or spy hole in your door so that you can avoid answering the door except to certain people?

How long each time?

Give an average or say that it varies according to the activity.

How many days a week?

If you always have problems then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day?

If your condition varies give an average .

Pages 19 & 20 Help you need when you go out during the day or in the evening

Please note: in spite of the title, these pages are about help you need with social and leisure activities *at home*, as well as when you go out. What used to take up nine pages in the old DLA form has now been shrunk down to two very cramped and confusing pages. But these two pages can be very important if you need support in order to take part in social leisure activities. The boxes are very small, so use separate sheets if you need to.

What you do or would do if you had the help you need

When you go out during the day or evening

This box may be easier to complete if you read it as asking: '*Where do you go, or where would you go if you had the help you needed?*'

Examples include: going shopping for pleasure (rather than for necessities), holidays, cinema, theatre, restaurant, pub, nightclub, library, bingo hall, post office, doctors, hospital, physiotherapist, counsellor, church, evening classes, local park, day-trips, taking the children to and from school, visiting friends and relatives, swimming, gym, sports centre.

How many days a week?

If this is something you would do every day if you had the help then the answer is 7 days.

Otherwise, decide how many days a week you would like to do it.

How many times a day?

Is this something you would do more than once a day?

How long do you usually need help for each time?

Include the time needed to accompany you there, stay with you throughout the activity and accompany you back.

What help do you need from another person?

Describe what help you get or would need in order to carry out this activity. Do you need someone to encourage or remind you to do it? Do you need someone to stay with you in case you become anxious, panicky, confused, angry or aggressive? Do you need someone to drive you to and from places? Do you need someone to help you because you have difficulty concentrating on what you are doing

What you do or would do if you had the help you need

At home

This can be hobbies, or pastimes or activities that you used to do, still do or would like to take up. For example, could you do gardening, decorating or DIY if someone encouraged you or reminded you to do it? Is your concentration too poor to read but you would like someone to read to you? Or is your concentration too poor to follow some programmes or films on television but someone could help you to do so? Would you like to have family or friends round to visit or for meals, but you need someone to encourage and reassure you on social occasions?

How many days a week?

How often would you like to do these things or how often do you do them with help?

How many times a day?

If this is an activity that you would like to do more than once a day say how many times.

How long do you usually need help for each time?

Do you need help all the time you are doing this activity or just for part of it, such as setting things up and putting them away?

What help do you need from another person?

Would they help you to concentrate, offer you encouragement or reassurance?

Page 21 More about the way your illness or disabilities affect you

More about the way your illness or disabilities affect you

Use this box for anything you haven't managed to include but you think might be relevant. If you have had hospital admissions or any other sort of treatment you haven't included on the form you can mention it here. If there have been any particularly incidents which you feel demonstrate the problems you face but which you have not included already, then write about them here.

Paralysis of the will

There may be people, groups or organisations who provide you with support, not in connection with particular activities, but just generally. They may talk to you, listen to you and encourage you. Without them it might be that your situation would get worse quite quickly. If this is the case try to explain why their support is important to you and what would happen if you didn't have it. For example, might you stop caring for yourself; harm yourself; start self-medicating with alcohol or drugs; become very isolated and unable to get help when you need it; be admitted to hospital? Might you, as one social security commissioner put it, experience a '*paralysis of the will*' leaving you at times too afraid or depressed to move or even get out of bed? Give as much

information as possible about why these contacts are important to you, how often and for how long they take place and what would happen if they were no longer available.

In addition, can you give an account of the way your life has changed as a result of your mental health condition – what did you used to be able to do that you can't do anymore? Have you stopped going to pubs or clubs, stopped watching or playing sport, stopped work, given up on any other hobbies, pastimes or leisure activities?

Middle rate care

Although the claim pack asks lots of questions about how often you need help and how long for, it doesn't ask you about *when* in the day you need help. However, this information can be very important. If you need help for at least an hour a day, but only in one chunk, or only at the beginning and end of the day – perhaps help with washing, dressing and undressing – you are likely to qualify only for the lower rate of the care component. But if you need '*frequently throughout the day*', even for less than an hour, you may receive the middle rate of the care component instead. (See *Before you begin section 2* for more about this).

