



Department  
for Work &  
Pensions



# Claimant Survey – Wave 3

Personal Independence Payment  
Claimant Research, Ipsos MORI

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September 2018

# Ipsos MORI for Department of Work and Pensions Personal Independence Payment (PIP) Claimant Survey – Wave 3

## 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 claimants were asked. Sometimes the current official terminology was not used but instead terminology which would be understood by participants was used e.g. application for PIP.
- 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.
- The questionnaire was delivered to some claimants who had taken part in a wave 1 or wave 2 interview as well (referred to as longitudinal sample) as well as to a new sample who had not taken part at waves 1 or 2 (referred to as new sample). The routing for these two groups was slightly different as it required different introductions and also different demographic information to be collected.
- See project technical report for further details about sampling and fieldwork.
- Question numbers are not always consecutive to retain consistency with the same questions in previous waves and because some questions were removed between the pilot and the mainstage.

ASK LONGITUDINAL SAMPLE ONLY:

**INTERVIEWER: PLEASE CONFIRM YOU ARE SPEAKING TO THE RIGHT PERSON AND THAT THEY REMEMBER TAKING PART IN THE PREVIOUS INTERVIEW. IF YOU ARE IN DOUBT ABOUT WHETHER YOU ARE SPEAKING TO THE RIGHT PERSON, DO NOT CONTINUE. IT IS POSSIBLE THAT THE PERSON WHO RESPONDED LAST TIME IS NO LONGER ABLE TO TAKE PART, BUT THEY WOULD LIKE SOMEONE ELSE TO TAKE PART IN THIS SURVEY ON THEIR BEHALF. THIS IS ACCEPTABLE.**

- 1 Speaking to the same person as during the first interview
- 2 Speaking to someone else who has been nominated by the first person and is clear that the interview is about the application of the person who responded before
- 3 Speaking to someone who does not recall taking part last time and we cannot be sure is the same person spoken to last time **THANK AND CLOSE.**

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 ON 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

ASK NEW SAMPLE ONLY:

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

[IF NEW SAMPLE MR] ...**you applied for PIP and since receiving the decision have requested mandatory reconsideration of the PIP decision.**

[IF NEW SAMPLE APPEAL] ...**you applied for PIP and requested mandatory reconsideration of the PIP decision and then appealed.**

[IF LONGITUDINAL SAMPLE] ...**you have received a PIP decision letter.**

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 SOMEONE ELSE HAS DEALT WITH THEIR PIP APPLICATION, MR OR APPEAL FOR THEM: **If you have applied for PIP or requested mandatory reconsideration or appealed with the help of someone else we would still be interested in hearing about your experiences.**

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SINGLE CODE ONLY. DO NOT READ OUT. PROBE IF INTERVIEWEE IS DOUBTFUL.

**CODES FOR NEW SAMPLE VERSION**

1. Yes, have applied for PIP, requested MR and appealed (NEW SAMPLE)  
CONTINUE TO A4
2. Yes, have applied for PIP and requested MR (no appeal) (NEW SAMPLE)  
CONTINUE TO A4
3. Yes, have applied for PIP but have not requested MR or appealed  
THANK AND CLOSE
4. No, have not applied for PIP  
THANK AND CLOSE

**CODES FOR LONGITUDINAL SAMPLE VERSION**

1. Yes, have received PIP decision (LONGITUDINAL SAMPLE)  
CONTINUE TO A4
2. No, have not received PIP decision  
THANK AND CLOSE

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

**INTERVIEWER NOTE: IF PARTICIPANT 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 DWP. It involves an initial call to a claim line followed by completing a paper form. After the PIP decision is made, claimants can request mandatory reconsideration if they think the outcome is not correct. After mandatory reconsideration they can appeal the decision.**

## CURRENT STATUS (SCREENER PART 2)

ASK ALL

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

SINGLE CODE. DO NOT READ OUT.

1. For myself
2. For someone else
3. Don't know

ASK NEW SAMPLE

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

**A9. {VARIABLE TEXT FROM 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) {VARIABLE TEXT FROM A4} you/they have, but please tell us whether they affect {VARIABLE TEXT FROM A4} you/them in any of the following ways.**

READ OUT. MULTICODE OK. PROBE FULLY.

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)
10. Other (PLEASE SPECIFY: **What other area(s) do any of your disabilities or conditions affect {VARIABLE TEXT FROM A4} you/them in?**)
11. None of these
12. Refusal/Don't know (DO NOT READ OUT)

ASK NEW SAMPLE

**A11. Have you received a decision letter, telling you the outcome of {VARIABLE TEXT FROM A4} your/their application for PIP?**

SINGLE CODE. DO NOT READ OUT.

