

Guide to completing the Limited Capability for Work questionnaire (ESA50) Employment and Support Allowance by the Money Advice Unit

This is a guide to completing the questionnaire that each ESA claimant is sent. It is very important to complete it as accurately as possible. You should also read our ESA factsheet, available from www.hertsdirect.org/benefits

General advice:

- The ESA50 form assesses whether you have 'limited capability for work'. You must score at least 15 points on either physical or mental health grounds (or both) to get ESA.
- Even if you score 15 or more points you may still have to undertake some 'work focused activity' to get benefit. But if you meet one of the descriptions under the 'support group' headings when filling out the form, then this won't apply to you. Check these carefully to see if you meet the rules.
- Take your time and include as much detail about your problems as possible. Whenever you tick a box indicating a problem, you should give as much detail as you can in the blank box below.
- You need to spell out all the problems you have. Don't assume that because you have a diagnosis of a particular condition that the assessor will know what that is and how it affects you..
- Some boxes are very small. If you cannot fit in everything you would like to say, use extra sheets with your name and national insurance number written on the top.

Limited capability for work questionnaire



Part of the Department for Work and Pensions

We need you to fill in this questionnaire if you have claimed or are getting benefits or National Insurance credits.

Please send this questionnaire back by the date given on the enclosed letter. If you are sending the questionnaire in late we need to know why. You can use the space on page 18 to explain.

If we are able to get enough information about you from this questionnaire, your doctor or the person treating you, we may not need to ask you to attend a face-to-face assessment.

If you have any medical reports from your doctor, consultant or health care professional, or any other information you wish us to see, please send them with this questionnaire.

How to fill in this questionnaire

This questionnaire asks questions about your physical and mental health. The answers you give in this questionnaire will tell us how your illness or disability affects your ability to work.

This questionnaire may seem long, but do not be put off. Every question has instructions to take you step-by-step to the end of the questionnaire.

You may wish to fill in this questionnaire a bit at a time as it may take some time to complete.

Please use the boxes after each question to tell us in your own words how your illness or disability affects you in doing day-to-day things.

If you want help filling in this questionnaire or any part of it

Ask a friend, relative or representative to help you, or get in touch with Jobcentre Plus. The person from Jobcentre Plus will have a copy of the questionnaire and they will go through the questions you are having trouble with over the phone.

Sometimes they may be able to fill in a questionnaire for you. If they do this, they will send the questionnaire to you. You can then check, sign and send it back.

They can send you a questionnaire in braille or large print. This questionnaire is also available to download to your computer to fill in. But you must post it back in the envelope we have sent you.

For information about benefits and services visit www.direct.gov.uk/benefits. Or call us. Our phone number is at the top of the letter we sent you with this questionnaire.

About you

Surname

Other names

Title

Address

Postcode

Date of birth

National Insurance (NI) number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

ESA50 03/11

[Save](#) [Next page](#) [Help](#)



About you continued**Face-to-face assessment**

You may be asked to attend a face-to-face assessment with a qualified healthcare professional. Atos Healthcare would like to telephone you between 9.00am and 8.30pm on Monday to Friday, or between 9.00am and 5.00pm on Saturday to arrange a suitable date and time. To do this we need you to give us at least one up-to-date telephone number so that we can contact you.

Do not include your number if you do not answer the phone; give a supportive relative's or friends or support worker's instead.

Daytime phone number	Code	<input type="text"/>	Number	<input type="text"/>
Mobile phone number	<input type="text"/>			
Any other number	Code	<input type="text"/>	Number	<input type="text"/>

If you do not understand English, or cannot talk easily in English, do you need an interpreter?

No

Yes

What language do you want to use?

You can bring your own interpreter to the assessment, but they must be over 16.

Tell us about any help you would need if you have to go for a face-to-face assessment.

Tell us if

- you cannot get up and down stairs
- have difficulty travelling or using public transport
- you need a British Sign Language signer.

Tell us about any other help you might need.

For example:

I would not be able to attend the medical examination without my support worker due to my mental health/learning disability.

I would not be able to attend a medical examination at all as I am housebound.

Explain any other problems you have which may make it difficult to attend the medical.

Tell us about any times or dates in the next 3 months when you cannot go to a face-to-face assessment.

Include dates such as hospital appointments, any days you are on holiday or any other time when you will not be available. If you would like someone to attend the medical with you, you should also include dates when they would not be available.

Only include the dates, not the reason why you are unavailable.

About you continued

About your illnesses or disabilities

We will ask you how your illnesses or disabilities affect how you do day-to-day things in the rest of this questionnaire.

