



Department  
for Work &  
Pensions



# Claimant Survey – Wave 1

Personal Independence Payment  
Claimant Research, Ipsos MORI

---

September 2018

# Ipsos MORI for Department of Work and Pensions Personal Independence Payment (PIP) Claimant Survey – Wave 1

## NOTES

- This is the specification for a Computer Assisted Telephone Interview script (CATI). The routing instructions were used by a programmer to create a questionnaire which asked people the correct questions for their circumstances.
- Textfills were used in the questionnaire so that the wording of the question was appropriate to the claimant. For example if someone was claiming on behalf of someone else the wording referred to 'the person you are claiming for' rather than 'you'. This is indicated in the script using {VARIABLE TEXT BASED ON A4}.
- These questions were read out by a telephone interviewer. The script includes instructions to interviewers e.g. SINGLE CODE ONLY which are also used by the programmer to set up the script correctly. These were not communicated to claimants.
- The text in bold shows the questions which claimants were asked. Except where it says READ OUT... interviewers did not read out the answer options but coded verbatim answers given by claimants to the appropriate categories.
- The wording shown here is what was asked for claimants. Sometimes the current official terminology was not used but instead terminology which would be understood by participants was used, e.g. Citizens' Advice Bureau (CAB) or PIP application form.
- A paper questionnaire was offered as an alternative for claimants who could not or did not wish to complete the interview by telephone. The answers from that were coded by telephone interviewers into the telephone script once they were received back from participants.
- See project technical report for details about sampling and fieldwork.

## SCREENER PART 1

ASK ALL.

### S1. Are you free to discuss this now?

SINGLE CODE ONLY.

- |   |                  |
|---|------------------|
| 1. Yes, appropriate time – With named sample member         | GO TO S2         |
| 2. Yes, appropriate time – With someone not named in sample | GO TO S2         |
| 3. Happy to take part but need to call back                 | MAKE APPOINTMENT |
| 4. Refused  | THANK & CLOSE    |
| 5. Named respondent has died – Do not continue              | THANK & CLOSE    |

### S2. Before we begin, can I just check that...

[IF NEW CLAIMANT] ...you recently contacted the Department for Work and Pensions claim line by telephone to make an application for Personal Independence Payment, or PIP?

[IF NATURAL (RE)ASSESSMENT] ...you recently contacted the Department for Work and Pensions claim line by telephone after being asked to apply for Personal Independence Payment, or PIP?

[IF FULL PIP ROLL-OUT] You recently contacted the Department for Work and Pensions claim line by telephone after being told that your existing DLA payments will end and being invited to apply for Personal Independence Payment, or PIP?

NOTE TO INTERVIEWER: IF PARTICIPANT SAYS THEY HAVE DECIDED THEY NO LONGER WANT TO APPLY FOR PIP: **We are also interested in speaking with those who have started the application process for PIP but changed their mind about continuing.**

NOTE TO INTERVIEWER: IF PARTICIPANT SAYS THEY ARE APPLYING ON SOMEONE ELSE'S BEHALF: **If you are applying on behalf of someone else in a professional or personal capacity as their appointee we would still be interested in speaking to you.**

NOTE TO INTERVIEWER: IF PARTICIPANT SAYS THEY MADE THE INITIAL CLAIM CALL BUT THEY HAVE NOT COMPLETED OR WILL NOT BE COMPLETING THE FORM THEMSELVES: **If you have applied for PIP with the help of someone else we would still be interested in hearing about your experiences.**

SINGLE CODE ONLY.

- |   |                 |
|---|-----------------|
| 1. Yes, have applied for PIP  | CONTINUE TO A1  |
| 2. Yes, did telephone to apply for PIP, but have since decided not to complete the claim form | CONTINUE TO A1  |
| 3. No, have not applied for PIP   | THANK AND CLOSE |

**READ OUT: This interview is about your application for PIP (Personal Independence Payment). Please think about this and not any other benefits or payments you have applied for recently.**

**INTERVIEWER NOTE: IF RESPONDENT SEEMS UNCLEAR ABOUT WHICH BENEFIT WE ARE TALKING ABOUT PLEASE READ OUT THE FOLLOWING TEXT TO EXPLAIN TO THEM WHAT PIP IS: Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term ill-health or a disability for people aged 16 to 64. It replaces DLA (Disability Living Allowance). Applications for PIP are made to the DWP. It involves an initial call to a claim line followed by completing a paper form.**

## CURRENT STATUS (SCREENER PART 2)

ASK ALL

### **A1. Since making the original telephone call to the PIP claim line, have you received an application form for PIP?**

INTERVIEWER: IF RESPONDENT SAYS THEY ARE CLAIMING ON BEHALF OF SOMEONE ELSE TELL THEM THAT THESE QUESTIONS REFER TO THAT APPLICATION.

