

# ADM Chapter P2: Assessment for PIP

[Limited and severely limited ability](#) P2002-P2018

[Information requirements](#) P2026-P2028

[Assessment consultations](#) P2046-P2049

## Daily living and mobility components

P2001 The activities to satisfy the Daily Living and/or Mobility components are prescribed<sup>1</sup>. These can be found in the Appendices to this Chapter.

1 SS (PIP) Regs, Sch 1

## Limited and severely limited ability

P2002 Entitlement to PIP is based on whether a claimant has limited or severely limited ability to carry out daily living and/or mobility activities<sup>1</sup>. This will be determined by a DM using the information gathered during the PIP assessment (see P2004 – P2006).

1 SS (PIP) Regs, reg 4

P2003 In addition the required period condition, consisting of

1. the qualifying period of 3 months **and**
2. the prospective test of 9 months

has to be satisfied<sup>1</sup>. The HP will advise the DM if these conditions are likely to have been met (see P1031).

1 SS (PIP) Reg, reg 12 & 13

P2004 The PIP assessment is used to determine a claimant's ability to carry out

1. daily living activities **or**
2. mobility activities **or**
3. a mixture of both.

P2005 The assessment will determine whether a claimant's ability is limited or severely limited by their physical or mental condition, and if the claimant meets the required period condition<sup>1</sup> (see ADM Chapter P1 - Conditions of Entitlement).

1 SS (PIP) Regs, reg 4 & reg 12 to 15

P2006 The assessment will be in the form of either<sup>1</sup>

1. a face-to-face consultation **or**
2. a telephone consultation **or**
3. a paper based assessment **or**
4. a video consultation **or**
5. fast track if under the special rules for terminally ill persons **or**
- 6. a combination of any of 1. – 5.**

Once all the evidence is gathered the DM will also assess the claimant using the same criteria as the HP. The DM at this point may also ask the HP for additional information if required, to help the DM make their decision.

1 SS (PIP) Regs, reg 9(1)

P2007 The HP is specially trained to assess and evaluate the impact of disability on a claimant's ability to carry out activities of daily living and mobility. This includes the affects of variable conditions.

P2008 The HP has appropriate knowledge of clinical aspects of a wide range of medical conditions and is skilled in assessing people with physical and mental health conditions.

P2009 A HP will be one of the following

- 1.** An occupational therapist
- 2.** Nurse (level 1)
- 3.** Physiotherapist
- 4.** Paramedic
- 5.** Doctor (GMC registered)

P2010 The HP provides advice to the DM on the limitation to carry out daily living and/or mobility activities and advises on which descriptors are appropriate for the claimant. The advice the HP provides

is based on the daily living/mobility needs arising from a condition or conditions and not the condition(s) itself.

P2011 The claimant will be assessed as having limited ability if the daily living activities or mobility activities achieve a score of at least 8 points<sup>1</sup> in each component. This will then lead to an award of the relevant component or components at the standard rate of PIP (see P2014).

1 SS (PIP) Regs, reg 5(3)(a); reg 6(3)(a)

P2012 The claimant will be assessed as having severely limited ability if the daily living activities or mobility activities achieve a score of at least 12 points<sup>1</sup> in each component. This will then lead to an award of the relevant component or components at the enhanced rate of PIP (see P2014).

1 SS (PIP) Regs, reg 5(3)(b); reg 6(3)(b)

P2013 The score in relation to the daily living and mobility activities is determined<sup>1</sup> by adding together, in relation to each activity, the points awarded against the selected descriptors.

1 SS (PIP) Regs, reg 5(1); reg 6(1)

P2014 The applicable descriptor for the claimant for each activity is

**1.** where one descriptor is satisfied for over 50% of the days, that descriptor<sup>1</sup>**or**

**2.** where two or more descriptors are satisfied for over 50% of the days, the descriptor which scores the highest number of points<sup>2</sup>**or**

**3.** where no descriptor is satisfied for over 50% of the days but two or more scoring descriptors are satisfied for periods of more than 50% of the days when added together, the descriptor to be applied is the one which

**3.1** is satisfied for the greatest proportion of the days **or**

**3.2** scores the higher or highest number of points where both or all descriptors are satisfied for the same period<sup>3</sup>.