Please use the space below to tell us

- what is your disability, illness, or condition, and
- how does it affect you?

Please also tell us about

- any aids you use, such as a wheelchair or hearing aid
- if you have had a heart attack, stroke, accident or something similar.
Please tell us when this happened.
- anything else you think we should know about your illness or disabilities.

If at any point you need more space, use the space on **page 18**.

Include details of all disabilities or health conditions, both mental and physical.

It is especially important to include details if:

- **There would be a serious risk to your mental or physical health or that of others if you were found capable of work**
- **You are a hospitable inpatient or recovering from treatment as an inpatient or you are in a residential unit receiving treatment for drug or alcohol dependency**
- **You have a terminally illness (defined as – your death can reasonably be expected in the next six months)**
- **You have a notifiable disease, such as meningitis or TB**
- **You suffer from a life threatening uncontrolled disease**
- **You are receiving or recovering from renal dialysis, plasmapheresis, radiotherapy, weekly parenteral nutrition**
- **You are pregnant or have recently given birth and are in the period from 6 weeks before the birth to two weeks after baby is born**
- **You are pregnant and there would be a serious risk to your or the baby's health if you were found capable of work**
- **You are a full time student in receipt of DLA and are either over 20 or under 20 and studying towards a higher level qualification.**

This is important because if any of them apply, you will be 'treated as having limited capability for work' and do not have to score 15 points on the test.

Use this opportunity to highlight that you can be treated as having limited capability for work without having to attend a medical. Provide any proof available, particularly from a GP or Consultant. However if you are asked to attend a medical, it is still important to attend.

About you continued

Details of tablets, medication or special treatment

Please also tell us about any tablets, medication or special treatment you are taking or will be taking, including any side effects you have.

Special treatment could include things like radiotherapy or chemotherapy. If you will be having chemotherapy, tell us the dates if you know them.

Include details of any medication you take and briefly describe any side effects associated with them. Also include details of any special therapy that you are receiving for a mental health matter.

It is important to state here if you receive chemotherapy, radiotherapy or dialysis since this may mean you are not called for a medical examination.

About your GP

Name of your GP

The most helpful GP in the surgery

Address of your GP

Be sure to name the GP who knows most about your condition and is most sympathetic towards you. You should try and talk to your GP as soon as possible to discuss exactly what problems you have.

Postcode

GP's phone number

Code

Number

Does anyone else provide you with care, support or treatment?

Please tell us who they are.

For example:

- physiotherapist
- community psychiatric nurse
- social worker
- occupational therapist
- support worker
- hospital consultant

Choose someone who is very supportive.

Include here anyone who is supportive and knowledgeable about your condition. If there is more than one person, include their details too, on a separate sheet if necessary.

Their address

Postcode

Their phone number

Code

Number

Other number

Code

Number

When was your most recent appointment?

If you need more space, please use the box on page 18.

About you continued

Hospital or clinic treatment

Use this section to tell us about

- any hospital or clinic treatment you are having as an in-patient or out-patient
- any in-patient treatment you have had in the past 3 months
- any in-patient treatment you expect to have in the next 3 months.

Are you having or awaiting any hospital or clinic treatment? No
Yes

Were you an in-patient or an out-patient? In-patient **If you are an in-patient you should be treated as having limited capability for work.**
Out-patient

Are you awaiting chemotherapy treatment? No **If you are waiting for chemotherapy you should be treated as having limited capability for work.**
Yes

Were you an in-patient or an out-patient? In-patient
Out-patient

Tell us when you were or will be in hospital, how often and what for. Please tell us about all your hospital visits here.

Include all hospital appointments and visits here. You should include visits to pain clinics, asthma clinics, CDAT, rehab, etc.

Are you pregnant? No
Yes

When is the baby due?

You are treated as having limited capability for work if you are pregnant and there would be a serious risk to your health or your baby's health if you had to work.

You are also treated as having limited capability for work if you are pregnant or have recently given birth and are not entitled to maternity allowance or statutory maternity pay. You can claim this from six weeks before the baby is born to two weeks afterwards.

About you continued

Drugs, alcohol or other substances

Do you think any of your health problems are linked to drug or alcohol misuse, or misuse of any other substance? No Now go to Part 1.
Yes

If you have answered Yes, use this space to tell us more about these problems and how they affect your health. By *drugs* we mean drugs you get from your doctor and other drugs.

If drug or alcohol problems form a part of your problems, it is important to explain that here. It will not invalidate your claim. In fact it may help you to qualify - for example if you self medicate to deal with a mental health problem you may be considered a danger to yourself or others if you were found capable of work.