**INTERVIEWER: IF THEY ARE CLAIMING FOR SOMEONE ELSE AND THAT PERSON HAS RECEIVED THE LETTER, CODE YES.**

- |                               |                 |
|-------------------------------|-----------------|
| 1. Yes, received letter       |                 |
| 2. No, did not receive letter | THANK AND CLOSE |
| 3. Don't know                 | THANK AND CLOSE |
| 4. Can't remember             | THANK AND CLOSE |

ASK NEW SAMPLE

**A12. Thinking about the decision letter {VARIABLE TEXT FROM A4} you/ the person you are claiming for received from DWP, what was the outcome of the application? We are interested to know what {VARIABLE TEXT FROM A4} you/ they were first awarded, before going through the mandatory reconsideration or appeals processes.**

READ OUT. MULTICODE (1 and 6 cannot be mixed with other answers, 2 and 3 can't be mixed, 4 and 5 can't be mixed) 7 cannot be combined with 1,2,3,4 or 5.

1. No award
2. Awarded standard daily living
3. Awarded enhanced daily living
4. Awarded standard mobility
5. Awarded enhanced mobility
6. Awarded PIP but type of award not known
7. I don't know

ASK NEW SAMPLE

**A13. Still thinking about the outcome of your application before going through any process to change the award, was {VARIABLE TEXT FROM A4} your/ their initial award more than you expected, as you expected, or less than you expected?**

SINGLE CODE. DO NOT READ OUT.

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

ASK LONGITUDINAL SAMPLE

**A14. Thinking about the outcome of {VARIABLE TEXT FROM A4} your/their application before going through any process to change the award, was the initial award more than you expected, as you expected, or less than you expected? We are interested in what you were first awarded, before going through the mandatory reconsideration or appeals processes.**

DO NOT READ OUT. SINGLE CODE ONLY.

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

## **MANDATORY RECONSIDERATION – DECIDING TO REQUEST IT AND KNOWLEDGE**

INFO SCREEN – SHOW TO ALL

**After receiving the decision letter from DWP, you have the option to request mandatory reconsideration. Mandatory reconsideration is a formal request to DWP asking them to look at their decision again. Claimants have to phone or write to DWP within one month of receiving their decision letter and give reasons for reconsideration. Claimants need to request mandatory reconsideration before they can appeal. This is sometimes called MR for short.**

ASK ALL

**B1. Before applying for PIP, were you aware that {VARIABLE TEXT FROM A4} you/the person you are claiming for had to go through mandatory reconsideration before {VARIABLE TEXT FROM A4} you/ they could appeal the decision at an appeal tribunal, or not?**

SINGLE CODE. READ OUT.

1. Yes, I/they was/were aware
2. No, I/they was/were not aware
3. Don't know (DO NOT READ OUT)

ASK ALL

**B2. Did {VARIABLE TEXT FROM A4} you/the person you are claiming for request mandatory reconsideration of {VARIABLE TEXT FROM A4} your/their PIP decision?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. Yes
2. No [NEW SAMPLE OR APPEAL SAMPLE THANK AND CLOSE]
3. Don't know (DO NOT READ OUT)

ASK IF B2=2

**B3. Why did {VARIABLE TEXT FROM A4} you/the person you are claiming for not request mandatory reconsideration?**

DO NOT READ OUT. MULTICODE OK.

1. I/they was/were happy with the award they received
2. I/they was/were worried about the award decreasing as a result of mandatory reconsideration
3. I/they did not expect the award to change
4. I/they did not know enough about mandatory reconsideration
5. I/they did not know how to request mandatory reconsideration
6. I/they could not afford to wait for mandatory reconsideration
7. I/they left it too late to request mandatory reconsideration



8. I/they did not want to prolong the process
9. I/they thought it would be too stressful
10. I/they were too unwell
11. Other (please specify)
12. Don't know

ASK IF B2=1

**B4. Why did {VARIABLE TEXT FROM A4} you/the person you are claiming for request mandatory reconsideration?**

DO NOT READ OUT. MULTICODE OK. PROBE TO PRECODES.

1. I/they did not get an award
2. I/they believed I/they were entitled to enhanced mobility award but only received standard mobility award
3. I/they believed I/they were entitled to enhanced living award but only received standard daily living award
4. Believed they were entitled to an element they were not awarded at all (daily living or mobility)
5. I/they wanted to get to the appeal stage/mandatory reconsideration was the first stage towards getting an appeal
6. I/they believed DWP did not take into account the evidence I/they provided
7. I/they believed the assessor was unfair at the face-to-face assessment interview
8. I/they were advised to
9. It was worth requesting it to see whether they could get more money
10. My/their circumstances had changed
11. Other (please specify)
12. Don't know

ASK ALL

**B7. At the point when {VARIABLE TEXT FROM A4} you/the person you are claiming for received the decision letter, how much would you say you knew about each of the following aspects of mandatory reconsideration?**

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

- A. Why a person might request mandatory reconsideration**
- B. How to request mandatory reconsideration**
- C. That awards could increase or decrease as a result of mandatory reconsideration**

**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

**B8. How clear or not was the information about mandatory reconsideration written in the PIP decision letter?**

SINGLE CODE. READ OUT.