IF SOMEONE SAYS THEY ARE MAKING MORE THAN ONE APPLICATION (FOR THEMSELVES AND SOMEONE ELSE OR FOR TWO OTHER PEOPLE), ASK THEM TO THINK ABOUT THE APPLICATION FOR WHICH THEY MADE THE INITIAL PHONE CALL TO THE CLAIM LINE IN THE FIRST WEEK OF AUGUST.

SINGLE CODE ONLY.

1. Yes
2. No THANK AND CLOSE –  
ROUTE TO SCREEN WITH NUMBER OF PIP ENQUIRY LINE
3. Don't know THANK AND CLOSE- CLOSE –  
ROUTE TO SCREEN WITH NUMBER OF PIP ENQUIRY LINE

ASK IF RECEIVED APPLICATION FORM (CODE 1 AT A1).

### **A2. Have you completed the application form?**

NOTE TO INTERVIEWER: IF PARTICIPANT SAYS THEY DIDN'T COMPLETE THE FORM BUT SOMEONE DID ON THEIR BEHALF, CODE YES.

READ OUT. SINGLE CODE ONLY.

1. Yes – and have returned it to DWP GO TO A3
2. Yes – but have not yet returned it to DWP GO TO A4
3. No – have not yet started or completed the form but I intend to GO TO A4
4. No – have not yet started or completed the form and do not intend to GO TO A4

SOFT CHECK IF S2=2 AND A2 = 1: INTERVIEWER READ OUT: **Can I just check, you said originally that you decided not to complete the claim form, but you say that you have sent a completed claim form to DWP. Is that right?**

SOFT CHECK IF S2=2 AND A2 = 2: INTERVIEWER READ OUT: **Can I just check, you said originally that you decided not to complete the claim form, but you say that you did complete it (though have not send it to DWP). Is that right?**

ASK IF FORM HAS BEEN COMPLETED AND SENT TO DWP (CODE 1 AT A2).

**A3. And which of the following statements best describes the current stage of your application since sending in the application form?**

READ OUT.

1. I have not received any further information about my application  
CONTINUE TO SURVEY
2. I have had my application acknowledged but nothing further  
CONTINUE TO SURVEY
3. I have been invited to attend an assessment which has not yet happened  
CONTINUE TO SURVEY
4. I have attended an assessment interview but not yet heard the outcome  
THANK AND CLOSE
5. I have been told that my application was successful  
THANK AND CLOSE
6. I have been told that my application was unsuccessful  
THANK AND CLOSE
7. Don't know (DO NOT READ OUT)  
THANK AND CLOSE

ASK ALL.

**A4. Was the application for yourself or on behalf of someone else?**

SINGLE CODE.

1. For myself
2. For someone else

READ OUT: **We're interested in knowing about the various reasons why people might apply for PIP.**

**A5. {VARIABLE TEXT BASED ON A4} You/the person you are claiming on behalf of may have one or more disabilities or long-term health conditions. We do not need to know exactly which disability or condition(s) you/they have, but please tell us whether they affect you/them in any of the following ways.**

READ OUT. MULTICODE OK.

1. Vision (for example blindness or partial sight)
2. Hearing (for example deafness or partial hearing)
3. Mobility (for example walking short distances or climbing stairs)
4. Dexterity (for example lifting and carrying objects, using a keyboard)
5. Learning or understanding or concentrating
6. Memory
7. Mental health
8. Stamina or breathing or fatigue
9. Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)

**Department of Work and Pensions: Personal Independence Payment (PIP) - Wave 1**

10. Other (PLEASE SPECIFY: **What other area(s) do any of your disabilities or conditions affect you in?**)
11. None of the above (DO NOT READ OUT)
12. Refusal/Don't know (DO NOT READ OUT)

## DECIDING TO MAKE A CLAIM (PRE-PIP1)

READ OUT: Now I'd like to ask you some questions about the period before you contacted DWP on the PIP claim line to make an application. Please think about the application you made by calling the claim line in early August 2016, whether the claim was for yourself or someone else. {TEXTFILL IF NOT CONTINUING – A2=4}: Please think about when you had decided to claim for PIP, before calling the claim line}

ASK ALL NEW CLAIMANTS.

### B1. How did you first hear about PIP?

DO NOT READ OUT. PROBE FULLY. MULTICODE OK.

1. From a GP/health professional
2. From a social worker or care and support worker
3. From my local authority
4. From a friend or relative
5. From a charity or support group
6. On the DWP website or GOV.UK website
7. On another website (PLEASE SPECIFY)
8. From the Citizens Advice Bureau (CAB)
9. From the person I am claiming on behalf of
10. From someone/somewhere else (SPECIFY)
11. Don't know/can't remember

ASK ALL.

### B2. How much, if anything, would you say you knew about each of the following aspects of PIP before you contacted the PIP claim line?

READ OUT. SINGLE CODE ONLY. REVERSE SCALE FOR HALF SAMPLE.

- A. Why a person might be awarded PIP
- B. The process for claiming PIP

Would you say you knew...

1. A great deal
2. A fair amount
3. Just a little
4. Nothing at all
5. Don't know [DO NOT READ OUT]



ASK ALL.