Are you in a residential rehabilitation scheme? No
Yes

Tell us where you attend and the dates of your course of treatment.

If you attend a residential rehabilitation scheme then you are treated as an in-patient in a hospital and therefore are treated as having limited capability for work.

Part 1 – Physical functions

*** mobilise means moving around without severe discomfort or exhaustion on level ground.**

1. Moving around and using steps

By *moving* we mean including the use of aids such as a manual wheelchair, crutches or a walking stick, if you usually use one, but without the help of another person.

Please tick this box if you can move around and use steps without difficulty.

Can you move at least 50 metres (about 54 yards) before you need to stop? To give you an idea about distances: A double-decker bus is about 11 metres long.

No
Yes
It varies

Points

Cannot mobilise more than 50m or Cannot repeatedly* mobilise more than 50m =15 points

Cannot mobilise more than 100m or Cannot repeatedly* mobilise more than 100m = 9 points

Cannot mobilise more than 200m

Can you move at least 200 metres (about 220 yards) before you need to stop? To give you an idea about distances: A double-decker bus is about 11 metres long.

No
Yes
It varies

****repeatedly* means to complete again within a 'reasonable' timeframe.**

Support Group

**Cannot mobilise more than 50m
Cannot repeatedly* mobilise more than 50m**

Part 1 – Physical functions continued

Use this space to tell us how far you can move and why you might have to stop. For example tiredness or discomfort. If it varies, tell us how. Tell us if you usually use a walking stick, crutches, a wheelchair or anything else to help you, and tell us how it affects the way you move around.

Include here details of when you begin to experience severe discomfort, pain, breathlessness or fatigue. It is also very important to explain here if you cannot repeatedly mobilise a certain distance within a reasonable amount of time

For example: I can walk around 70m with my stick, but then have to stop due to the severe discomfort in my lower back. I am then unable to walk again without the severe discomfort for at least a couple of hours.

Going up or down two steps

Can you go up or down two steps without help from another person, if there is a rail to hold on to?

No
 Yes
 It varies

Points

Cannot mount or descend two steps unaided, even with the support of a handrail = 9 points

Use this space to tell us more about using steps. If it varies, tell us how.

Explain here why you cannot do this activity and why you would need someone with you.

The ability for you to do this task repeatedly is also important. If you can do this once then would be in bed for the rest of the day and would not be able to repeat it within a 'reasonable' timeframe, you should score the 9 points.

2. Standing and sitting

Seat means a typical office seat, not a sofa or a comfy chair.

Please tick this box if you can stand and sit without difficulty.

Points

Cannot move between two seats without physical support from another person = 15 pts

Can you move from one seat to another right next to it without help from someone else?

No
 Yes
 It varies

Cannot remain at a work station (either standing or sitting) for more than 30min before needing to move away due to discomfort or exhaustion = 9 points

Can you stay in one place, either standing or sitting, for at least an hour without help from another person?

No
 Yes
 It varies

Cannot remain at a work station (either standing or sitting) for more than 60min before needing to move away due to discomfort or exhaustion = 6 points

This does not mean standing completely still. It includes being able to change position.

Support Group

Cannot move between two seats without physical support from another person

WARNING: The question only asks about 60min even though more points are awarded for 30min. If you cannot stand/sit for more than 30min make this clear in the box below.

Part 1 – Physical functions continued

Use this space to tell us more about standing and sitting and why this might be difficult for you. Tell us how long you can sit for and how long you can stand for. Tell us what might make it difficult for you, such as pain, discomfort or tiredness. If it varies, tell us how.

Try and explain in as much detail as possible the problems you have with standing or sitting for long periods of time.

Explain why you have problems and what you have to do to deal with them eg, stand up and walk around. If you are standing at a workstation, but you need two sticks to support you and cannot use your hands, then you are not able to stand at a workstation and be able to work.

If you cannot move from one chair to another safely and without the help of another person, explain why e.g you get dizzy or suffer from vertigo. Remember - if you cannot repeat the task again in a reasonable time, you should clearly indicate that here, explaining why this is the case.

If you can, include examples of times when you have struggled to sit or stand for either less than 30min or less than 60min, for example in a doctor’s waiting room or on public transport

3. Reaching

Please tick this box if you can reach up with your arms without difficulty. Now go to (

Can you lift at least one of your arms high enough to put something in the top pocket of a coat or jacket while you are wearing it?

No

Yes

It varies

Can you lift one of your arms above your head to reach for something?