'Frequently' has been defined for benefits purposes as meaning 'several times – not once or twice', but there is no clear definition of what 'frequently throughout the day' means. The decision maker has to decide each case on the facts: it may be helpful if you make those facts as clear as possible. So, if you wish, you can use this page to list when you need help on an average day. For example:

Help I need throughout an average day

7.30am	encouragement and support with getting out of bed, washing and dressing.
8.30am	encouragement to take medication and eat breakfast.
12.30pm	encouragement to eat lunch.
2.30pm to 4.00pm	someone to come with me and reassure me when I go outdoors, either to the library, to visit friends or relatives, or to visit the park or the shops for leisure and just to get out of the house.
6.00pm	encouragement to eat an evening meal.
10.30pm	reminding and encouraging to take my medication and go to bed.

Page 22

When your problems started

This may be many months or years before you were actually diagnosed as having a mental health condition. DLA is only payable when your condition has lasted for at least 3 months.

Declaration

Once again, read it before you sign it.

Page 23

Statement from the person who knows you best

Photocopy this sheet and give the copy to the person you want to complete it. If you are happy with what they write staple the sheet to this page, if not give them another blank copy and ask them if they can change what they have written. If this is not possible get someone else to fill in the statement instead. It is best if the person who completes this statement is a professional involved in your care, such as your GP, specialist or a nurse. Make an appointment to see that person so you can answer any questions they might have and take the Health Professionals Sheet with you. Ask the person to complete the statement there and then if they can. If they can't, or

wish to write a longer report, ask them to send it to you and also ask when it will be done by as you may have to send off section 1 on its own. (See *Completing section 1 of the claim pack*).

Congratulations! You've done it. The claim pack is complete. Photocopy this pack before you send it and you'll probably never have to spend so long filling in a form again in your entire life.

Including supporting evidence

As well as your claim pack the Decision Maker has to take into account any other evidence you provide, this includes additional evidence from you and evidence from other people.

Medical evidence

This can make an enormous difference to whether your claim succeeds. Detailed evidence from health professionals such as your GP, CPN or psychiatrist if you have one, may also mean that your claim is dealt with more quickly and that you are less likely to have a visit from a DWP doctor. (**Always** inform your GP that you are making a claim for DLA as it is quite likely the DWP will contact her or him without telling you first, even if s/he has very little contact with you).

Ask the health worker(s) most involved in your care if they will write a letter supporting your claim. Make an appointment to see them so you can answer any questions they might have and take the Health Professionals Sheet (see end of guide) with you. Ask them to send any letter to you so you can keep a copy (and if necessary ask them to change anything you think is inaccurate or unhelpful).

It is up to you to decide what evidence you submit. Do not feel obliged to use a letter that may not be helpful or might actually harm your case.

Non-medical evidence

Carers, friends or relatives who accompany you when you go out, encourage you to eat or get out of bed, accompany you to social occasions or give other sorts of support, can write letters explaining what they do. The letter should be relevant to your DLA claim, so there's no point in writing about shopping (except for pleasure rather than necessities) or housework, and they should give it to you so that you can keep a copy. If it says things that you think are unhelpful, then ask the writer to change them or simply do not submit the letter. Whatever you do, don't feel obliged to submit a letter just because someone has been kind enough to write it. A letter that says the wrong things can be very damaging to your claim.

Keeping a diary

A diary kept for five days detailing all the things you have problems with, cannot do unless you have help or cannot do at all is very useful. If you keep a diary before you fill in your claim pack it can make the job a lot easier. In addition, you can send it in with your claim form as additional evidence. But **beware**: if yours is a fluctuating condition then don't keep a diary when you're having a better spell, it'll give a very misleading impression.

A diary may also prove invaluable if you need to attend a tribunal as it will be evidence of what problems you had at the time you made your claim. Also, tribunals are very keen on hearing a day by day account of the sort of tasks you perform and the things you find difficult, you *will* be asked about these if you have a hearing .

Remember: you must send section 1 of your form before the deadline runs out, you can send other evidence later if necessary. Enclose a letter with your claim form telling the DWP that you intend to send further evidence and when you hope to be able to send it to them.

What happens next?

You should receive an acknowledgement within five working days of the DWP receiving your claim pack, at least that's what it says in the Charter Standard Statement.