**B3. And thinking about your decision to apply for PIP, who, if anyone, did you speak to about it, before you contacted the claim line? PROBE FULLY: Anyone else?**

DO NOT READ OUT. MULTICODE OK.

1. GP or health professional
2. Social worker or care and support worker
3. Friend or relative
4. Someone else claiming PIP
5. Someone from a charity or support group (PLEASE SPECIFY)
6. Someone from the DWP (e.g. on the DLA helpline or other benefit help line)
7. The person I am claiming on behalf of
8. Someone else (PLEASE SPECIFY)
9. I didn't speak to anyone
10. Don't know

ASK IF NAME MORE THAN ONE SOURCE AT B3

**B4. And of the people you spoke to, which, if any, would you say was the most useful?**

SHOW EACH RESPONSE GIVEN AT B3.

1. None of these
2. Don't know

ASK IF B3=1-8, 10.

**B5. What information, did you receive from [INSERT RESPONSE AT B4 IF MORE THAN ONE AT B3, OR RESPONSE AT B3 IF ONLY GIVE ONE]? {THIS QUESTION WILL ONLY BE ASKED ONCE}**

*Textfills from B3 for insertion in question:*

1. the GP or health professional
2. the social worker or care and support worker
3. the friend or relative
4. someone else claiming PIP
5. someone from a charity or support group
6. someone from the DWP (e.g. on the DLA helpline or other benefit help line)
7. the person you are claiming on behalf of
8. VERBATIM ANSWER FROM B3
9. THIS NEVER ROUTES TO B4 OR B5
10. Don't know

DO NOT READ OUT. MULTICODE OK.

*Answer codes:*

1. Advice on whether you would be awarded PIP as a benefit
2. Advice on how the process works
3. Advice on who to contact to make an application
4. Advice on how to complete the form
5. Other (PLEASE SPECIFY)
6. Don't know

ASK ALL.

**B6. Did you have any worries or concerns about applying for PIP or not?**

SINGLE CODE ONLY.

1. Yes
2. No
3. Don't know

ASK IF HAD WORRIES OR CONCERNS ABOUT APPLYING FOR PIP  
(CODE 1 AT B6).

**B7. What were your main worries or concerns about applying for PIP?**

DO NOT READ OUT. MULTICODE OK.

1. That the application would be difficult for me to complete
2. That I would need help from someone else which is difficult to ask for/or get
3. That I would need to give lots of financial information
4. That I would need to provide a lot of detail about my disability or impairment which I find sensitive or difficult
5. That making the claim would take me a lot of time (time spent making the claim)
6. That the DWP would take a long time to process my claim and so it would take a long time before receiving an award
7. That I would not be successful in obtaining a PIP award at all
8. That the amount of my PIP award would be less than my DLA award
9. That applying for PIP would affect my other benefits or care payments
10. That other people would look down on me for claiming benefits
11. That receiving PIP would affect my working arrangements or sick pay
12. Other (SPECIFY)
13. Don't know

ASK ALL.

**B8a. What were your main reasons for applying for PIP {textfill if A4=2 for the person you are applying on behalf of}? INTERVIEWER: If respondent just states their condition or disability here: What reasons did you have for applying for PIP in light of {textfill} your/their condition(s) and the the impact which they have on {textfill} your/their life?**

DO NOT READ OUT. MULTICODE OK. DO NOT USE CODES 16-19 FOR NEW CLAIMS.

1. My/their disability or illness means I have extra costs
2. My friend or relative encouraged me to apply
3. A health or social care professional encouraged me to apply
4. A charity or support group encouraged me to apply
5. To supplement the money I/they receive from other benefits/because the money I/they receive from other benefits is not enough
6. To help me/them receive other benefits
7. Because I/they am no longer able to work/earn a living
8. My/their family/household circumstances have changed
9. I know other people with similar conditions received it
10. I was/they were previously on DLA and rely on the money from that to meet the additional costs of my/their disability
11. I was/they were previously on DLA so I'm/they are entitled to PIP
12. I was/they were previously on DLA and got told I/they had to apply for PIP instead
13. I was/they were previously on DLA but I think that I/they will be better off on PIP
14. I/they felt it was worth trying/ I/they had nothing to lose
15. Other [PLEASE SPECIFY]
16. Don't know

ASK IF B8a=1 (My disability or illness means I have extra costs).

**B8b. Thinking about your reasons for applying for PIP. What type of extra costs do you/does the person you are claiming for have as a result of your / their disability or illness?**

DO NOT READ OUT. MULTICODE OK.

1. Travel
2. Aids and adaptations
3. Help at home
4. Medication or treatment
5. Seeing friends and family/socialising

**Department of Work and Pensions: Personal Independence Payment (PIP) - Wave 1**

6. Other specific extra costs (not listed above) (SPECIFY)
7. General extra costs (not for anything specific)

ASK ALL.