No

Yes

It varies

Points

Cannot raise either arm as if to put something in the top pocket of a coat or jacket = 15 points

Cannot raise either arm to the top of head as if to put on a hat = 9 points

Cannot raise either arm above head height as if to reach for something = 6 points

Support Group

Cannot raise either arm as if to put something in the top pocket of a coat or iacket

Use this space to tell us more. Tell us why you might not be able to reach up, and whether it affects both arms. If it varies, tell us how.

Again explain exactly what the problems are and why you struggle to complete the task. As with all tasks it must be able to be carried out safely, reliably and repeatedly. If you can carry out the task but only with severe pain, you should say so.

Part 1 – Physical functions continued**4. Picking up and moving things**

Please tick this box if you can pick things up and move them without difficulty.

Now go to question 5.

Picking up things using your upper body and either arm

Can you pick up and move a half-litre (one pint) carton full of liquid?

No

Yes

It varies

Points

Cannot pick up and move a 0.5l carton of liquid = 15 points

Cannot pick up and move a 1l carton of liquid = 9 points

Can you pick up and move a litre (two pint) carton full of liquid?

No

Yes

It varies

Cannot transfer a light but bulky object such as an empty box = 6 points

Support Group

Cannot pick up and move a 0.5l carton of liquid

Can you pick up and move a large, light object like an empty cardboard box?

No

Yes

It varies

Use this space to tell us more about picking things up and moving them. Tell us why you might not be able to pick things up. If it varies, tell us how.

Explain exactly what the problems are and why you struggle to complete the task. As with all tasks it must be able to be carried out safely, reliably and repeatedly. If you can carry out the task but only with severe pain, you should say so.

This descriptor is not about picking up a carton and carrying it; it is just about lifting it to waist height. They do not consider if you can pour from the carton.

Difficulties could be caused by things like lack of strength in your arms, poor grip, poor balance, limited movement in your fingers and hand or severe back or neck problems.

It is useful to give details of problems experienced with: cooking (lifting and carrying saucepans and crockery); shopping (lifting goods in and out of a trolley or onto or off a shelf); dealing with laundry; lifting a pillow; making tea or coffee; removing a pizza from oven or delivery box.

Part 1 – Physical functions continued

5. Manual Dexterity (Using your hands)

Please tick this box if you can use your hands without any difficulty. Now go

Can you use either hand to do things like:

- press a button, such as a telephone keypad
- turn the pages of a book
- pick up a £1 coin
- use a pen or pencil
- use a computer keyboard or computer mouse?

Some of them

None of them

It varies

Use this space to tell us more. Tell us which of these things you have problems with and why. If it varies, tell us how.

Give details of problems you have with using an ordinary mouse or keyboard. If you have tried adapted equipment without success give details of the problems you had.

For example, you may have difficulties due to limited movement or feeling in your hands or wrists, pain, coordination problems or tremors.

Describe problems you may have with the following;

Filling in forms; using a mobile phone; setting house alarms or light switches; coping with buttons, zips or hooks on clothing; opening jars, bottles or cans; peeling vegetables; leisure activities such as reading books or newspapers, doing crosswords or knitting; refuelling a car; using keys to open locks.

Points

Cannot (with either hand) press a button, such as a telephone keypad = 15 points

Cannot (with either hand) turn the pages of a book = 15 points

Cannot pick up a £1 coin with either hand = 15 points

Cannot use a pen or pencil to make a meaningful mark = 9 points

Cannot use a suitable keyboard or mouse = 9 points

Support Group

Cannot (with either hand) press a button, such as a telephone keypad.

Cannot (with either hand) turn the pages of a book.

6. Communicating with people

This section looks at how you communicate using speech, writing and typing.

Please tick this box if you can communicate with other people without any difficulty. No

Can you communicate with someone you don't know by speaking, writing, typing or any other means without the help of another person?

No

Yes

It varies

This question is about whether you can make yourself understood through speaking, writing, typing or other means normally used

Points

Cannot convey a simple message, such as the presence of a hazard = 15 points

Has significant difficulty conveying a simple message to strangers = 15 points

Has some difficulty conveying a simple message to strangers = 6 points

Support Group

Cannot convey a simple message such as presence of a hazard

Part 1 – Physical functions continued

Use this space to tell us more about how you communicate and why you might not be able to communicate with other people. For example, difficulties with speech, writing or typing. If it varies, tell us how.