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

**B9. When deciding whether or not to request mandatory reconsideration, did {VARIABLE TEXT FROM A4} you/the person you are claiming for obtain any advice or information from DWP about mandatory reconsideration in any of these ways?**

READ OUT. MULTICODE OK. PROBE FULLY.

1. Phoning the PIP enquiry line
2. Phoning another DWP telephone line
3. Using the DWP website
4. Reading the information provided with the application form
5. Reading the information provided in the decision letter
6. Using another source of information from DWP
7. Did not obtain any advice or information from DWP
8. Don't know

ASK IF OBTAINED ADVICE OR INFORMATION FROM DWP (B9=1-6)

**B10. What type of information or advice did {VARIABLE TEXT FROM A4} you/the person you are claiming for obtain from DWP at this point?**

DO NOT READ OUT. MULTICODE. PROBE FULLY.

1. What the mandatory reconsideration process involves
2. Whether you/they need to provide additional evidence
3. Whether you/they would be allowed to provide additional or new evidence for consideration
4. How long the mandatory reconsideration process takes
5. Who would make decisions about your/their case
6. How you/they will be informed about the decision

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7. What the next steps are if you/they are still not satisfied with the outcome after the mandatory reconsideration process
8. Other information or advice about mandatory reconsideration (PLEASE SPECIFY)
9. Don't know
10. Can't remember

ASK IF OBTAINED ADVICE OR INFORMATION FROM DWP (B9=1-6)

**B11. How clear or not was the information {VARIABLE TEXT FROM A4} you/the person you are claiming for got from DWP about the mandatory reconsideration process when {VARIABLE TEXT FROM A4} you/they were deciding whether or not to request it?**

SINGLE CODE. READ OUT.

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

## **MANDATORY RECONSIDERATION – AFTER SUBMITTING THE REQUEST**

ASK IF B2=1 (REQUESTED MR)

**C2. Did DWP make it clear how long the mandatory reconsideration process was likely to take, or not?**

SINGLE CODE. READ OUT.

1. Yes, did make clear
2. No, did not make clear
3. Don't know (DO NOT READ OUT)

## **MANDATORY RECONSIDERATION – ADDITIONAL EVIDENCE**

ASK IF B2=1 (REQUESTED MR)

**D1. Please tell me to what extent you agree or disagree with each of the following statements?**

READ OUT. SINGLE CODE ONLY FOR EACH STATEMENT.

- A. DWP made it clear that {VARIABLE TEXT FROM A4} you/the person you are claiming for could submit additional supporting evidence for the mandatory reconsideration process?**
  - B. It was clear what the process for submitting additional supporting evidence for mandatory reconsideration was**
  - C. You knew that {VARIABLE TEXT FROM A4} you/the person you are claiming for could submit additional supporting evidence for mandatory reconsideration via post**
  - D. You knew that {VARIABLE TEXT FROM A4} you/the person you are claiming for could submit additional supporting evidence for mandatory reconsideration via email**
- 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 IF B2=1 (REQUESTED MR)

**D3. What, if any, additional supporting evidence did {VARIABLE TEXT FROM A4} you/ you or the person you are claiming for submit for the mandatory reconsideration process?**

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

- 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 my/their condition or treatments
- 8. Travel tickets
- 9. Other supporting evidence (SPECIFY)
- 10. Submitted no supporting evidence
- 11. Don't know

ASK IF SUBMITTED EVIDENCE (D3=1-9)

**D4. Was any of this new evidence which {VARIABLE TEXT FROM A4} you/you or the person you are claiming for had not submitted before with the application or at the assessment?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. Yes – some new evidence
2. No – all had been submitted before
3. Don't know

ASK IF SUBMITTED ADDITIONAL SUPPORTING EVIDENCE AT LEAST SOME OF WHICH HAD NOT BEEN SUBMITTED BEFORE (D3=1-9 and D4=1)

**D5. Why did {VARIABLE TEXT FROM A4} you/you or they submit this additional supporting evidence for the mandatory reconsideration process, and not include it with the original application or present it at the assessment?**

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

1. I/They did not know it would be useful when I/they completed the original application
2. I/They did not have it in time to submit with my/their original application
3. I/They thought it would be helpful to submit everything I/they had just in case
4. My/their condition has changed since I/they submitted the original application
5. The cost of obtaining it put me/them off submitting the evidence with the original application
6. Other
7. Don't know

## MANDATORY RECONSIDERATION – DECISIONS

INFO SCREEN – SHOW IF B2=1 (REQUESTED MR)

Once DWP has reconsidered your application, you will receive what is known as a ‘mandatory reconsideration notice’. This is a letter explaining the decision and the reasons for it. The new decision could be to keep your initial award (or to keep to the initial decision of no award), to increase your award, or to decrease your award.