Next it will be looked at by an Decision Maker who may make a decision on the information you have sent or may decide he requires more. He may contact your GP for further information and/or he may ask the DWP to send a doctor to visit you for a medical. We tell you in the next section how to prepare for a medical.

Will I get a medical visit?

Who gets a visit?

There's no way of knowing when you make your claim whether you will have to have a medical or not. The first you will know about it is when you receive a letter, or possibly a phone call, telling you that the DWP wish to send a doctor to your home. If you refuse to have a medical your claim for DLA will automatically be turned down. However, you can ask for the appointment to be made, or changed to, a time when you can have someone else present, (see below). You can also ask to be visited by a female doctor if you would find a visit from a male doctor distressing, or vice versa.

Who visits?

Some people are visited at home by a polite and interested doctor who takes the time to listen and who writes an accurate account of his visit. Sadly, not everyone is so fortunate. Doctors, who are often either retired GPs or local GPs squeezing these visits in with their other work, are paid a fee of £47 per visit by the DWP. Many people we've spoken to reported that the visiting doctor seemed in a rush, stayed only a very short time and wasn't interested in what they had to say. Some found the doctor positively rude. Others reported that although the doctor seemed sympathetic and encouraging, they later discovered that the medical report was very dismissive of their needs.

Having someone with you

Having a friend, relative, carer or support worker with you can make it much easier to deal with difficult situations, it can also provide you with a witness to what happened at the medical. If possible, tell the DWP that you intend to have someone with you, but don't worry if you don't have chance to inform them. If the doctor arrives early, before your friend or relative has arrived, ask them politely to come back at the agreed time. If the doctor arrives late, after your friend or relative has left, tell them politely that they will have to arrange another appointment so that your friend or relative can be present. The medical, and the medical report itself, are divided into two parts.

Part 1 of the medical

This is supposed to be a statement of *your* needs in *your own* words. The doctor should ask you about a number of things including what problems you have with:

- Walking
- Going outdoors
- Getting up
- Moving about indoors

- Falls
- Bathroom and toilet needs
- Help with medication and related activity
- Help at mealtimes
- Preparing a cooked meal
- Using a wheelchair
- Going to bed
- Awareness and recognition of dangers
- Blackouts, fits, comas etc
- Help needed when in bed
- Help with toilet needs
- Help with medication
- Any other needs not described above that are told to the doctor

If possible, read through your photocopy of the DLA form and refresh your memory on all these points before the doctor arrives. Beware of leading questions like ‘You don’t have any trouble with ... do you?’, or ‘You can manage ... can’t you?’. Try not to be persuaded, or feel pressured, into giving an answer that isn’t correct. If you do have problems with an activity, or can’t manage it at all, say so and explain why. The doctor should write down what you tell him/her and then either read the statement back to you or give it to you to read. You then sign to say that you agree with what has been written.

Do not sign unless you are completely happy with what is written.

Remember, this is a signed statement saying what your problems are. If it differs from what you’ve written in your claim pack it may be used by the DWP as grounds for refusing your claim.

If you need to read the statement, or have it read to you, two or three times in order to check it fully then do so. *Don’t be hurried*, the doctor is being well paid for visiting you. If there is anything you disagree with, ask the doctor to change it. If there is anything missing, ask the doctor to put it in. Carry on until you are completely happy with the statement. If the doctor won’t write what you ask then politely refuse to sign, but still co-operate in every other respect with the medical. If the doctor tells you that you must sign or your claim will fail tell him/her politely that s/he is mistaken and show him/her this page if you wish. Point out that it was written by welfare rights specialists and that you feel it is best to follow their advice. If the doctor says s/he’s running out of time and has to be somewhere else, politely suggest that s/he arranges a further appointment to come back and finish the medical. But whatever you do, ***don’t sign until you’re satisfied.***

We do understand how difficult disagreeing with a doctor can be. That is why we strongly recommend you have someone with you to give you support.

Part 2 of the medical

In the second part of the medical the doctor will ask you more questions and, if you also have physical health problems, may carry out a brief physical examination and ask you to perform simple activities such as standing up and walking across the room

The doctor then fills out his/her own report stating what, in his/her opinion, your needs are. This is the doctor’s part of the report, s/he is entirely free to disagree with everything you have said and does not show you what s/he has written. (Though you will receive a copy of the whole report if you appeal against the decision in your case).