If you can only use sign language that should count as an inability to communicate as most people do not understand sign language. If you have difficulty speaking but can write or type or vice versa then you may not score any points for this activity. However, it is fairly impractical to warn someone of a hazard by typing them a message, email or text so you should point that out. You may score points if you have problems with speech and hand gestures, eg if you have had a stroke, Parkinson’s disease or motor neurone disease. Alternatively you may be unable to speak and have a visual impairment which makes writing or using a keyboard difficult. Give details of problems you have with socialising, asking for items, using public transport, texting and dealing with correspondence.

This section looks at how you understand other people by hearing and reading.

Please tick this box if you can understand other people without any difficulty.

Now go to question

Can you understand other people – by hearing, lip reading, reading or using a hearing aid – without the help of another person?

No

Yes

It varies

Use this space to tell us more. Tell us if you can hear, lip read, read or understand people in another way, or why you might not be able to. Tell about any aids you use, such as a hearing aid. If it varies, tell us how.

There is no guidance on how decision makers should distinguish between ‘has significant difficulty’ (15pts) and ‘has some difficulty’ (6pts). Reading 16 point print means text of **THIS SIZE.**

This questions concerns understanding both verbal (hearing or lip-reading) and non-verbal communication (reading 16 point print).

Points

Cannot understand a simple message due to sensory impairment = 15 points

Has significant difficulty understanding a simple message from a stranger due to sensory impairment = 15 points

Has some difficulty understanding a simple message from a stranger due to sensory impairment = 6 points

Support Group

Cannot understand a simple message due to sensory impairment, such as the location of a fire escape

8. Getting around safely

This section looks at visual problems. If you normally use glasses or contact lenses, a guide dog or any other aid, tell us how you manage when you use them. Please also tell us how you see in daylight or bright electric light.

Please tick this box if you can get around safely on your own.

Can you see to cross the road on your own?

No

Yes

It varies

Points

Unable to navigate around familiar surroundings without being accompanied by another person = 15 points

Cannot safely complete a potentially hazardous task such as crossing the road without being accompanied due to sensory impairment = 15 points

Unable to navigate around unfamiliar surroundings, without being accompanied by another person due to sensory impairment = 9 points

Part 1 – Physical functions continued

Can you get around a place that you haven't been to before without help?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
It varies	<input type="checkbox"/>

Use this space to tell us more about any problems with your eyesight and how they stop you finding your way around safely.

If you use aids such as a stick or a guide dog and you are still unable to navigate safely explain the problems you have. If you do not have a guide dog they should not assess you as if you have one. Give details of any falls or accidents. Describe any difficulties you may have with using public transport, especially steps and escalators, or going to the supermarket.

9. Controlling your bowels and bladder and using a collecting device

Please tick this box if you can control your bowels and bladder without any difficulty.

Now go to que

Do you have to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device?

Weekly

Monthly

Less often

A collecting device is also known as a *stoma*.

Use this space to tell us more about controlling your bowels and bladder and managing your collecting device. Tell us how often you might need to change your clothes or wash because of soiling, wetting or leakages.

Points

At least once a month experiences loss of control leading to extensive evacuation of the bowel/bladder sufficient to require cleaning and a change of clothes = 15 points

At least once a month experiences substantial leakage of the contents of a collecting device sufficient to require cleaning and a change of clothes = 15 points

At risk* of loss of control leading to extensive evacuation of the bowel/bladder sufficient to require cleaning and change of clothes if not able to reach toilet quickly = 6 points

Support Group

At least once a week experiences:

- loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or
- substantial leakage of the contents of a collecting device enough to need the individual to clean themselves and change clothing

Does not include bedwetting. *'Risk' means that you may have very few incidents since you manage, perhaps by not being too far away from a toilet. Since there is no option or prompt on the questionnaire about the "risk of incontinence" you should clearly state whether this applies to you here eg, I rarely go out as I am always at risk of incontinence and I therefore need to be within one minute of a toilet to avoid an accident.

Part 1 – Physical functions continued Points

10. Staying conscious when awake

Please tick this box if you do not have any problems staying conscious while awake. Now

While you are awake, how often do you have fits or blackouts? This includes epileptic fits and absences, and diabetic hypos.

Weekly

Monthly

Less than monthly

At least once a week has an involuntary episodes or loss or altered consciousness resulting in significantly disrupted awareness or concentration = 15 points

At least once a month has an involuntary episodes or loss or altered consciousness resulting in significantly disrupted awareness or concentration = 6 points

Use this space to tell us more.

Include details of any condition that significantly affects your awareness or concentration such as generalised, partial or absence seizures, epilepsy, narcolepsy, cardiac arrhythmia, or hypoglycaemia.