ASK IF B2=1 (REQUESTED MR)

**E1. {VARIABLE TEXT FROM A4} Have/has {VARIABLE TEXT FROM A4} you/ the person you are claiming for received the mandatory reconsideration notice explaining the mandatory reconsideration decision?**

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

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

ASK IF E1=1 (RECEIVED MR NOTICE)

**E2. Did {VARIABLE TEXT FROM A4} you/you or the person you are claiming for seek any help to understand the mandatory reconsideration notice?**

MULTI CODE. DO NOT READ OUT. 3 and 4 are exclusive and can only be single answers. 1 and 2 can be chosen together. PROBE TO PRECODES.

1. Yes, I sought help
2. Yes, the person I am claiming for sought help {those claiming for someone else only}
3. No, did not seek help – I didn't need help
4. No, did not seek help – I didn't know who to ask
5. Don't know/can't remember

ASK IF SOUGHT HELP TO UNDERSTAND DECISION LETTER (E2=1 or 2)

**E3. Who did {VARIABLE TEXT FROM A4} you/you or the person you are claiming for seek help from to help you/them understand the mandatory reconsideration notice?**

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

1. Me – the respondent (ONLY VALID IF CLAIMING FOR SOMEONE ELSE)
2. Friend or relative
3. GP or health professional
4. Social worker or care and support worker
5. Someone else claiming PIP
6. Someone from a charity or support group
7. Someone from DWP

8. The person you are claiming on behalf of
9. Someone else (PLEASE SPECIFY)
10. Don't know

ASK IF SOUGHT HELP FROM DWP (E3=7) AND THE INTERVIEWEE SOUGHT HELP THEMSELVES (E2=1)

**E4. After you sought help from DWP, did you have a clearer understanding of what the mandatory reconsideration notice meant, or not?**

SINGLE CODE. DO NOT READ OUT

1. Yes, I had a clearer understanding of what the mandatory reconsideration notice meant
2. No, I did not have a clearer understanding of what the mandatory reconsideration notice meant
3. Don't know/can't remember

ASK IF E1=1 (RECEIVED MR NOTICE)

**E6. Thinking specifically about the mandatory reconsideration notice you received from DWP, to what extent do you agree or disagree with each of the following statements?**

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

- A. The mandatory reconsideration notice explained how DWP had reached their decision**
  - B. The mandatory reconsideration notice made it clear that if {VARIABLE TEXT FROM A4} I was/the person I am claiming for was unhappy with the outcome of the mandatory reconsideration process, {VARIABLE TEXT FROM A4} I/they could appeal the decision**
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 IF E1=1 (RECEIVED MR NOTICE)

**E7. Thinking about the mandatory reconsideration notice you received from DWP, what was the outcome of the request? We are interested to know what {VARIABLE TEXT FROM A4} you/the person you are claiming for {VARIABLE TEXT FROM A4} were/was awarded as a result of the mandatory reconsideration process.**

READ OUT. MULTICODE (1 and 6 cannot be mixed with other answers, 2 and 3 can't be mixed, 4 and 5 can't be mixed) 7 cannot be combined with 1,2,3,4 or 5.

1. No award
2. Awarded standard daily living
3. Awarded enhanced daily living
4. Awarded standard mobility
5. Awarded enhanced mobility
6. Awarded PIP but type of award not known
7. I don't know

ASK IF E1=1 (RECEIVED MR NOTICE)

**E8. To what extent do you agree that the new decision was based on all the information available to DWP, including {VARIABLE TEXT FROM A4} your/the person you are claiming on behalf of's application form, the face-to-face assessment consultation and any additional evidence provided at the mandatory reconsideration stage?**

READ OUT. SINGLE CODE.

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]

## **APPEALS**

SHOW ALL

**After receiving the mandatory reconsideration notice, claimants can decide to appeal the decision if they disagree with the decision. Appeals are run by the HM Courts and Tribunals Service, who operate independently from DWP. They will invite claimants to an appeal tribunal, where a judge will hear from the claimant and DWP about the case. They will then make a decision based on this information.**

## APPEALS – BEFORE APPEALING

ASK ALL

**F1. How clear or not was the information about appeals in the original PIP decision letter?**

SINGLE CODE. READ OUT.

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

ASK IF E1=1 (RECEIVED MR NOTICE)

**F2. How clear or not was the information about appeals in the mandatory reconsideration notice?**

SINGLE CODE. READ OUT.

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

**F3. Did {VARIABLE TEXT FROM A4} you/you or the person you are claiming for contact DWP in any of the following ways to seek information about the appeals process at any time after submitting {VARIABLE TEXT FROM A4} your/their PIP application but before making an appeal?**

READ OUT. MULTICODE OK. PROBE FULLY.

