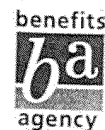


Please tell us About help with personal care



Remember if you want to ask anything about Disability Living Allowance, or about filling in this form - phone free on 0800 882 200.

■ About section 2

Your answers in this section will help us to get a clear picture of the help that you need with personal care.

You will see that you can answer most of the questions just by ticking a box. And you will also see that we have given you space to tell us things that will help us to understand your own situation.

■ Filling in section 2

If you fill in this section it will help us to deal with your claim quickly. And we will not normally ask a doctor to examine you.

But if you have problems filling in this section, do not worry - **someone else can fill it in for you**. Just ask a friend, relative or carer. The **notes** about Disability Living Allowance tell you who else can help you. Read the section called **Help and advice**.

If we cannot get a clear picture of the help that you need with personal care we may ask a doctor to examine you.

At the end of this section there are **2 statements** for other people to fill in. Please get these statements filled in if you can. These statements will also help us to get a clear picture of how your illness or disability affects you. And this will help us to deal with your claim quickly.

■ Personal details

Please fill in these details again. This will help us to make sure that we know who this form is about.

If you are filling in this form for a child or for someone else please tell us about them here. And tell us how their illness or disability affects them in this form.

Full name

WILLIAM MURPHY

Date of birth

GRO-C

1934

National Insurance
(NI) number

Letters

Numbers

Letter

GRO-C

If you cannot find your NI number - do not worry.
And do not wait to send us your claim.

■ Personal details - continued

Please tick any of these statements that apply to you.

You are blind or partially sighted

☐

You have problems with hearing, even with a hearing aid

☐

You have problems with speech, which mean that you cannot communicate well with other people

☐

Part 1 Help that you need - during the day

■ Getting up and getting dressed

Roughly how many days a week do you need help - getting out of bed?

IF NO JOINT BLEEDS
OTHERWISE DEPENDING ON
SEVERITY OF BLEED

No help
needed

☒

1 to 3 days

☐

4 to 5 days

☐

6 to 7 days

☐

getting dressed?

☐☐☐☒

Roughly how long do you
need help for when you are
getting up?

10 MINS

Please tell us about any
equipment that you use to
help you when you are
getting up and getting
dressed.

This could be a monkey pole,
something to help you get
dressed or something like this.

Tell us anything here that
will help us to understand
your own situation.

For example, you may
sometimes go back to bed and
get up again during the day.

■ Part 1 Help that you need - during the day - continued

■ Moving about indoors

	No help needed	1 to 3 days	4 to 5 days	6 to 7 days
Roughly how many days a week do you need help - getting out of a chair? <i>AS PART 1 PAGE 3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walking around indoors? <i>DEPENDENT ON SEVERITY OF BLEEDS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
going upstairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
going downstairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about any equipment that you use to help you when you are moving about indoors. This could be a stair lift, hand rails, a special chair that you can get in and out of, or something like this.

*WALKING STICKS
OR CRUTCHES*

Tell us anything here that will help us to understand your own situation.

AS BLEEDING CAN BE SPONTANEOUS AND UNPREDICTABLE IN ELBOWS, SHOULDERS, ANKLES, KNEES - OR ANY JOINTS. HELP CAN BE NEEDED AT ANY TIME NIGHT OR DAY BUT DUE TO ARTHRITIS CAUSED BY CONSTANT BLEEDS OVER MANY YEARS SINCE CHILDHOOD HELP IS ALWAYS REQUIRED WITH WASHING & DRESSING

Part 1 Help that you need - **during the day** - continued

■ In the bathroom

Roughly how many days a week do you need help - getting washed ?

No help needed	1 to 3 days	4 to 5 days	6 to 7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

having a bath ?
UNABLE TO GET INTO OR OUT OF A BATH.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

having a shower ?
UNABLE TO HAVE A SHOWER IF BLEED IN JOINTS - HELP NEEDED TO WASH

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Roughly how long do you need help for when you are in the bathroom ?

20 MINS - 30 MINS

Please tell us about any equipment that you use to help you when you are in the bathroom.

WHEN UNABLE TO STAND A STOOL IS NEEDED WHEN GETTING WASHED

Tell us anything here that will help us to understand your own situation.
For example, you may need more than one bath or shower each day. Or you may need help with other things like cleaning your teeth, or washing your hair, or shaving.