These descriptors only relate to problems that occur when you are awake. If you take medication that makes you very drowsy during the daytime, describe it here. Give examples of when you have passed-out or fainted and the effect it had on you. ,

Part 2 – Mental, cognitive and intellectual functions

By *mental, cognitive and intellectual functions* we mean things like mental illness, learning difficulties and the effects of head injuries.

11. Learning how to do tasks

Please tick this box if you can learn to do everyday tasks without difficulty. Now go

Can you learn how to do a simple task such as setting an alarm clock?

No

Yes

It varies

Points
Cannot learn how to complete a simple task, such as setting an alarm clock = 15 points

Cannot learn anything beyond a simple task, such as setting an alarm clock = 9 points

Cannot learn anything beyond a moderately complex task such as using a washing machine = 6 points

Can you learn how to do a more complicated task such as using a washing machine?

No

Yes

It varies

Support Group
Cannot learn how to complete a simple task, such as setting an alarm clock

Part 2 – Mental, cognitive and intellectual functions continued

Use this space to tell us about any difficulties you have learning to do tasks, and why you find it difficult.

Provide details in this section if you have a mental health condition, a learning disability, brain injury or any substance misuse or dependency problem. This activity is about being able to learn how to do simple or more complex everyday tasks. Setting an alarm clock or operating a washing machine are only examples of the type of tasks to be considered – it could be any practical task connected with daily living. Give details of any other tasks you find difficult even if you can do both of these things.

A simple task is something involving one or two steps while a moderately complex task may involve three or four steps.

Give details of any problems you have learning how to do something and then remembering how it is done, without being shown again or reminded. Be honest about what you can and cant do.

Points

Supervision required the majority of the time to prevent significant risk of injury to self or others or damage to property or possessions = 15 points

Supervision required frequently to prevent significant risk of injury to self or others or damage to property or possessions = 9 points

Supervision required occasionally to prevent significant risk of injury to self or others or damage to property or possessions = 6 points

12. Awareness of hazard or danger

Please tick this box if you can keep yourself safe when doing everyday tasks such as cooking.

Do you need supervision (someone to stay with you) to keep yourself safe?

Usually

Sometimes

It varies

Use this space to tell us how you cope with danger. Please give us examples of problems you have with doing things safely.

Give details if you are at risk of hurting yourself or others. If you are unaware of potentially dangerous situations, you need supervision at least occasionally – you may be entitled to points even if you do not get supervision.

This activity may apply to people with reduced awareness of danger due to learning difficulties, conditions affecting concentration, effects of medication or drugs/alcohol, brain injury or other neurological conditions, severe depressive illness and psychotic disorders which result in significant reduction in attention and concentration. The undefined difference between ‘frequently’ and ‘occasionally’ is worth 3 points, and is shown on the form as ‘sometimes’ and ‘it varies’ – which don’t mean the same thing!

Give details of any injuries to self or others such as burns, cuts, scalds, sprains etc, along with details of damage to property or possessions eg broken crockery or windows, burning holes in carpets or furniture, or damage to electrical appliances.

Support Group

Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of injury to self or other, or damage to property or possessions, such that they require supervision for the majority of the time.

Part 2 – Mental, cognitive and intellectual functions continued

13. Initiating actions

This section is about whether you can manage to start and complete daily routines and tasks like getting up, washing and dressing, cooking a meal or going shopping.

Please tick this box if you manage to do daily tasks without difficulty. Now go to c

Can you manage to plan, start and finish daily tasks?

Never	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
It varies	<input type="checkbox"/>

Use this space to tell us what difficulties you have doing your daily routines. For example, remembering to do things, planning and organising how to do them, and concentrating to finish them. Tell us what might make it difficult for you and how often you need other people to help you.

This section is about completing tasks such as getting up in the morning, washing, shaving, dressing and getting ready to go out, but can also include more complex things like making and keeping appointments, planning your daily spending or organising your finances generally.

Concentration and memory problems may stem from conditions such as psychosis, OCD, autism, learning disability or depression.

Personal action = planning, organisation, problem solving, prioritising or switching tasks.

Points

Cannot reliably initiate or complete at least 2 sequential personal actions = 15 points

Cannot reliably initiate or complete at least 2 personal actions for the majority of the time = 9 points

Frequently cannot reliably initiate or complete at least 2 personal actions = 6 points

Support Group

Cannot reliably initiate or complete at least 2 sequential personal actions

14. Coping with change

Please tick this box if you can cope with change to your daily routine. Now go to

Can you cope with small changes to your routine if you know about them before they happen?
For example, things like having a meal earlier or later than usual.