1. Phoning the PIP enquiry line
2. Phoning another DWP telephone line
3. Using the DWP website
4. Using another source of information from DWP
5. Did not obtain any advice or information from DWP
6. Don't know

ASK IF OBTAINED ADVICE OR INFORMATION FROM DWP (F3=1-4)

**F4. What type of information or advice did {VARIABLE TEXT FROM A4} you/you or the person you are claiming for obtain from DWP at this point?**

DO NOT READ OUT. MULTICODE. PROBE FULLY.

1. What the appeals process involves
2. Whether you/they need to provide additional evidence
3. Whether you/they would be allowed to provide additional or new evidence for consideration
4. How long the appeals process takes
5. Who would make decisions about your/their case
6. How you will be informed about the decision
7. What the next steps are if you/they are still not satisfied with the outcome after the appeals process
8. Other information or advice about appeals (PLEASE SPECIFY)
9. Don't know
10. Can't remember

ASK IF OBTAINED ADVICE OR INFORMATION FROM DWP (F3=1-4)

**F5. How clear or not was the information {VARIABLE TEXT FROM A4} you/they got from DWP at this point?**

SINGLE CODE. READ OUT.

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

ASK IF E1=1 (RECEIVED MR NOTICE)

**F9. Did {VARIABLE TEXT FROM A4} you/the person you are claiming on behalf of appeal the mandatory reconsideration decision?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. Yes
2. No
3. Don't know (DO NOT READ OUT)

ASK IF F9=1 (APPEALED MR DECISION)

**F12. And {VARIABLE TEXT FROM A4} have/has {VARIABLE TEXT FROM A4} you/the person you are claiming on behalf of received a decision after an appeal tribunal?**

DO NOT READ OUT. SINGLE CODE ONLY.

1. Yes
2. No
3. Don't know (DO NOT READ OUT)

ASK IF F9=2 (DID NOT APPEAL MR DECISION)

**F10. Why did {VARIABLE TEXT FROM A4} you/they choose not to appeal the decision?**

DO NOT READ OUT. MULTICODE OK.

1. I/they was/were happy with the award they received at MR?
2. I/they was/were worried about the award decreasing as a result of an appeal
3. I/they did not expect the award to change
4. I/they did not know enough about the appeals process
5. I/they did not know how to appeal the decision
6. I/they could not afford to wait for an appeal
7. I/they left it too late to appeal
8. I/they did not want to prolong the process
9. I/they thought it would be too stressful
10. I/they were too unwell
11. Other (please specify)
12. Don't know

ASK IF F9=1 (APPEALED MR DECISION)

**F11. Why did {VARIABLE TEXT FROM A4} you/they choose to appeal the decision?**

DO NOT READ OUT. MULTICODE OK. PROBE TO PRECODES.

1. I/they did not get an award
2. I/they believed I/they were entitled to enhanced award but only got standard
3. I/they believed I/they were entitled to a daily living award but was not awarded this at all
4. I/they believed I/they were entitled to a mobility award but was not awarded this at all
5. I/they believed DWP did not take into account the evidence I/they provided
6. I/they had always intended to appeal

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7. I/they believed the assessor was unfair at the face-to-face assessment interview
8. I/they were advised to
9. It was worth going through appeal to see whether they could get more money
10. My/their circumstances had changed
11. I/they were awarded a lower award/no award after mandatory reconsideration
12. Other (please specify)
13. Don't know

## **APPEAL – DURING THE TRIBUNAL**

ASK IF F12=1 (RECEIVED APPEAL DECISION)

**G1. Did {VARIABLE TEXT FROM A4} you/you or the person you are claiming for attend the tribunal in person?**

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

ASK IF G1=2 (DID NOT ATTEND TRIBUNAL IN PERSON)

**G2. Why did {VARIABLE TEXT FROM A4} you/you or the person you are claiming for not attend the tribunal in person?**

DO NOT READ OUT. SINGLE CODE.

1. I/they did not know I/they could
2. I/they could not get there (transport or access problems)
3. I/they could not get anyone to come with me
4. I/they was not available at that time
5. I/they was not informed of the time or place where it would be held at all
6. I/they was not given enough notice of the tribunal time
7. I/they was not well enough to come
8. I/they could not afford to get there
9. I/they didn't want to
10. Don't know
11. Can't remember

ASK IF F12=1 (RECEIVED APPEAL DECISION)

**G3. Were you aware {VARIABLE TEXT FROM A4} you/you or the person you are claiming for could bring someone with {VARIABLE TEXT FROM A4} you/them to the tribunal?**

DO NOT READ OUT. SINGLE CODE.

1. Yes, was aware
2. No, was not aware
3. Don't know

ASK IF G1=1 (ATTENDED TRIBUNAL IN PERSON)

**G4. Did {VARIABLE TEXT FROM A4} you/you or the person you are claiming for bring someone with {VARIABLE TEXT FROM A4} you/them to the tribunal?**

DO NOT READ OUT. SINGLE CODE.