At the back of this guide there is a Medical Visit Record Sheet for you to record what happened at the medical. Look through it before you have your medical and fill it in afterwards, if you want to have a record of what happened. Remember to make a note of the time the doctor arrived and left: if s/he stays only a short time you can use this as evidence that the report is less likely to be reliable.

We don't want to leave you feeling terrified about having a visit from a DWP doctor. But many people say they had no idea what to expect before they had their medical and that they were very disappointed with how quick and irrelevant the whole thing seemed to be. We also know that very many DLA claims are turned down because of the visiting doctor's report. By being properly prepared for your medical you can reduce the chances of this happening to you.

The decision

Eventually you will receive a decision letter telling you whether you have been awarded DLA. If your claim has been successful the letter will tell you what components, care and/or mobility, you have been awarded and at what rates. It will also tell you whether your award is for fixed number of years or indefinite. If you are happy with the award then you need do nothing else, though there may be other benefits you can apply for or have increased as a result of receiving DLA. Try to get advice about this.

If your award is for a fixed number of years you should be sent another claim form to complete several months before it runs out. You need to return this promptly as it may take months for a decision to be made about renewing your claim. If your award is an indefinite one you are still likely to receive review forms to fill in every few years and your award can still be reduced or stopped depending on what you write in them. That's why you should always keep your original claim form for reference, whatever length of award you receive.

If your circumstances change - your condition improves or deteriorates - you should tell the DWP as it may mean that your DLA should be reduced or increased

If you are not happy with the decision you can apply for it to be looked at again (a revision) or, better still, appeal. But you must do this **within** one month of the date of the letter giving you the decision, or have special reasons why you didn't. You also need to be aware that if you do ask for a revision or appeal, the decision can be changed to increase or **decrease** your award, (though this is obviously not a problem if you've been awarded nothing at all). You should try to get help if you wish to challenge a decision, see *Help!* on the next page.

Just to remind you, because it is so important:

- *there is a 'within one month' deadline for asking to have a decision looked at again;*
- *if you do ask to have a decision looked at again, your award could be increased, reduced or stopped altogether;*
- *try to get advice.*

You can download a guide to revisions and appeals from our website at www.benefitsandwork.co.uk

Help!

Family, friends and carers.

If you can arrange emotional support from amongst your family and friends it may make claiming DLA easier to cope with. Bear in mind that if you are unhappy with the decision and choose to appeal the process may take many months (or even years).

Advice agencies.

These may be able to help with filling forms and with challenging the decision if you're unhappy with it. However, advice agencies may be almost impossible to get through to on the phone, have no appointment system and long queues. If you can't get through to your local agency on the phone, try writing to them explaining your health problems and asking if they do home visits, or if they can telephone you at home and offer advice. You can usually find numbers for advice agencies in your local Yellow Pages in one or more of the following sections: disability information and services; information services; social service and welfare organisations; counselling and advice.

Citizens' Advice Bureaux (CAB)

There are over 750 bureaux in mainland Britain. Look under Citizens Advice Bureau in your phone book or telephone the Citizens Advice on **0207 833 2181** for details of your nearest one. You can also find details of your nearest bureau at: www.nacab.org.uk

Disability Information Advice Line

There are over 140 local DIALs, all staffed by disabled people and all offering telephone advice. If you have a local line it should be listed in your telephone directory under DIAL UK. Alternatively, call the national office on **01302 310 123** or visit their website at www.dialuk.org.uk

Other advice agencies

Over 900 advice agencies are members of AdviceUK. Details of your nearest ones are available from AdviceUK on **0207 489 1800** or from their website at www.adviceuk.org.uk

Law Centres

Contact details of your nearest Law Centre, where you may be able to get free advice and representation at appeals, are available from the Law Centres Federation on **0207 387 8570** or from www.lawcentres.org.uk

Housing Associations

Some housing associations employ a welfare rights worker. If you live in a housing association property contact your local office.

Doctor's surgeries

An increasing number of surgeries and health centres have a welfare rights worker on the premises, part-time or full-time. Check with the receptionist.

Local Authority

Your local council may employ welfare rights workers who can help you with your claim. Start by asking your council's main switchboard if they can put you through to a welfare rights worker. If the

operator doesn't know of one ask to be put through to the Social Services Department and if they can't help try the Housing Department, either department may employ welfare rights workers.