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
It varies	<input type="checkbox"/>

Can you cope with small changes to your routine if they are unexpected?
This means things like appointments being cancelled, or your bus or train not running on time.

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
It varies	<input type="checkbox"/>

Points

Cannot cope with any change to the extent that day to day life cannot be managed = 15 points

Cannot cope with a minor planned change (such as a change to the routine time of a lunch break) to the extent that overall day to day life is made significantly more difficult = 9 points

Cannot cope with minor unplanned changed (such as the timing of an appointment on the day it is due to occur) to the extent that day to day life is made significantly more difficult = 6 points

Support Group

Cannot cope with any change to the extent that day to day life cannot be managed

Part 2 – Mental, cognitive and intellectual functions continued

Use this space to tell us more about how you cope with change.
Explain your problems, and give examples if you can.

This activity is about being unable to cope with planned or unplanned changes in your routine. You score points depending on how difficult your daily life is made by your reaction to changes.

Small changes may be something like a cancelled appointment, changes to a set routine or order, or a bus or train not running on time. Consider how you cope with daily activities such as shopping, dealing with hospital, doctor or other appointments, coping with children and their out of school activities.

Consider if these things result in you becoming extremely distressed, having a panic attack, needing support from someone else, shutting yourself away in a room or any other response that would affect your ability to carry on an ordinary life.

15. Going out

Please tick this box if you can go out on your own.

Now go **Points**

Can you leave home and go out to places you know if someone goes with you?

No

Yes

It varies

Cannot get to any specified place with which the claimant is familiar = 15 points

Cannot get to a specified place with which the claimant is familiar, without being accompanied = 9 points

Can you leave home on your own and go to places you don't know?

Usually

Not very often

It varies

Unable to get to a specified place with which the claimant is unfamiliar without being accompanied by another person = 6 points

Use this space to tell us why you cannot always get to places.
Tell us whether you need someone to go with you.

This activity is about being unable to get to places you know and places that you do not know.

Disability living allowance alert! If you are getting lower rate mobility component of DLA this activity might apply to you. If this is the case make sure you give accurate information, as a medical report for ESA can be used to look again at your DLA award.

Your problems may stem from a condition such as agoraphobia, mental health problems, learning difficulties or panic attacks. Give details of any problems you have using public transport or walking to places, or going places on your own.

The law does not define what is meant by 'get to'. It is arguable that if you can only get somewhere by taxi or if someone drives you then you could satisfy this test.

Part 2 – Mental, cognitive and intellectual functions

16. Coping with social situations

By *social situations* we mean things like meeting new people and going to meetings or appointments.

Please tick this box if you can cope with social situations. **Now go to question 17.**

Can you meet with people you know without feeling too anxious or scared?

No

Yes

It varies

Can you meet with people you don't know without feeling too anxious or scared?

No

Yes

It varies

Use this space to tell us why you find it distressing to meet other people and what makes it difficult. Tell us how often you feel like this.

This activity is about problems meeting people, for example socially or during appointments or interviews. It includes things like causing offence or embarrassment without meaning to as well as becoming scared or anxious.

Give details of how you deal with this problem e.g. if you go out early in the morning or late at night to avoid people. Describe how you feel, e.g. if you feel anxious, your heart beats faster etc. Describe how you would feel if you had to attend a social event such as a party. Give details of how you would feel before, during and after the event.

If you are distressed by meeting new people or encountering strangers you may also be unable to go to unfamiliar places as set out in activity 15 'going out'.

Points

Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual = 15 points

Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by individual = 9 points

Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to other or significant distress experienced by the individual = 9 points

Support Group

Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual

17. Behaving appropriately with other people

This section looks at whether your behaviour upsets other people.

Please tick this box if your behaviour does not upset other people.

How often do you behave in a way which upsets other people?
For example, this might be because you are aggressive or act in an unusual way.

Every day

Often

Occasionally

Points

Has daily uncontrollable episodes of aggression or disinhibited behaviour which would be unreasonable in any workplace = 15 points

Frequently has uncontrollable episodes of aggression or disinhibited behaviour which would be unreasonable in any workplace = 15 points

Occasionally has uncontrollable episodes of aggression or disinhibited behaviour which would be unreasonable in any workplace = 9 pts

Support Group

On a daily basis, has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace



Part 2 – Mental, cognitive and intellectual functions continued

Use this space to tell us why your behaviour upsets other people and how often this happens.