1. Yes, I/they brought someone
2. No, I/they did not bring someone
3. Don't know

ASK IF G4=1 (BROUGHT SOMEONE TO TRIBUNAL)

**G5. Who did {VARIABLE TEXT FROM A4} you/the person you are claiming for bring with you/them to the tribunal?**

INTERVIEWER: FOR CASES WHERE THE RESPONDENT IS CLAIMING FOR SOMEONE ELSE, IF THE RESPONDENT TO THIS INTERVIEW WENT IN WITH THE CLAIMANT, SELECT 'ME – THE RESPONDENT'. IF ANYONE ELSE WHO IS NOT THE RESPONDENT WENT IN, USE THE OTHER CODES

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

1. Me – the respondent (ONLY VALID IF CLAIMING FOR SOMEONE ELSE)
2. Relative/ family member
3. Friend
4. A volunteer from a local help group
5. Care and support worker/personal assistant
6. An advisor from a charity
7. A legal representative
8. Other (PLEASE SPECIFY)
9. Don't know/can't remember

ASK IF G4=1 (BROUGHT SOMEONE TO TRIBUNAL)

**G6. Why did {VARIABLE TEXT FROM A4} you/the person you are claiming for bring {VARIABLE TEXT FROM A5} this person/these people?**

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

1. To support me/them with needs associated with my/their disability/illness/
2. They are my carer
3. Provided moral support or company
4. Spoke for me/them in the tribunal on my/their behalf
5. They were my legal representative at the tribunal
6. Helped me/ them with the information I/they needed to answer questions
7. Took notes for me/them so we/they would remember what happened
8. I/They had to take them with me/ them as I/they care for them (they did not have a role in helping me)



9. Helped me with transport to or from the appeal
10. I was/they were advised to
11. Other
12. Don't know

ASK IF G4=1 (BROUGHT SOMEONE TO TRIBUNAL)

**G7. Did {VARIABLE TEXT FROM A5} this person/either of these people speak to the judge during the tribunal? We are interested in whether or not {VARIABLE TEXT FROM A5} this person/either of these people contributed to the tribunal in a formal manner.**

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

1. Yes, spoke to the judge during the tribunal
2. No, did not speak to the judge during the tribunal
3. Don't know

ASK IF G5=7 (BROUGHT LEGAL REPRESENTATIVE TO TRIBUNAL)

**G8. Why did {VARIABLE TEXT FROM A4} you/the person you are claiming for choose to have a legal representative present at the tribunal?**

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

1. I/they thought having a legal representative would mean they were taken seriously
2. I/they thought I/they had to have a legal representative
3. I/they thought a legal representative would successfully argue their case
4. They offered their services pro bono
5. They offered their services on a no win no fee basis
6. Other (please specify)
7. Don't know

ASK IF F12=1 (RECEIVED APPEAL DECISION)

**G9. Did {VARIABLE TEXT FROM A4} you/the person you are claiming for receive a copy of {VARIABLE TEXT FROM A4} your/their initial assessment report from DWP before {VARIABLE TEXT FROM A4} your/their appeal tribunal?**

DO NOT READ OUT. SINGLE CODE.

1. Yes, I/they received it
2. No, I/they did not receive it
3. Don't know

ASK IF G9=2 (DID NOT RECEIVE COPY OF ASSESSMENT REPORT)

**G10. Did you know you could request a copy of {VARIABLE TEXT FROM A4} your/the person you are claiming for's initial assessment report from DWP before {VARIABLE TEXT FROM A4} your/their appeal tribunal?**

DO NOT READ OUT. SINGLE CODE.

1. Yes, I/they knew
2. No, I/they did not know
3. Don't know

ASK IF G9=1 (DID RECEIVE COPY OF ASSESSMENT REPORT)

**G11. To what extent do you agree or disagree with each of the following statements?**

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

- A. **The initial assessment report accurately reflected how {VARIABLE TEXT FROM A4} my/their disability or condition impacts my/their life**
  - B. **{VARIABLE TEXT FROM A4} I/they found seeing the initial assessment report before the tribunal useful to help {VARIABLE TEXT FROM A4} me/they prepare**
  - C. **{VARIABLE TEXT FROM A4} I/they found the initial assessment report useful at the tribunal**
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 IF G1=1 (ATTENDED TRIBUNAL IN PERSON)

**G12. What, if any, additional supporting evidence or information did {VARIABLE TEXT FROM A4} you/you or the person you are claiming for submit at the appeal tribunal? We are interested in hearing about any evidence {VARIABLE TEXT FROM A4} you/you or they provided at the tribunal that {VARIABLE TEXT FROM A4} you/you or they had not submitted with {VARIABLE TEXT FROM A4} your/their original application or at the mandatory reconsideration stage.**

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

1. Oral or spoken evidence or information
2. Reports from health professionals
3. Care or treatment plans
4. Hospital discharge letters