**B9. How likely, if at all, do you think {textfill for person based on A4 – you are/ person is etc} to receive an award of PIP as a result of the application?**

READ OUT. SINGLE CODE.

1. Very likely
2. Fairly likely
3. Not very likely
4. Not at all likely
5. Don't know (DO NOT READ OUT)

ASK IF THINK LIKELY TO BE SUCCESSFUL (CODE 1-2 at B9).

**B10. And why do you think that?**

DO NOT READ OUT. MULTICODE OK.

1. My condition/impairment means I think I will obtain a high score on the assessment
2. Other people with my condition have been successful
3. My doctor or social worker advised me I would be successful
4. A charity or support group advised me I would be successful
5. I already receive DLA
6. Other (PLEASE SPECIFY)
7. Don't know

## **PIP1 – FIRST CONTACT (PHONE CALL)**

ASK ALL.

**Now thinking now about when you first contacted the PIP claim line by phone...**

**C1. Please tell me to what extent you agree or disagree with each of the following statements?**

READ OUT. SINGLE CODE ONLY FOR EACH STATEMENT. RANDOMISE STATEMENTS. REVERSE SCALE FOR HALF SAMPLE.

- A. It was clear to me that I needed to call the PIP claim line to request a claim pack**
  - B. I understood what would happen when I called the PIP claim line**
  - C. It was clear to me how long it would take to receive the claim pack after the call**
- 1. Strongly agree
  - 2. Tend to agree
  - 3. Neither agree nor disagree
  - 4. Tend to disagree
  - 5. Strongly disagree
  - 6. Don't know (DO NOT READ OUT)

ASK ALL.

**C2. And thinking about the phone call itself, to what extent do you agree or disagree with each of the following statements?**

READ OUT. SINGLE CODE ONLY FOR EACH STATEMENT. RANDOMISE ORDER OF STATEMENTS. REVERSE SCALE FOR HALF SAMPLE.

- A. I was able to get through quickly to speak to someone**
  - B. The person I spoke to was helpful**
  - C. The phone call took too long**
  - D. The person I spoke to explained what would happen next**
- 1. Strongly agree
  - 2. Tend to agree
  - 3. Neither agree nor disagree
  - 4. Tend to disagree
  - 5. Strongly disagree
  - 6. Don't know (DO NOT READ OUT)

ASK ALL.

**C3. And was your overall experience of your call to the PIP claim line easier than expected, more difficult than expected, or just as you expected?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. The experience was as I expected
2. The experience was more difficult than I expected
3. The experience was easier than I expected
4. Don't know/no opinion (DO NOT READ OUT)

## PIP2 – THE APPLICATION FORM

I'd now like to ask you some questions about the PIP application form which you received after making the call to the PIP claim line.

ASK ALL.

**D1. How long did it take for the PIP application form to arrive after your initial call to the PIP claim line?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. A couple of days
2. More than a couple of days but less than a week
3. 1 week up to 2 weeks
4. 2 weeks up to 3 weeks
5. 3 weeks up to 4 weeks
6. More than 4 weeks
7. Don't know

ASK IF HAVE ALREADY COMPLETED/ WILL COMPLETE FORM (A2 = 1 TO 3).

**D2. Did you {textfill only if A2=3: or will you} seek any help or advice...**

READ OUT. SINGLE CODE ONLY. ONLY USE CODE 2 FOR STATEMENTS a and b IF A2 = 3

- A. About which information or evidence to include when completing the PIP application form?**
  - B. With completing the PIP application form itself?**
1. Yes I have done so already
  2. Yes I am planning to
  3. No
  4. Don't know

ASK IF RECEIVE(D) ASSISTANCE ABOUT WHICH INFO/EVIDENCE TO INCLUDE (D2a = 1 or 2).

**D3. Which people, or information sources, {VARIABLE TEXT FROM D2a} did you/will you consult when thinking about which information or evidence to include when completing the PIP application form?**

DO NOT READ OUT. MULTICODE OK.

1. DWP helpline or website (DWP or gov.uk)
2. Citizen's Advice Bureau
3. Website or helpline of a charity or support group
4. Information in my local library
5. Health or social care professional

**Department of Work and Pensions: Personal Independence Payment (PIP) - Wave 1**

6. Someone at a group, or club I attend (e.g. lunch club, day centre)
7. Friends or family members
8. Jobcentre Plus
9. Local authority or social services
10. Other (SPECIFY)
11. Don't know

ASK IF RECEIVE(D) ASSISTANCE (D2a=1 or 2) AND DO NOT SAY DWP HELPLINE OR WEBSITE AT D3 (DO NOT SAY CODE 1).

**D4. You said that you did not/will not consult the DWP helpline or website. Why do you say that?**

DO NOT READ OUT. MULTICODE OK.

1. I didn't know it existed
2. I didn't know how it would help me
3. I didn't think it would be helpful
4. I was worried it would affect my claim
5. Other (PLEASE SPECIFY)
6. Don't know

ASK IF DID SAY DWP HELPLINE OR WEBSITE AT D3 (CODE 1).