1 PIP Regs, reg 7(1)(a); 2 reg 7(1)(b); 3 reg 7(1)(c)

### **Example 1**

Phil has long term problems with rheumatoid arthritis and has very limited walking ability. He needs to use a wheelchair for more than 50% of the days when outdoors, and can only walk a few metres before being in pain and discomfort. He is assessed as

“Can stand and move more than 1 metre but no more than 20 metres, either aided or unaided”

and scores 12 points on the assessment. He is therefore awarded the enhanced rate of the PIP mobility component.

## **Example 2**

Mary has learning difficulties and

“Needs supervision or assistance to either prepare or cook a simple meal” - scoring 4 points.

“Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week” - scoring 2 points.

“Needs supervision or prompting to be able to wash or bathe” – scoring 2 points.

“Cannot read or understand signs, symbols or words at all” – scoring 8 points.

“Cannot make any budgeting decisions at all – scoring 6 points.

“Cannot plan the route of a journey” – scoring 8 points.

Mary is therefore awarded the daily living component at the enhanced rate as she has scored 22 points, and the mobility component at the standard rate as she has scored 8 points.

## **Example 3**

John has arthritis in his hands and for approximately 1 to 2 weeks a month he cannot

“Cannot prepare and cook food” which would score 8 points.

He also has Multiple Sclerosis which is not controlled well and for about 16 weeks of the year, which do not overlap with the arthritis, he

“Needs supervision or assistance to either prepare or cook a simple meal” which would score 4 points.

Neither descriptor is satisfied for more than 50% of the time on their own, but in aggregate cover more than 50% of the time. John is awarded the standard rate of the daily living component as the descriptor awarding 8 points applies for the greatest amount of the time.

P2015 When assessing the claimant’s ability to carry out an activity, the claimant is to be assessed as if

wearing or using any aid or appliance<sup>1</sup> which

1. the claimant normally wears or uses **or**
2. the claimant could reasonably be expected to wear or use.

1 SS (PIP) Regs, reg 4(2)(a) & (b)

P2016 The descriptor will only be regarded as being satisfied if the claimant can be assessed as carrying out that activity, in the manner described in the descriptor

1. safely – which means in a manner unlikely to cause harm to themselves or to another person, either during or after completion of the activity **and**
2. to an acceptable standard – given the nature of the activity **and**
3. repeatedly – which means as often as the activity being assessed is reasonably required to be completed **and**
4. in a reasonable time period<sup>1</sup>- which means no more than twice as long as the maximum period that a person without a physical or mental condition, which limits that person's ability to carry out the activity in question, would normally take to complete that activity.

1 SS (PIP) Regs, reg 4(2A)(d)

P2017 In determining whether the activity can be carried out in this manner, consideration should be given to

1. approach – what the individual needs to do; what assistance or aids are required; how long it takes; and whether it is safe **and**
2. outcome – whether the activity can be successfully completed and the standard that is achieved **and**
3. impact – the effects that reaching the outcome has on the individual and, where relevant, other people; and whether the individual can repeat the activity within a reasonable period of time and to the same standard (this includes consideration of symptoms such as pain, discomfort, breathlessness, fatigue and anxiety) **and**
4. variability – how an individual's approach and outcomes change over time and the impact this has on them.