AS ELBOWS AND JOINT MOVEMENTS ARE RESTRICTED
HELP IS NEEDED WHEN SHAVING AND WASHING HAIR & WHEN GETTING WASHED IN GENERAL

■ Part 1 Help that you need - **during the day** - continued

■ Coping with your toilet needs

	No help needed	1 to 3 days	4 to 5 days	6 to 7 days
Roughly how many days a week do you need help - using the toilet ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDS ON SEVERITY OF BLEED

using something like a commode, bedpan or bottle instead of the toilet ?

☐
☐
☐
☐

coping with incontinence of the bladder ?

☐
☐
☐
☐

coping with incontinence of the bowel ?

☐
☐
☐
☐

using a colostomy bag ?

☐
☐
☐
☐

using nappies, pads or incontinence aids ?

☐
☐
☐
☐

How many times a day do you need help coping with your toilet needs ?

Roughly how long do you need help for each time ?

Please tell us about any equipment that you use to help you with your toilet needs.

This could be rails by the toilet, a special toilet seat, or something like this.

Tell us anything here that will help us to understand your own situation.

For example, if you are a woman you may need help coping with your periods.

WHEN BLEEDING OCCURS - HELP IS NEEDED GETTING TO AND FROM THE TOILET.

Part 1 Help that you need - **during the day** - continued

■ Help with medical treatment

If you need help with dialysis do not tell us about it here - we will ask you about your dialysis on **page 19**.

But tell us here about help you need with any other medical treatment. And keep filling in this form.

	No help needed	1 to 3 days	4 to 5 days	6 to 7 days
Roughly how many days a week do you need help - taking tablets or medicines or making sure that you take the right tablets or medicines at the right time ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having injections ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using an inhaler ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having physiotherapy ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having oxygen therapy ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with something else ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us what this might be

How many times a day do you need help with medical treatment ?

USUALLY TWICE IF BLEED OCCURS

Roughly how long do you need help for each time ?

Tell us anything here that will help us to understand your own situation.

HELP WITH INJECTIONS IS USUALLY NEEDED ON 1 OR 2 DAYS TO CONTROL BLEEDING.

■ Part 1 Help that you need - **during the day** - continued

■ At mealtimes

	No help needed	1 to 3 days	4 to 5 days	6 to 7 days
Roughly how many days a week do you need help - cutting up food ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eating or being fed ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drinking ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Roughly how long do you need help for at mealtimes ?

Please tell us about any equipment that you use to help you at mealtimes. This could be a special knife and fork, a special dish or something like this.

Tell us anything here that will help us to understand your own situation.

HELP IS NEEDED IF A BLOOD
OCUR IN ELBOWS AT IT IS
NOT POSSIBLE TO CUT UP
FOOD.

■ Part 1 Help that you need - **during the day** - continued

■ Preparing a cooked main meal

■ Only fill in this page if you are 16 or over.

Please tell us about the help that you need with the things on this page.
If you do not normally do these things, please try and tell us about the help you would need if you tried to do them.

	No help needed	1 to 3 days	4 to 5 days	6 to 7 days
Roughly how many days a week do you need help or would need help, if you tried to do these things - peeling and chopping vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
using taps?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using a cooker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
coping with hot pans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UNTIL BLEEDING IS CONTROLLED

UNTIL BLEEDING IS CONTROLLED

NOT ADVISABLE DUE TO WEAKNESS IN ARMS

Please tell us about anything else you would need help with if you prepared a cooked main meal.

For example, you may need help with planning a cooked main meal.

HELP WOULD BE NEEDED TO PREPARE A MAIN MEAL DUE TO THE STANDING INVOLVED AND WEAKNESS IN ARMS AND LEGS

Tell us anything here that will help us to understand your own situation.

IF BLEEDING OCCURS IT WOULD NOT BE POSSIBLE TO DO ANYTHING IN THE KITCHEN DUE TO RESTRICTED USE OF ARMS. IT IS ALSO DIFFICULT TO STAND FOR ANY LENGTH OF TIME DUE TO ARTHRITIS IN ANKLES FROM BLEEDS OVER MANY YEARS.

■ Part 1 Help that you need - **during the day** - continued

■ Using a wheelchair at home

	No help needed	1 to 3 days	4 to 5 days	6 to 7 days
Roughly how many days a week do you need help - getting into your wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
getting around at home ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
transferring from your wheelchair to somewhere else ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHILE BLEEDING OCCURS

Please tell us about any ways that your home has been adapted so that you can use your wheelchair at home.

Tell us anything here that will help us to understand your own situation.