**D5. You said that you {VARIABLE TEXT FROM D2a} did/will consult the DWP helpline or website. Is that the helpline or the website, or both?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. Helpline
2. Website
3. Both
4. Don't know

ASK IF DID SAY DWP HELPLINE AT D5 (CODE 1 OR 3) AND HAVE ALREADY SOUGHT HELP (CODE 1 AT D2a).

**D6. To what extent do you agree or disagree with the following statements about the DWP helpline?**

READ OUT. SINGLE CODE ONLY FOR EACH STATEMENT. RANDOMISE ORDER OF STATEMENTS. REVERSE SCALE FOR HALF SAMPLE.

- A. It was easy to get through to the helpline**
  - B. The information provided on the helpline was useful**
  - C. I got the support I needed from the helpline**
1. Strongly agree
  2. Tend to agree



**Department of Work and Pensions: Personal Independence Payment (PIP) - Wave 1**

3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don't know (DO NOT READ OUT)

ASK IF DID SAY DWP WEBSITE AT D5 (CODE 2 OR 3) AND HAVE ALREADY SOUGHT HELP (CODE 1 AT D2a).

**D7. To what extent do you agree or disagree with the following statements about the DWP website?**

READ OUT. SINGLE CODE ONLY FOR EACH STATEMENT. RANDOMISE ORDER OF STATEMENTS. REVERSE SCALE FOR HALF SAMPLE.

**A. The information provided on the website was useful**

**B. I got the support I needed from the website**

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don't know (DO NOT READ OUT)

ASK ALL WHO HAVE CONSULTED/WILL CONSULT A CHARITY OR SUPPORT GROUP (D3 = CODE 3).

**D8. You said that you {VARIABLE TEXT FROM D2a} have consulted/will consult a charity or support group about which information or evidence to include when completing the PIP application form. Which charity or support group?**

DO NOT READ OUT. MULTICODE OK.

1. Age UK
2. Carers UK
3. Scope
4. Sense
5. RNIB
6. Citizen's Advice Bureau
7. Other (SPECIFY)
8. Don't know

ASK IF RECEIVE(D) ASSISTANCE WITH COMPLETING FORM ITSELF  
(D2b = CODE 1 OR 2).

**D9. Who {VARIABLE TEXT FROM D2b} helped you/will help you to complete the PIP application form itself?**

DO NOT READ OUT. MULTICODE OK.

1. The person who I am/was making the claim on behalf of
2. A friend or relative
3. A social worker or care and support worker
4. A GP or health professional
5. Someone from a charity or support group (PLEASE SPECIFY)
6. Other (SPECIFY)
7. Don't know

ASK IF RECEIVE(D) ASSISTANCE WITH COMPLETING FORM ITSELF  
(D2b = 1 OR 2).

**D10. And why {VARIABLE TEXT FROM D2b} did you/will you need help with completing the form itself?**

DO NOT READ OUT. MULTICODE OK.

1. I find it difficult to complete forms because of my disability or illness
2. I could not understand all the questions
3. The instructions about how to complete the form were not clear
4. I did not know the answers to some of the questions
5. I did not have the information I needed
6. Other reason (PLEASE SPECIFY)
7. Don't know (DO NOT READ OUT)

ASK IF COMPLETING ON BEHALF ON SOMEONE ELSE (A4=2).

**D11. And why does the person you are claiming on behalf of need help with completing the form itself?**

DO NOT READ OUT. MULTICODE OK.

1. They find it difficult to complete forms because of their disability or illness
3. They could not understand all the questions
4. The instructions about how to complete the form were not clear
5. They did not know the answers to some of the questions
6. Other reason (PLEASE SPECIFY)
7. Don't know (DO NOT READ OUT)

**D12??** ASK ALL WHO HAVE COMPLETED THE FORM (A2 = CODES 1 OR 2).

**D13. How relevant, if at all, are questions in the form to {VARIABLE TEXT FROM A4} your situation/ the situation of the person you are claiming on behalf of?**

READ OUT. SINGLE CODE.

1. Very relevant
2. Fairly relevant
3. Not very relevant
4. Not at all relevant
5. Don't know

ASK IF QUESTIONS WERE NOT RELEVANT (D13=3-4).

**D14. Why do you say that?**

READ OUT. RANDOMISE STATEMENTS. MULTICODE OK. {TEXTFILL FOR A4 FOR CODES BELOW}

1. They were not suitable for people with my/their condition
2. They were not relevant because of my/their specific circumstances
3. They did not ask about the aspects of my/their home life which are difficult for me/them
4. They did not ask about the aspects of my/their work life which are difficult for me/them
5. They did not ask about aspects of my/their mobility which are difficult for me/them

ASK ALL WHO HAVE COMPLETED THE FORM (A2 = CODES 1 OR 2).