### **Example 1**

Henry is able to stand and move unaided. He can comfortably walk up to 150 metres at a normal pace. After 150 metres he starts to become breathless and to experience some mild pain. He can continue to

walk but his pace slows. The pain and breathlessness gradually increases and after 250 metres he needs to stop and rest for about 5 minutes before starting to walk again. Henry can repeatedly walk 250 metres, with short 5-minute rests in between for around an hour. After an hour of this, he needs a longer rest of about an hour before walking again. It takes Henry around four minutes to walk 200 metres. The DM considers whether Henry can stand and then move more than 200 metres (descriptor 2a) safely, to an acceptable standard, repeatedly and in a timely manner. The DM decides there is no evidence that this activity poses any risk to Henry's safety; he has said he experiences some pain and breathlessness and, while this may be uncomfortable, he knows when to stop and rest and there is no indication that this causes him any harm. The DM decides Henry can complete the activity more frequently than would reasonably be expected and, although he takes a little longer than a non-disabled person, he can complete the activity in a reasonable time period. As Henry can therefore stand and then move more than 200 metres safely, repeatedly and in a timely manner (the standard is not an issue in this instance), the DM selects descriptor 2a.

### **Example 2**

Louise is able to stand and move with a walking stick. She can walk up to 50 metres at a slightly slowed pace with some discomfort. After this distance she starts to experience increasing hip pain. She can continue to walk, but her pace slows even further and after 100 metres she needs to stop and rest. This takes a lot out of her and for a few hours after Louise is unable to go more than a few steps without experiencing further severe hip pain. The DM considers whether Louise can stand and then move more than 50 metres but no more than 200 metres (descriptor 2b) safely, to an acceptable standard, repeatedly, and in a timely manner. The DM decides that there is no issue with the standard and that she can do so safely, because, although she experiences pain, she knows when to stop and rest, and there is no indication that this causes her any harm. However, after she has walked 100 metres, it is several hours before Louise can walk this distance again. The DM decides this is less frequently than would be reasonably expected and therefore concludes she cannot do so repeatedly. Louise can repeatedly manage a few metres using her stick, which is less than 20 metres but more than 1 metre (descriptor 2e). On this evidence the DM selects descriptor 2e.

### **Example 3**

Julie can prepare and cook a simple meal. However she lacks a perception of danger and occasionally cuts herself from mishandling knives or burns herself on hot pans. She is also impatient and does not cook food for as long as it should be cooked, as a result she prepares food that is lukewarm and meat that is not cooked properly – for example, chicken that is pink in the middle. Her sister usually has to be in the kitchen when she is cooking meals to make sure she does so safely and to remind her to leave food to cook fully. The DM considers whether Julie can prepare and cook a simple meal unaided (descriptor 1a), safely, to an acceptable standard, repeatedly and in a timely manner. The DM decides Julie is able to do so repeatedly and in a timely manner. Because she lacks a perception of danger, the DM decides Julie needs supervision to be able to safely prepare or cook a simple meal (descriptor 1e). Because she does not cook food for as long as she should, the DM decides Julie needs prompting to prepare or cook a simple meal (descriptor 1d) to an acceptable standard. In this case there are two possible descriptors – 1d

and 1e, but as descriptor 1d does not describe a manner in which Julie is able to carry out the activity safely, the DM selects descriptor 1e.

P2018 Where the claimant is assessed as having severely limited ability to carry out the daily living and/or mobility activities, they cannot also be assessed as having limited ability in relation to that component<sup>1</sup>.

1 SS (PIP) Regs, reg 4(3)

P2019 – P2025

## Information requirements

P2026 The claimant will be required to provide any information or evidence<sup>1</sup> that may be requested by the DM to determine their ability to undertake either the daily living or mobility activities specified.

1 SS (PIP) Regs, reg 8(1)

P2027 The information will take the form of

1. the claimant questionnaire, (How your disability affects you), if required
2. any other information as may be requested by the DM
3. any other additional information requested by a person approved by the Secretary of State (e.g. a HP requesting further information by telephone).

P2028 Where information has been requested of the claimant, that information must be provided within 1 month<sup>1</sup> of the request, or any longer period as the DM may consider reasonable.