**Department of Work and Pensions: Personal Independence Payment (PIP) - Wave 3**

5. Test results (e.g. scans, blood tests, X-rays, etc.)
6. Prescription lists
7. Appointment letters or cards
8. Fact sheets about your/their condition or treatments
9. Travel tickets
10. Other supporting evidence (SPECIFY)
11. Did not submit any additional supporting evidence at appeal stage
12. Don't know
13. Can't remember

ASK IF PRESENTED ADDITIONAL SUPPORTING EVIDENCE (G12=1-10)

**G13. Why did {VARIABLE TEXT FROM A4} you/you or they submit this additional supporting evidence at the tribunal, and not include it with the original application or submit it during the mandatory reconsideration process?**

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

1. I/They did not know it would be useful when I/they completed the original application
2. I/They did not have it in time to submit with my/their original application
3. I/They thought it would be helpful to submit everything I/they had just in case
4. My/their condition has changed since I/they submitted the original application
5. I/They did not know it would be useful when I/they went through the mandatory reconsideration process
6. I/They did not have it in time to submit during the mandatory reconsideration process
7. My/their condition has changed since the mandatory reconsideration process
8. I/they thought it was relevant for the judge to see and not DWP
9. I/they could not submit it at an earlier stage as it was oral (spoken) evidence and not written
10. Other
11. Don't know

ASK IF G1=2 (DID NOT ATTEND TRIBUNAL IN PERSON)

**G14. What, if any, additional supporting evidence or information did {VARIABLE TEXT FROM A4} you/the person you are claiming for submit during the appeal process? We are interested in hearing about any evidence you that {VARIABLE TEXT FROM A4} you/they had not submitted with {VARIABLE TEXT FROM A4} your/their original application or at the mandatory reconsideration stage.**

DO NOT READ OUT. MULTICODE OK. PROBE FULLY.

**Department of Work and Pensions: Personal Independence Payment (PIP) - Wave 3**

1. Further written evidence or information
2. Reports from health professionals
3. Care or treatment plans
4. Hospital discharge letters
5. Test results (e.g. scans, blood tests, X-rays, etc.)
6. Prescription lists
7. Appointment letters or cards
8. Fact sheets about your/their condition or treatments
9. Travel tickets
10. Other supporting evidence
11. Did not submit any additional supporting evidence at appeal stage
12. Don't know
13. Can't remember

ASK IF G1=1 (ATTENDED TRIBUNAL IN PERSON)

**G16. Please tell me to what extent you agree or disagree with each of the following statements about the appeal tribunal?**

INTERVIEWER: IF THE RESPONDENT IS CLAIMING ON BEHALF OF SOMEONE ELSE THEY CAN ANSWER THIS QUESTION EVEN IF THEY DID NOT ATTEND THE TRIBUNAL. IF THEY DON'T KNOW THE ANSWERS USE DON'T KNOW.

READ OUT. SINGLE CODE ONLY FOR EACH STATEMENT.

- A. **{VARIABLE TEXT FROM A4} I was/They were asked questions which were relevant and appropriate to {VARIABLE TEXT FROM A4} my/their condition**
  - B. **{VARIABLE TEXT FROM A4} I was/They were asked questions which allowed {VARIABLE TEXT FROM A4} me/them to fully explain the impact of {VARIABLE TEXT FROM A4} my/their condition on {VARIABLE TEXT FROM A4} my/their day-to-day life**
  - C. **{VARIABLE TEXT FROM A4} I/They had enough time during the appeal tribunal to explain how {VARIABLE TEXT FROM A4} my/their condition affects {VARIABLE TEXT FROM A4} me/them**
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)

## APPEALS – DECISIONS AND NEXT STEPS

ASK IF F12=1 (RECEIVED APPEAL DECISION)

**H1. Thinking about the decision you received after {VARIABLE TEXT FROM A4} you/the person you are claiming for appealed, what was the outcome of {VARIABLE TEXT FROM A4} your/their appeal? We are interested in the decision {VARIABLE TEXT FROM A4} you/they received at the end of the appeal process.**

READ OUT. MULTICODE (1 and 6 cannot be mixed with other answers, 2 and 3 can't be mixed, 4 and 5 can't be mixed) 7 cannot be combined with 1,2,3,4 or 5.

1. No award
2. Awarded standard daily living
3. Awarded enhanced daily living
4. Awarded standard mobility
5. Awarded enhanced mobility
6. Awarded PIP but type of award not known
7. I don't know

ASK IF F12=1 (RECEIVED APPEAL DECISION)

**H2. What do you believe was the main reason {VARIABLE TEXT FROM A4} you/ the person you are claiming for received this decision?**

DO NOT READ OUT. SINGLE CODE.