**D15. To what extent do you agree or disagree that the form allowed you to explain fully how {VARIABLE TEXT FROM A4} your/their condition affects {VARIABLE TEXT FROM A4} you/them?**

READ OUT. SINGLE CODE.

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree

ASK ALL WHO HAVE COMPLETED THE FORM (A2 = CODES 1 OR 2).

**D16. Was there any information on the form which you found difficult to provide?**

SINGLE CODE.

1. Yes
2. No
3. Don't know/can't remember

ASK IF ANY INFORMATION WAS DIFFICULT TO PROVIDE (D16=1).

**D17. Why was the information on the form difficult to provide?**

DO NOT READ OUT. MULTICODE OK.

1. I did not know the information
2. The answer varies over time
3. The answer varies in different circumstances
4. The information is sensitive and I felt uncomfortable about providing it
5. I did not think the information was relevant
6. Other (SPECIFY)
7. Don't know

ASK ALL WHO HAVE COMPLETED THE FORM (A2 = CODES 1 OR 2).

**D18. What evidence, if any, did you provide to support your application? NOTE TO INTERVIEWER: THIS IS ANY EVIDENCE THE CLAIMANT SUPPLIED *IN ADDITION* TO THE ANSWERS THEY GAVE ON THE FORM**

DO NOT READ OUT. MULTICODE OK.

1. Reports from health professionals
2. Care or treatment plans
3. Hospital discharge letters
4. Test results (e.g. scans, blood tests, X-rays etc)
5. Prescription lists
6. Appointment letters or cards
7. Fact sheets about your condition or treatments
8. Travel tickets
9. Other evidence (SPECIFY)
10. No additional evidence provided

ASK ALL WHO HAVE COMPLETED THE FORM (A2 = CODES 1 OR 2).

**D19. And how clear, if at all, was the explanation in the form about...?**

READ OUT. ROTATE STATEMENTS. REVERSE SCALE FOR HALF THE SAMPLE.  
SINGLE CODE.

- A. Why you might need to submit evidence to support your application?**
  - B. Why evidence to support your application might be needed at this stage (rather than later)?**
  - C. How much evidence you might need to submit to support your application?**
  - D. How you should submit any evidence to support your application?**
- 1. Very clear
  - 2. Fairly clear
  - 3. Not very clear
  - 4. Not at all clear
  - 5. Don't know (DO NOT READ OUT)

ASK ALL WHO HAVE COMPLETED THE FORM (A2 = CODES 1 OR 2).

**D20. How did you decide what evidence, if any, to provide?**

DO NOT READ OUT. MULTICODE.

- 1. Read the guidance provided by the DWP
- 2. Received advice from a friend or relative who had claimed before
- 3. Received advice from a social care or health professional
- 4. Received advice from a charity or support group
- 5. Provided everything I had (if in doubt provide it even if not requested)
- 6. Other (SPECIFY)
- 7. Don't know

ASK ALL WHO HAVE COMPLETED THE FORM (A2 = CODES 1 OR 2)

**D21. Was there any evidence you wanted to provide but were unable to?**

SINGLE CODE.

- 1. Yes
- 2. No
- 3. Don't know/can't remember

ASK IF THERE WAS OTHER EVIDENCE THEY WANTED TO PROVIDE (D21=1).

**D22. What evidence were you unable to provide?**

[OPEN ENDED]

ASK IF THERE WAS OTHER EVIDENCE THEY WANTED TO PROVIDE (D21=1)

**D23. Why were you not able to provide this evidence?**

DO NOT READ OUT. MULTICODE OK.

1. I never had this type of evidence
2. I had lost or mislaid this evidence
3. I had got rid of this information because I did not realise it would be useful in future
4. I did not have time to put it together in time
5. The guidance did not mention including this type of evidence
6. I was advised/thought it best to hold back some evidence for any later appeal
7. Other (PLEASE SPECIFY)
8. Don't know

ASK ALL WHO HAVE COMPLETED THE FORM (A2 = CODES 1 OR 2).

**D24a. Were you able to complete all sections in the form?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. Yes
2. No
3. Don't know

ASK ALL WHO WERE NOT ABLE TO COMPLETE ALL SECTIONS OF THE FORM (D24a = CODE 2).

**D24b. Why were you not able to complete all sections in the form?**

DO NOT READ OUT. MULTICODE OK

1. I did not have time to complete all the sections
2. I did not know the answers to all the questions
3. I know the information but did not want to provide it
4. I did not complete the form because it was too long
5. The form was too complex for me to complete
6. The form was too repetitive
7. Other (SPECIFY)
8. Don't know

ASK ALL WHO HAVE COMPLETED THE FORM (A2 = CODES 1 OR 2).

**D25. How useful was the supporting information from DWP about how to fill out the form?**

READ OUT. SINGLE CODE.

1. Very useful
2. Fairly useful
3. Not very useful
4. Not at all useful
5. Don't know (DO NOT READ OUT)

ASK ALL WHO HAVE COMPLETED THE FORM (A2 = CODES 1 OR 2).