**Note:** See P2056 for guidance where a claimant fails to comply with providing information or evidence.

1 SS (PIP) Reg, reg 8(2)

P2029 – P2045

## Assessment consultations

P2046 If it is decided that a consultation<sup>1</sup> with the claimant is required to assess the claimant's ability to undertake daily living and/or mobility activities the consultation<sup>1</sup> will take the form of participation in a face-to-face consultation (but see P2006, a consultation by telephone may be used to gather further information).

**Note:** A paper based assessment may be available for some claimants, and may be made where there is sufficient evidence for the HP to advise on all aspects of the claim.

P2047 The claimant will be required to comply with the request to attend for a consultation. Failure to comply will result in the DM giving a negative determination<sup>1</sup>, unless the claimant shows good reason<sup>2</sup> not to participate in the consultation (see P2058).

**Note:** See P2056 for guidance where a claimant fails to comply with a request to attend a consultation and guidance at P2058 and ADM Chapter P6 for guidance on good reason.

P2048 The claimant must be notified in writing<sup>1</sup> of the

**1. date and**

**2. time and**

**3. place**

of the consultation at least 7 days in advance.

**Note:** The claimant can agree to accept a shorter period of notice, whether given in writing or otherwise.

P2049 The written notice may be issued electronically<sup>1</sup> where the claimant has agreed to correspondence being sent in this manner.

**Note** This facility will not be available until a future date.

P2050 – P2055

## Subpages

- Failure to comply P2056-P2058
- Duration of award P2061-P2065
- Re-determination P2066-P2067
- Terminal illness P2076-P2080
- Appendix - Definitions and Descriptors



## Failure to comply P2056-P2058

P2056 [\[See ADM memo 24-18\]](#) Failure to comply with the request

1. to provide information **or**
2. attend a consultation

without good reason shall result in a negative determination<sup>1</sup> of the component(s) to which the failure is related.

**Note:** For guidance on good reason see P2058 and ADM Chapter P6 – Good Reason.

1 SS (PIP) Regs, reg 8(3) & 9(2)

P2057 A negative determination<sup>1</sup> means a determination that a person does not meet the requirements of the daily living component or the mobility component.

1 WR Act 12, s 80(6)

### Example

Amanda made a telephone claim to PIP and was sent out a part 2 questionnaire, 'How does your disability affect you'. She was asked to return the form within one month of the date of the request. After 19 days she had not returned the form so she was sent a postal reminder but she also failed to respond to this. As she did not comply with returning the information required, and she hadn't been identified as needing additional support, a negative determination was made on her claim.

### Good reason

P2058 Claimants will have had the opportunity to explain why they have not complied with a request to

1. provide information **or**
2. attend a consultation.

It will remain the claimant's responsibility to show good reason and provide any evidence to justify their good reason. The DM will make a decision based on all the individual facts and circumstance of the case and taking into account in particular the claimant's state of health at the relevant time and the nature of their disability.

**Note:** For further guidance on good reason see ADM Chapter P6 - Good reason.

P2059 – P2060

## Duration of award P2061-P2065

P2061 Awards for PIP are by default to be for a fixed term<sup>1</sup>. There are exceptions to this, where it is considered that such a period would be inappropriate.

1 WR Act 12, s 88(2)

P2062 Where following an assessment consultation, it is considered that the claimant has

1. a level of functional ability which is not likely to change in the long-term **or**
2. high levels of functional impairment which are only likely to increase

a fixed term award will be inappropriate and an on-going award with a PIP Award Review date after 10 years will be applicable.

**Note:** This is the guidance issued by the Secretary of State in accordance with legislation<sup>1</sup>.

1 WR Act 12, s 88(3)

P2063 When deciding the duration of a fixed term award<sup>1</sup> of PIP the DM should look at all the evidence and facts of the case, including the advice from the HP. There will be two types of fixed term awards

1. short fixed term awards, which will be for a minimum of 9 months and a maximum of 2 years **or**
2. longer fixed term awards, where the DM will set an expiry date 12 months after the date on which the claimant is due to be referred to the HP for a review

**Note:** DMs will also have a role in deciding the PIP Award Review date which will be detailed in the DM's procedural guidance.