HELP IS NEEDED WHEN GENERALLY MOVING ABOUT AT HOME DURING TIMES WHEN BLEEDING TAKES PLACE

■ Part 2 Keeping safe - during the day

■ Someone keeping an eye on you

Please tick why you need someone to keep an eye on you.

You could hurt yourself

☐

You could hurt someone else

☐

You do not realise when there is danger

☐

You do not realise when your condition is getting worse

☐

You get confused

☐

You could wander off

☐

Some other reason

☐

Please say why

Roughly how many days a week do you need someone to keep an eye on you during the day ?

Roughly how much of the day do you need someone to keep an eye on you for ?

Tell us anything here that will help us to understand your own situation.

■ Part 2 Keeping safe - **during the day** - continued

■ **Fits, blackouts or something like this**

Do you have fits, blackouts
or something like this ?

No

☒

Yes

☐

Roughly how often does this happen ?

When did it happen last ?

Please tell us what happens when
you have a fit, a blackout or
something like this.

For example, you may get some
warning about what is going
to happen.

Tell us anything here that will help
us to understand your own situation.
For example, you may have hurt
yourself and needed treatment.

Part 2 Keeping safe - **during the day** - continued

■ Falls or stumbles

Do you sometimes fall or
stumble in places that you
know well ?

No

☐

Yes

☐

Roughly how often does this happen ?

When did it happen last ?

Please tell us what happens when
you fall or stumble.
For example, you may have difficulty
getting up.

Tell us anything here that will help
us to understand your own situation.
For example, you may have hurt
yourself and needed treatment.

■ Part 3 Help that you need - going to bed

■ Going to bed

Roughly how many days a week do you need help - getting undressed?

No help needed

1 to 3 days

4 to 5 days

6 to 7 days

☒
☐
☐
☐

getting into bed ?

☐
☐
☐
☒

Roughly how long do you need help for when you are going to bed ?

Please tell us about any equipment that you use to help you when you are going to bed.

This could be a monkey pole, a hoist, something to help you get undressed or something like this.

Tell us anything here that will help us to understand your own situation.

HELP IS NEEDED GETTING UN-DRESSED
 & GETTING INTO BED DURING
 BEDDING.

Part 4 Help that you need - during the night

■ When you are in bed

	No help needed	1 to 3 nights	4 to 5 nights	6 to 7 nights
Roughly how many nights a week do you need help - turning over ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
getting the bedcovers back on the bed, if they come off ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
changing sheets or nightclothes ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
getting into the right position for sleeping, if you need to sleep in a particular position?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNTIL BLEEDING IS CONTROLLED				
How many times a night do you need help ?	ONLY WHEN GETTING INTO BED OR GOING TO THE BATHROOM			
Roughly how long do you need help for each time ?	5-10 MINS			

Tell us anything here that will help us to understand your own situation.

■ Part 4 Help that you need - **during the night** - continued

■ Coping with your toilet needs at night

Roughly how many nights a week do you need help - getting to the toilet ?

No help needed	1 to 3 nights	4 to 5 nights	6 to 7 nights
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UNUSUAL BLEEDING OCCURS

using the toilet ?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

using something like a commode, bedpan or bottle instead of the toilet ?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

coping with incontinence of the bladder ?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

coping with incontinence of the bowel ?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

using a colostomy bag ?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

using nappies, pads or incontinence aids ?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

How many times a night do you need help coping with your toilet needs ?

<input type="text"/>

Roughly how long do you need help for each time ?

<input type="text"/>

Please tell us about any equipment that you use to help you with your toilet needs.

This could be rails by the toilet, a special toilet seat, or something like this.

Tell us anything here that will help us to understand your own situation. For example, if you are a woman you may need help coping with your periods.

Part 4 Help that you need - **during the night** - continued

■ Help with medical treatment at night

Remember if you need help with dialysis do not tell us about it here - we will ask you about your dialysis on **page 19**.

But tell us here about help you need with any other medical treatment. And keep filling in this form.

	No help needed	1 to 3 nights	4 to 5 nights	6 to 7 nights
Roughly how many nights a week do you need help - taking tablets or medicines or making sure that you take the right tablets or medicines at the right time ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having injections ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using an inhaler ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having physiotherapy ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having oxygen therapy ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with something else ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us what this might be

How many times a night do you need help with medical treatment ?

Roughly how long do you need help for each time ?

Tell us anything here that will help us to understand your own situation.

HELP WILL BE NEEDED HAVING AN INJECTION DURING THE NIGHT IF A BLEED OCCURS OR TO SUPPLEMENT THE INJECTION GIVEN DURING DAYTIME

■ Part 5 Keeping safe - during the night

■ Someone getting up or being awake

Please tick why you need someone to make sure that you are safe.