**D26 And was your overall experience of completing the PIP claim form easier than expected, more difficult than expected, or just as you expected?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. The experience was as I expected
2. The experience was more difficult than I expected
3. The experience was easier than I expected
4. Don't know / no opinion (DO NOT READ OUT)

ASK ALL.

**D27. Would you have preferred to complete the form online, or not?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. Yes
2. No
3. Don't know

ASK IF PREFER TO DO ONLINE (D27=1).

**D28. Why would you have preferred to complete the form online?**

DO NOT READ OUT. MULTICODE OK.

1. It is easier than writing on a paper form
2. It would have been quicker
3. It will not get lost in the post
4. That is how the government should collect information as it is more efficient
5. I can use a screen reader which I cannot use on a paper form

ASK IF NOT PREFER TO DO ONLINE (D27=2).

**D29. Why would you not prefer to complete the form online?**

DO NOT READ OUT. MULTICODE OK.

1. It is easier to write on a paper form
2. It would have been slower
3. I would be worried about the security of the information I entered
4. It is easier to read/see a paper form
5. I can complete the form while doing other things
6. I do not have a computer
7. I do not know how to complete online forms

ASK ALL

**D30. Please tell me to what extent you agree or disagree with each of the following statements?**

READ OUT. ROTATE STATEMENTS. REVERSE SCALE FOR HALF THE SAMPLE. SINGLE CODE.

- A. I was clearly informed about how long I had to return the form**
  - B. I understood what would happen next after I returned the form**
  - C. I knew how long it would take for a final decision to be made about my application**
1. Strongly agree
  2. Tend to agree
  3. Neither agree nor disagree
  4. Tend to disagree
  5. Strongly disagree
  6. Don't know

ASK ALL

**D31. [IF HAVE COMPLETED THE FORM ALREADY A2=1 OR 2] At the time of completing the form what did you expect would be the next steps in the process?**

**[IF HAVE NOT COMPLETED THE FORM ALREADY BUT INTEND TO A2=3] What do you expect will be the next steps in the process after completing and returning the form?**

**[IF HAVE NOT COMPLETED THE FORM ALREADY and don't expect to A2=4] What do you expect would be the next steps in the process after completing and returning the form if you had decided to continue with your application?**



READ OUT. MULTICODE OK

1. I/they would be assessed face-to-face
2. I/they would be assessed on paper
3. I/they would receive a decision one way or the other without further assessment
4. I/they would receive a decision one way or another after further assessment
5. Other (SPECIFY)
6. Don't know

ASK ALL

**D32. Please tell me to what extent you agree or disagree with each of the following statements?**

READ OUT. DO NOT ROTATE STATEMENTS. REVERSE SCALE FOR HALF THE SAMPLE. SINGLE CODE

- A. DWP has made it clear that if I was unhappy with the outcome of my PIP application, I could ask for it to be reconsidered**
  - B. DWP has made it clear that if I was still unhappy with the decision, I could still appeal**
1. Strongly agree
  2. Tend to agree
  3. Neither agree nor disagree
  4. Tend to disagree
  5. Strongly disagree
  6. Don't know

## **SECTION FOR THOSE THAT ARE NOT CONTINUING WITH APPLICATION**

ASK IF A2=3 (NOT YET COMPLETED THE FORM BUT INTEND TO)

**E1. Do you think that you will complete your PIP form and return it to the DWP, or not?**

DO NOT READ OUT. SINGLE CODE.

1. Yes
2. Maybe
3. No
4. Don't know

ASK IF NOT PLANNING TO CONTINUE (E1=3 or A2=4).

**DWP would like to know a little bit more about why you have decided not to continue with your application for PIP.**

**E2. Why did you decide not to continue with your application?**

DO NOT READ OUT. MULTICODE OK.

1. The form is too difficult to complete
2. I do not have time
3. I am not well enough at the moment
4. I do not want to provide the information required
5. I have been advised not to
6. I do not think I would be successful in obtaining an award
7. I have found another way to meet the costs of my disability
8. My circumstances have changed and I no longer needed PIP
9. I did not want to be on benefits/I'm worried people will look down on me for receiving benefits
10. Other (PLEASE SPECIFY)
11. Don't know

ASK ALL WITH MULTIPLE ANSWERS AT E2.

**E3. And what is your main reason for not continuing with application?**

DO NOT READ OUT. MULTICODE OK.

1. The form is too difficult to complete
2. I do not have time
3. I am not well enough at the moment
4. I do not want to provide the information required
5. I have been advised not to
6. I do not think I would be successful in obtaining an award
7. I have found another way to meet the costs of my disability
8. My circumstances have changed and I no longer needed PIP
9. I did not want to be on benefits/I'm worried people will look down on me for receiving benefits
10. Other (PLEASE SPECIFY)
11. Don't know

## **NEXT STEPS AND THINKING AHEAD**

ASK ALL WHO HAD SUBMITTED FORM OR INTEND TO (CODE 1-3 at A2).