Solicitors

You can get contact details of both advice centres and solicitors in your area who are funded under the Community Legal Services (CLS) scheme by telephoning their helpline on **0845 608 1122** or visiting www.justask.org.uk. But beware, make sure that you will be provided with free advice before agreeing to see anyone, as solicitors may charge, depending on your income, savings, etc. In addition, search or ask for solicitors who are specialists in welfare benefits, otherwise you may find yourself being advised by someone who has had just one day's training in the entire benefits system.

Medical Visit Record Sheet

Date of doctor's visit	<input type="text"/>
Time doctor arrived	<input type="text"/>
Time doctor left	<input type="text"/>
Who else was present	<input type="text"/>
	<input type="text"/>

Did you feel relaxed and able to talk freely to the doctor? Yes / No
If no, please give details.

Did the doctor listen to what you had to say and give you time to answer questions fully? Yes / No
If no, please give details.

Did the doctor phrase questions in a way that suggested a particular answer? Yes / No
If yes, please give details.

Did the doctor:

- a) read your statement back to you before you signed it
- b) let you read your statement before you signed it
- c) neither

If you did read your statement or have it read back to you, did you have time to make sure you agreed with everything in it? Yes / No
If no, please give details

Did the interview distress or upset you in any way? Yes / No
If yes, please give details.

If you had a physical examination did anything you did or the doctor asked you to do cause you pain? Yes / No
If yes, please give details including whether you told the doctor you were in pain.

Anything else you wish to record

Signed (your signature) Date

Signed (friend or carer who was present) Date

(Photocopy this sheet before using if you want to have a spare one)

Health Professionals Sheet

Take this sheet with you when you go to see your health professional. By health professional we mean the doctor, nurse, consultant or other health worker you feel can best give information about your condition. For convenience we have referred to your doctor throughout this sheet. When you see your doctor please try to follow the eight steps below. You may want to show your doctor this sheet and leave it with him or her after your appointment.

Step 1 Before going to see your doctor complete the checklist overleaf.

Step 2 Tell your doctor that you are making a claim for Disability Living Allowance (DLA) and that in Social Security law a 'disability' is a long term health problem that affects your everyday activities. This means that you do not need to be 'disabled' in a medical sense to claim DLA.

Step 3 Explain that a letter from your doctor may make a big difference to whether your claim is successful or not.

Step 4 Explain that the evidence you need is:

- a) how long your doctor has been seeing you;
- b) diagnosis – what it is you suffer from;
- c) prognosis – how your condition is likely to change in the future;
- d) how the symptoms of the condition affect your everyday activities. In other words, whether your condition means that you need someone with you to make sure you are safe or someone to encourage you to do things or discourage you from doing things.

Step 5 You may not have told your doctor before about all the problems you have with ordinary activities. It would be a good idea to explain them now. You could show your doctor the checklist you have completed on the back of this sheet and go through it with him or her.

Step 6 Bear in mind that your doctor may not have seen you carry out most of these activities and so may be reluctant to say what problems you have. If this is the case ask your doctor if s/he is willing to say whether the problems you report are consistent with what your doctor knows of your condition.

Step 7 You may want to tell your doctor why the financial help provided by DLA is important to your general well being. For example:

- Because you suffer stress due to financial worries.
- Because it would help you to do things that would be good for you emotionally or physically, like travelling to see friends and family or just getting out more.

Step 8 If your doctor is willing to write a letter, ask him or her to send it to you rather than the DWP and, if possible, to give you an idea of when you might receive it. Keep a copy of the letter in case it gets lost in the system.

(Photocopy this sheet before using if you want to have a spare one)

Checklist

Activity	✓	Very brief details of the problems you have, with this activity. For example 'I get panic attacks if I do this. It helps to have someone with me'.
Walking outdoors		
If you need someone with you when you walk outdoors		
Falls or stumbles		
Moving about indoors		
Getting out of bed in the morning		
Getting into bed at night		
When you are in bed		
Toilet needs.		
Washing and bathing		
Getting dressed and undressed		
Preparing a cooked main meal		
Problems at mealtimes		
Help with medical treatment		
Someone keeping an eye on you		
Dizzy spells, blackouts, fits and seizures		
Communicating with other people		

(Photocopy this sheet before using if you want to have a spare one)