1 WR Act 12, s 88(2)

P2064 When deciding the length of the award the DM will have regard to

1. the advice from the HP, within the PIP assessment report **and**
2. any further evidence gathered by the HP **and**
3. the evidence given by the claimant in the questionnaire (How your disability affects you), and any additional information supplied by the claimant.

**Note:** DMs should refer to the procedural guidance on Award Periods and Reviews (within the Decision Making Process Guidance), when deciding the length of the award and setting review periods.

P2065 The advice on prognosis from the HP advising when they wish to see the claimant again in accordance with P2066 – P2067, will have had consideration as to

- 1.** whether there is likely to be an improvement or deterioration in the disability or its functional effects **and**
- 2.** whether further treatment is required **and**
- 3.** the time any improvement or deterioration is likely to be expected **and**
- 4.** the natural progress of the underlying condition **and**
- 5.** any adjustments and adaptations.

### **Example 1**

Joan sent in her questionnaire for her claim to PIP and attended for a consultation with an HP. On the evidence before them the HP provided a report to the DM for their consideration, with a recommendation that the claim should be reviewed in 3 years. This took into account the likely prognosis by the HP of improvement in Joan's disability condition and the daily living/mobility needs arising. The DM considered all the evidence and made their decision on the length of the award, decided on a PIP Award Review date of 3 years and an award for PIP of 4 years. This ensures that the award does not run out before the new decision is made.

### **Example 2**

Richard submitted his questionnaire in relation to his claim for PIP, and the HP considered the information and called him for a consultation. At the consultation Richard brought a letter from his GP and handed it to the HP. The HP looked at all the evidence, including the consultation, and advised that Richard's claim should be reviewed after two years. The DM considered all the evidence and decided that a formal review would not be appropriate, and made an award of PIP for two years, as it is expected that he will have improved by the end of the award. Richard will receive a letter before the end of his award to advise him about claiming again, should his needs not have improved.

### **Example 3**

Agnes has had a long term disability and made a claim for PIP. She submitted her questionnaire, and the HP decided to seek further advice from her hospital consultant. On this evidence the HP made an assessment and advised the DM that Agnes' prognosis was that her needs would be unlikely to change. On this evidence from the HP the DM made a decision to make an ongoing award for PIP, with a PIP Award Review date after 10 years, to check if the level of benefit is still appropriate.

## Re-determination P2066-P2067

P2066 Where a claimant has been determined to have a limited or severely limited ability to carry out activities, the DM may re-determine<sup>1</sup> whether a claimant still has limited or severely limited ability to carry out the required activities.

1 SS(PIP) Regs, reg 11

P2067 The re-determination can be performed when

- 1.** a period of award is coming to an end **or**
- 2.** a claimant reports a change of circumstances **or**
- 3.** the DM wishes to review the claimant's award, at any time or for any reason.

**Note:** This provision does not enable the award to be changed. In order to change the award a supersession decision is required, see ADM Chapter A4.

P2068 – P2075

## Terminal illness P2076-P2080

P2076 There are exceptions to the normal rules when the person who claims

1. is terminally ill **and**
2. has made a claim for PIP expressly on the ground of terminal illness<sup>1</sup>.

**Note:** Evidence from or on behalf of the disabled person of terminal illness will amend the claim to one based on the Special Rules (see P2079).

1 WR Act 12, s 82

P2077 [[See Memo ADM 08-22](#)] A person is regarded as being terminally ill<sup>1</sup> for the purposes of P2076 if

1. at any time the person suffers from a progressive disease **and**
2. the person's death in consequence of that disease can reasonably be expected within 6 months.