**F1. When do you expect to hear the outcome of your application from DWP once they have received your form?**

READ OUT. SINGLE CODE.

1. Within a month
2. 1-2 months
3. More than 2 months, but less than 4 months
4. More than 4 months
5. Don't know

ASK ALL

**F2.**

**IF A2=1-3: What difference, if any, do you think receiving a PIP award will make to {VARIABLE TEXT BASED ON A4} your/their life?**

**IF A2=4: What difference, if any, do you think receiving a PIP award would make to {VARIABLE TEXT BASED ON A4} your/their life if you had decided to continue with your application?**

DO NOT READ OUT. MULTICODE OK.

1. It will allow me to work reduced hours/part-time so that I can continue working
2. It will allow me to work reduced hours/part-time so that I can start working
3. It will allow me to pay for travel so that I can continue working
4. It will allow me to pay for travel so that I can start working
5. It will allow me to pay for travel for other reasons
6. It will allow me to continue to study/start studying
7. It will allow me to continue to see my friends and family
8. It will help me to obtain additional help with the costs of daily living
9. It will help me to buy aids and adaptations
10. It will help with prescription costs
11. Other (specify)
12. None

## DEMOGRAPHICS

IF CLAIMING ON BEHALF OF SOMEONE ELSE (A4 = 2) READ OUT:

**The following questions are about the person you are claiming PIP on behalf of. Please answer these questions about that person, not yourself.**

ASK ALL

**QWORK: Which of the following best describes {TEXTFILL FROM A4} your/ their employment status?**

READ OUT. SINGLE CODE.

1. Employed full-time (30 hours or more per week)
2. Employed part-time (fewer than 30 hours per week)
3. Self-employed
4. Unemployed but looking for a job
5. Unemployed and not looking for a job
6. Long-term sick or disabled
7. Retired
8. Pupil/Student/In full-time education
9. Other (SPECIFY)

ASK THOSE WHO SELECTED 6 FOR QWORK.

**QSICK: Are {TEXTFILL FROM A4} you/they on paid or unpaid sick leave?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. Unpaid
2. Paid
3. None of these

ASK ALL.

**QBENEFITS. Can I just check, are {TEXTFILL FROM A4} you/they currently receiving any benefits or state allowances?**

INTERVIEWER NOTE: IF PARTICIPANT IS UNSURE/DOESN'T KNOW/IS HESITANT, PLEASE READ OUT ALL OF THE CODES BELOW AND CODE FOR EACH BENEFIT WHICH THEY SAY THEY RECEIVE.

**Department of Work and Pensions: Personal Independence Payment (PIP) - Wave 1**

DO NOT READ OUT. MULTICODE OK

1. Housing benefit
2. Income support
3. Jobseeker's Allowance (formerly unemployment benefit or Income Support for unemployed people)
4. Universal credit
5. State Retirement Pension
6. Incapacity Benefit or Severe Disablement Allowance
7. Employment and Support Allowance
8. Some other benefit for people with disabilities (e.g. Industrial Injuries Benefit)
9. Working Tax Credit
10. Child Tax Credit
11. Council Tax Benefit
12. Pension Credit (previously Minimum Income Guarantee)
13. Carer's allowance (formerly Invalid Care Allowance)
14. Attendance allowance
15. Some other state benefit (SPECIFY)
16. No, none of these
17. Refused (DO NOT READ OUT)
18. Don't know (DO NOT READ OUT)

ASK ALL

**QINTERNET: Which of these best describes {TEXTFILL FROM A4} your/their use of the internet? Please include all use of the internet, including sending and receiving emails.**

READ OUT. SINGLE CODE.

1. Several times a day
2. Around once a day
3. 4 or 5 times a week
4. 2 or 3 times a week
5. Around once a week
6. 2 or 3 times a month
7. Around once a month
8. Less than around once a month
9. Never but I have access
10. Never and I do not have access

ASK ALL

**QETHNICITY: To which of these ethnic groups do {TEXTFILL FROM A4} you/ they belong?**

READ OUT. SINGLE CODE ONLY

WHITE

1. White – British
2. White – Irish
3. Any other white background

MIXED

4. Mixed – White and Black Caribbean
5. Mixed – White and Black African
6. Mixed – White and Asian
7. Any other mixed background

ASIAN

8. Asian or Asian British – Indian
9. Asian or Asian British – Pakistani
10. Asian or Asian British – Bangladeshi
11. Any other Asian/Asian British background

BLACK

12. Black or Black British – Caribbean
13. Black or Black British – African
14. Any other Black British background

OTHER

15. Chinese
16. Any other
17. Prefer not to say
18. Don't know

ASK ALL

**QMARSTAT: Which of the following describes {TEXTFILL FROM A4} your/their current situation?**

READ OUT. SINGLE CODE ONLY.

1. Married
2. Living together with a partner
3. Single
4. Widowed
5. Divorced/separated
6. Don't know (DO NOT READ OUT)
7. Prefer not to say (DO NOT READ OUT)