This activity is about behaving in ways that people who don't know you might find upsetting, strange or frightening. Your friends and family are maybe used to how you sometimes act so they may not be the best judges of this question!

This may apply to people with a learning difficulty, a psychotic illness, a brain injury, ADHD or autistic spectrum disorder.

If your episodes can be controlled then they may not count. However, if they happen without warning or they cannot be controlled once they begin then they should be taken into account.

Aggressive or disruptive behaviour could include things like shouting, swearing, lashing out, singing loudly, crying, removing clothes, running about, challenging people to a fight, or talking about inappropriate subjects, such as sex, to strangers.

Other information

If you need more space to answer questions, please use the space below.

Mental health test for people with drug and alcohol problems

If you have a substance abuse or dependency problem it is important to provide details of this. It will not invalidate your claim. In fact it may help you to qualify - for example if you self medicate to deal with a mental health problem you may be considered a danger to yourself or others if you were found capable of work, and this is one of the ways to be treated as satisfying the test.

You are treated as having limited capability for work on any day you attend residential rehabilitation for the treatment of drug or alcohol addiction.

For all claimants

The most important issues are likely to be if you can do things; repeatedly, any variability in your condition or your ability to do things along with your ability to do things reliably and safely. (This doesn't make sense)

WARNING: The questionnaire misses out some questions that you could score points for. For example, some Support Group descriptors relating to eating have no corresponding question. This is especially significant because if one of these descriptors applies to you, you are automatically treated as having limited capability for work and do not need to score 15 points. Please see the next page for a list of the descriptors and detail any problems you have in this box.

Please include anything else here which you feel is important about your claim or situation.

Remember – this questionnaire is about whether you HAVE to look for work or not. You may WANT to look for work, and getting ESA doesn't stop that, but your health at the moment might mean that the choice should be yours, not the Job Centres.

Support Group continued...

There are a number of descriptors which would put you into the ESA Support Group where there is no corresponding question in the questionnaire.

The missing descriptors are as follows - and remember you only need to satisfy one:

- Cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else
- Cannot convey food or drink the claimant's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort.
- Cannot convey food or drink to the claimant's own mouth without receiving regular promoting given by someone else in the claimant's physical presence
- Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving:
 - physical assistance from someone else
 - regular prompting given by someone else in the claimant's presence
- Cannot chew or swallow food or drink
- Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort
- Cannot chew or swallow food or drink without repeatedly receiving regular promoting given by someone else in the claimant's presence
- Owing to a severe disorder of mood or behaviour, fails to:
 - chew or swallow food or drink
 - chew or swallow food or drink without regular prompting given by someone else in the claimants presence

If you meet any of these descriptors make this absolutely clear in the "Other information" box on the previous page.

Other information continued

If you are returning this questionnaire late, please tell us why below.

Declaration

- I declare that the information I have given on this questionnaire is correct and complete as far as I know and believe.
 - I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
 - I understand that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
 - I agree that
 - the Department for Work and Pensions
 - any health care professional advising the Department
 - any organisation with which the Department has a contract for the provision of medical services
 may ask any of the people or organisations mentioned on this questionnaire for any information which is needed to deal with
 - this claim for benefit
 - any request for this claim to be looked at again
 and that the information may be given to that health care professional or organisation or to the Department or any other government body as permitted by law.
 - I also understand that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
 - the benefit I am claiming
 - any other benefit I have claimed
 - any other benefit I may claim in the future.
 - I agree to my doctor or any doctor treating me, being informed about the Secretary of State's determination on
 - limited capability for work
 - limited capability for work-related activity, or
 - both.
- You must sign this questionnaire yourself if you can, even if someone else has filled it in for you.

Signature

Date

Please remember to sign the form in pen after printing.

For people filling in this questionnaire for someone else

If you are filling in this questionnaire on behalf of someone else, please tell us some details about yourself.

Your name

Your address

Postcode

Daytime phone number

Explain why you are filling in the questionnaire for someone else, which organisation, if any, you represent, or your connection to the person the questionnaire is about.

What to do next

Please make sure that

- you have answered all the questions on this questionnaire that apply to you
- you have signed and dated this questionnaire
- you return the questionnaire in the envelope provided with the original paper form we sent you or to the address on the letter that came with the paper form.

Tick this box if you are including any medical reports.

Would you like us to tell anyone else about this assessment?

For example, support worker, social worker, friends or family. Let us know who this is, their phone number and explain why you would prefer we contacted them instead of you.

How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to protect against crime.

To find out more about how we use information, visit our website www.dwp.gov.uk/privacy-policy or contact any of our offices.