1 WR Act 12, s 82(4)

P2078 When a claim is made under the circumstances in P2076 the claimant will

1. not be required to satisfy the required period condition for either component<sup>1</sup> **and**
2. not be required to satisfy the past presence condition<sup>2</sup> **and**
3. be awarded the enhanced rate of the daily living component<sup>3</sup> **and**
4. be required to provide information on the mobility activities before either rate of that component can be awarded.

1 WR Act 12, s 82(2) & (3); 2 SS (PIP) Regs, reg 22; 3 WR Act 12, s 82(2)

P2079 Claims for terminally ill people will usually be awarded for and limited to 3 years. A reminder will be issued before the award expires to remind the claimant to re-claim PIP.

### Third party claims

P2080 A claim may be accepted from a third party<sup>1</sup> if the claim is made expressly on the ground that this is on behalf of someone who is terminally ill. This has the effect that the terminally ill person has made the claim (see ADM Chapter A2 - claims).

P2081 - P2999

# Appendix - Definitions and Descriptors

## PERSONAL INDEPENDENCE PAYMENT ASSESSMENT

This Appendix gives the definitions of terms used in the regulations and schedule and the list of descriptors.

### **Aided**

means with

- 1.** the use of an aid or appliance **or**
- 2.** supervision, prompting or assistance.

### **Assistance**

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

### **Assistance Dog**

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

### **Basic verbal information**

means information in the claimant's native language conveyed in a simple sentence.

### **Basic written information**

means signs, symbols and dates written or printed in the claimant's native language.

### **Bathe**

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

### **Communication support**

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

### **Complex budgeting decisions**

means decisions involving

**1.** calculating household and personal budgets **and**

**2.** managing and paying bills **and**

planning future purchases

### **Complex verbal information**

means information in the claimant's native language conveyed in either more than one sentence or one complicated sentence.

### **Complex written information**

means more than one sentence of written or printed standard size text in the claimant's native language.

### **Cook**

means to heat food at or above waist height.

### **Dress and undress**

includes putting on and taking off socks and shoes.

### **Engage socially**

means

**1.** interact with others in a contextually and socially appropriate manner **and**

**2.** understand body language **and**

**3.** establish relationships.

### **Manage incontinence**

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

### **Manage medication or therapy**

means take medication or undertake therapy, where a failure to do so is likely to result in a deterioration in the claimant's health.

### **Medication**



means medication to be taken at home which is prescribed or recommended by a registered

**1.** doctor

**2.** nurse **or**

**3.** pharmacist.

### **Monitor health**

means

**1.** detect significant changes in the claimant's condition which are likely to lead to a deterioration in their health **and**

**2.** take action advised by a

**2.1** registered doctor

**2.2** registered nurse **or**

**2.3** health professional who is regulated by the Health Professions Council

without which the claimant's health is likely to deteriorate.

### **Orientation aid**

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

### **Prepare**

In the context of food prepare means to make food ready for cooking or eating.

### **Prompting**

means reminding, encouraging or explaining by another person.

### **Psychological distress**

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

### **Read**

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

### **Simple budgeting decisions**

means decisions involving

- 1.** calculating the cost of goods **and**
- 2.** calculating change required after a purchase.

### **Simple Meal**

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

### **Social Support**

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

### **Stand**

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

### **Supervision**

means the continuous presence of another person for the purpose of ensuring the claimant's safety.

### **Take nutrition**

means

- 1.** to cut food into pieces **and**
- 2.** convey food or drink to one's mouth **and**
- 3.** chew and swallow food or drink **or**
- 4.** take nutrition by using a therapeutic source.

### **Therapeutic source**

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

### **Therapy**

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

- 1.** registered
- 2.** health professional regulated by the Health Professions Council.

**1.1** doctor

**1.2** nurse **or**

**1.3** pharmacist

### **Toilet needs**

means

- 1.** getting on and off an unadapted toilet **and**
- 2.** evacuating the bladder and bowel **and**
- 3.** cleaning oneself afterwards.

### **Unaided**

means without

- 1.** the use of an aid or appliance **or**
- 2.** supervision, prompting or assistance.