You could hurt yourself

☐

You could hurt someone else

☐

You do not realise when there is danger

☐

You do not realise when your condition is getting worse

☐

You get confused

☐

You could wander off

☐

Some other reason

Please say what

IF NECESSARY TO GO TO THE TOILET
OR HAVE AN INJECTION IT MUST BE
NECESSARY FOR HELP TO BE GIVEN

Roughly how many nights a week do you need someone to get up or to be awake during the night?

☐

ONCE OR TWICE WHILE
BLEEDING.

Roughly how many times a night do you need someone to get up or to be awake?

☐

USUALLY ONLY ONCE

Roughly how long do they need to do this each time?

APPROX 1/2 - 3/4 HR. FOR INJECTION
APPROX 10 MINS TO GO TO TOILET.

Tell us anything here that will help us to understand your own situation.

part 6 For people on dialysis

When did you start on dialysis ?

Please tick what sort of dialysis you are on.

CAPD Continuous ambulatory
peritoneal dialysis

☐

Haemodialysis

☐

CCPD Continuous cycle
peritoneal dialysis

☐

Other

Please say what sort

Has the sort of dialysis you are
on changed in the last
3 months ?

No

☐

Yes

☐

When did it change ?

Please tell us what sort of dialysis
you had before this change.

CAPD Continuous ambulatory
peritoneal dialysis

☐

Haemodialysis

☐

CCPD Continuous cycle
peritoneal dialysis

☐

Other

Please say what sort

Part 6 For people on dialysis - continued

How many sessions a week do you have?

Has the number of sessions a week changed in the last 3 months?

No

☐

Yes

☐

When did this change?

How many sessions a week did you have before this change?

Please tick when you normally dialyse.

During the day

☐

During the night

☐

Do you need someone to help you or to keep an eye on you when you are on dialysis? They could be hospital staff, a relative, someone who looks after you or someone else.

No

☐

Yes

☐

How do they help?

Who are they?

Are you on a waiting list for a kidney transplant?

No

☐

Yes

☐

Please tell us how long it is likely to be before you have a kidney transplant, if you know this.

Tell us anything here that will help us to understand your own situation.

Part 7 More about the help that you need

Roughly how long have you needed help with personal care?

ALL MY LIFE

Do you think that you will need this amount of help for the next 6 months?

No

☐

We will write to you about this. But please still fill in any of this form that applies to you.

Yes

☒

Please tell us about any equipment that you use to help you, that you have not already told us about in this form.

Please use this space to tell us anything else about the help you need with personal care.

■ Your signature

Please sign this form here.

If you have already filled in **section 1** for a child or signed **section 1** for someone else please sign this form here.

The information I have given about the help needed with personal care is correct and complete.

Signature

GRO-C

Date

10/2/92

Please turn over to find out what to do now

What to do now

Please check that you have filled in as much of this form as you can.
And check that you have signed this form.

Statements from other people

Please get the statements on the next 2 pages filled in, if you can.

Statement 1

is from someone who knows how your illness or disability affects you -
this could be someone who looks after you.

Statement 2

is from your doctor or someone like this.

This could be an occupational therapist, a physiotherapist, a teacher
or someone like this.

Please ask the person who knows the most about how your illness or
disability affects you - they will not need to look at the answers you have
given on this form.

If you cannot get these statements filled in, do not worry - we will
normally write to your doctor or to someone else who can tell us about
your illness or disability.

Sending your claim back

Send **section 1** and **section 2** together.

Use the envelope we have sent you. It does not need a stamp.

Remember send everything to us so that we will get it by
the date stamped on the front of **section 1**.

If you wait you could lose money.

Please allow a few days for your claim to reach us by post.

Disability Living Allowance

Statement 1 - from someone who knows how your illness or disability affects you

Who can fill in this statement

Anyone who knows how your illness or disability affects you can fill in this statement. This could be someone who looks after you or someone else who knows you well.

Note for people filling in this statement

Please fill in this statement straight away.
Even if you have already filled in the rest of this form for someone else,
please fill in this statement. What you tell us will help us to make sure that
we know as much as we can about how their illness or disability affects them.

Please fill in the name and address of the
person who this form is about

Their name

Your signature

Their address

Your full name

Address

Please tell us anything you think that we
should know about how their illness or
disability affects them

Phone number

Date

Occupation

Relationship (if any)

Statements from other people