1. Additional written evidence submitted for the appeal
2. Oral (spoken) evidence given at the tribunal
3. My/their circumstances have changed since the original decision
4. Tribunal believed the original assessor did not award the appropriate number of points (that is, awarding X number of points when they should have awarded Y number)
5. Tribunal believed the original assessment was factually incorrect and understated my/their condition (for example, report stated I/they can walk 50 metres when I/they can only walk 10 metres)
6. Tribunal believed the original assessment was factually incorrect and overstated my/their condition (for example, stating I/they can only walk 10 metres when they can walk 50 metres)
7. Tribunal did not take new additional evidence or oral (spoken) evidence into account
8. Tribunal believed the original assessment and decision was correct
9. DWP representative at the appeal gave a strong case that the decision was correct
10. Other (please specify)
11. Don't know

ASK IF G1=1 (ATTENDED TRIBUNAL IN PERSON)

**H3. Please tell me to what extent you understood or did not understand each of these things?**

READ OUT BOTH THE SCALE AND THE STATEMENTS. SINGLE CODE ONLY FOR EACH STATEMENT.

- A. What the decision was at the end of the tribunal (if G1=1)/ What the decision was at the end of the appeal process (if G1=2)**
- B. How judge had reached their decision**
- C. The reasons for the decision that had been reached**
  - 1. Fully understood
  - 2. Understood to some extent
  - 3. Did not understand very much
  - 4. Did not understand at all
  - 5. Don't know

ASK IF F12=1 (RECEIVED APPEAL DECISION)

**H4. Were you aware that if {VARIABLE TEXT FROM A4} you were/the person you are claiming for was unhappy with the outcome of {VARIABLE TEXT FROM A4} your/their appeal, {VARIABLE TEXT FROM A4} you/they could appeal to an upper tribunal?**

DO NOT READ OUT. SINGLE CODE ONLY.

- 1. Yes – I was aware
- 2. No – I was not aware
- 3. Don't know

ASK IF F12=1 (RECEIVED APPEAL DECISION)

**H6. What do you think {VARIABLE TEXT FROM A4} you/the person you are claiming for will do now in relation to {VARIABLE TEXT FROM A4} your/their PIP application?**

DO NOT READ OUT. MULTICODE OK.

- 1. Accept the decision as it now is
- 2. Appeal to the upper tribunal
- 3. Put in a new PIP application
- 4. Other (SPECIFY)
- 5. Don't know [DO NOT READ OUT]

## **LONGITUDINAL**

### INFO SCREEN

#### ASK ALL LONGITUDINAL SAMPLE

**We would now like you to think about the PIP process as a whole, including thinking about applying, completing the application form, receiving an appointment, attending an assessment, receiving a decision, and choosing whether or not to request mandatory reconsideration or to appeal.**

**I1. How far do you agree or disagree with the following statements?**

**READ OUT. SINGLE CODE ONLY FOR EACH STATEMENT.**

- A. Throughout the process, letters from DWP were clear**
  - B. Throughout the process, other information from DWP was clear**
  - C. Throughout the process, the telephone conversations I had with DWP were helpful**
  - D. It was clear to me how to contact DWP with questions or queries throughout the process**
  - E. DWP offered adequate help or assistance with navigating the process**
  - F. The process of requesting, completing and submitting the application form was made clear to me by DWP**
  - G. The process of receiving a face-to-face assessment date and time and preparing for the assessment was made clear to me**
  - H. The process of receiving a decision and the subsequent next steps was made clear to me by DWP**
- 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)

## 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 LONGITUDINAL SAMPLE ONLY

**QCHANGE: Thinking back to when we spoke to you in February 2017, have there been any changes in {VARIABLE TEXT FROM A4} your/the person you are claiming for's personal or household circumstances in relation to each of the following things?**

READ OUT. MULTICODE OK.

1. Your/their employment status
2. The benefits or state allowances you/they receive

ASK ALL NEW SAMPLE OR LONGITUDINAL SAMPLE WHO CODE 1 AT QCHANGE

**QWORK: Which of the following best describes {VARIABLE TEXT 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 {VARIABLE TEXT 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 NEW SAMPLE OR LONGITUDINAL SAMPLE WHO CODE 2 AT QCHANGE

**QBENEFITS. Can I just check, are {VARIABLE TEXT 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.

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 NEW SAMPLE

**QINTERNET: Which of these best describes {VARIABLE TEXT 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
11. Don't know

ASK NEW SAMPLE

**QETHNICITY: To which of these ethnic groups do {VARIABLE TEXT 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 NEW SAMPLE

**QLACARE: {VARIABLE TEXT FROM A4} Do/Does {VARIABLE TEXT FROM A4} you/the person you are claiming for currently receive Adult Social Care? By Adult Social Care, we mean any services or financial support {VARIABLE TEXT FROM A4} you/they receive from the local council, whether directly or through {VARIABLE TEXT FROM A4} your/their personal budget, to cover the cost of things like nursing, residential care or community care. Please do not include informal care, NHS user charges or any care which {VARIABLE TEXT FROM A4} you/they pay for privately.**

DO NOT READ OUT. SINGLE CODE ONLY.

1. Yes – I/they currently receive adult social care
2. No – I/ they do not currently receive adult social care
3. Don't know