## **Daily living and mobility activities**

**Note: See P2011- P2014**

### **Daily Living Activities**

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Activity</b>	<b>Descriptors</b>	<b>Points</b>
<b>1. Preparing food.</b>	<b>a. Can prepare and cook a simple meal unaided.</b>	<b>0</b>
	<b>b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal.</b>	<b>2</b>

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

**monitor a health condition**

**c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week. 2**

**d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week. 4**

**e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week. 6**

**f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. 8**

**4. Washing and bathing**

**a. Can wash and bathe unaided. 0**

**b. Needs to use an aid or appliance to be able to wash or bathe. 2**

**c. Needs supervision or prompting to be able to wash or bathe. 2**

**d. Needs assistance to be able to wash either their hair or body below the waist. 2**

**e. Needs assistance to be able to get in or out of a bath or shower. 3**

**f. Needs assistance to be able to wash their body between the shoulders and waist. 4**

**g. Cannot wash and bathe at all and needs another person to wash their entire body. 8**

**5. Managing toilet needs or incontinence.**

**a. Can manage toilet needs or incontinence unaided. 0**

**b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence. 2**

**c. Needs supervision or prompting to be able to manage toilet needs. 2**

**d. Needs assistance to be able to manage toilet needs. 4**

	e. Needs assistance to be able to manage incontinence of either bladder or bowel.	6
	f. Needs assistance to be able to manage incontinence of both bladder and bowel.	8
<b>6. Dressing and undressing.</b>	a. Can dress and undress unaided.	0
	b. Needs to use an aid or appliance to be able to dress or undress.	2
	c. Needs either -	2
	(i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or	
	(ii) prompting or assistance to be able to select appropriate clothing.	
	d. Needs assistance to be able to dress or undress their lower body.	2
	e. Needs assistance to be able to dress or undress their upper body.	4
	f. Cannot dress or undress at all.	8
<b>7. Communicating verbally.</b>	a. Can express and understand verbal information unaided.	0
	b. Needs to use an aid or appliance to be able to speak or hear.	2
	c. Needs communication support to be able to express or understand complex verbal information.	4
	d. Needs communication support to be able to express or understand basic verbal information.	8
	e. Cannot express or understand verbal information at all even with communication support.	12
<b>8. Reading and understanding signs, symbols and words</b>	a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	0
	b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic	2

or complex written information.

c. Needs prompting to be able to read or understand complex written information. 2

d. Needs prompting to be able to read or understand basic written information. 4

e. Cannot read or understand signs, symbols or words at all. 8

**9. Engaging with other people face-to-face**

a. Can engage with other people unaided. 0

b. Needs prompting to be able to engage with other people. 2

c. Needs social support to be able to engage with other people. 4

d. Cannot engage with other people due to such engagement causing either – 8

(i) overwhelming psychological distress to the claimant; or

(ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.

**10. Making budgeting decisions**

a. Can manage complex budgeting decisions unaided. 0

b. Needs prompting or assistance to be able to make complex budgeting decisions. 2

c. Needs prompting or assistance to be able to make simple budgeting decisions. 4

d. Cannot make any budgeting decisions at all. 6

1 SS (PIP) Regs, Sch 1

**Mobility Activities**

**Column 1**

**Column 2**

**Column**

**Activity**

**Descriptors**

**3**

**Points**

**1. Planning and**

**a. Can plan and follow the route of a journey unaided.**

**0**

following journeys.

- b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant. 4**
- c. Cannot plan the route of a journey. 8**
- d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid. 10**
- e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant. 10**
- f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid. 12**

**2. Moving around.**

- a. Can stand and then move more than 200 metres, either aided or unaided. 0**
- b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided. 4**
- c. Can stand and then move unaided more than 20 metres but no more than 50 metres. 8**
- d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. 10**
- e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided. 12**
- f. Cannot, either aided or unaided,– 12**
  - (i) stand; or**
  - (ii) move more than 1 metre.**