



DLA
Sample Form -
Anxiety/
Depression/
Self Harm

Getting around outdoors (continued)

Having someone with you when you are outdoors

31

Do you need someone with you to guide or supervise you when walking outdoors in unfamiliar places?

For example you may have a mental health problem (for example agoraphobia), learning disability or sensory (sight, hearing or speech) difficulty, physical disability (for example, problems with balance) and need someone with you to make sure you do not put yourself or others in danger. Or, you may need help to move around in crowds or traffic, or cross unfamiliar roads.

Yes No

To avoid danger

I may get lost or wander off

I have anxiety or panic attacks

To make sure I am safe

If there is not a box that describes the help you need, tell us in your own words in the box below.

Tell us what problems you would have in unfamiliar places and how another person would be able to help you. Tell us what they would do to help you so that you can walk around in unfamiliar places

My panic attacks and anxiety make being out of doors on my own very difficult for me - in fact I can't do it unless it's somewhere I know really well, like going to the local shop or post office. Even then I tend to go at times when I know it will be quiet.

When the panic comes on my heart feels like it's going to burst

PLEASE NOTE - CONTINUES ON NEXT PAGE

32

How many days a week do you need someone with you when you are outdoors?

7 days

Getting around outdoors (continued)

33 Is there anything else you want to tell us to help us understand the help you need when walking outdoors?

For example, if your condition varies and you have good days and bad days, please tell us how often you have these and your needs on these days.

Yes Tell us in the box below No

*CONTINUED FROM PREVIOUS PAGE - not enough space there.
It's pounding away and I break out in sweat. My mouth gets terribly dry and I feel I've got to get away. I feel sort of unreal - detached from other people around me and have, in the past, stepped out in front of cars without realising they are coming.*

I also find it hard to concentrate when I am out because of my constantly raised anxiety.

I need someone with me in places I don't know well both to reassure me before the panic starts and to help to guide me to somewhere I feel safer once it does.

34 When your walking difficulties started

Normally, you can only get the mobility part of Disability Living Allowance if you have needed help for at least three months.

Please tell us the date your walking difficulties started

28 / 4 / 06

If you cannot remember the exact date, tell us roughly when it was.

Your care needs during the day

NB!!!! The definition the form gives of 'care needs' here is not quite accurate!

They say that:

By care needs we mean help with personal care or someone to supervise you, due to an illness or disability.

'Help with personal care' means day-to-day help with things like:

- washing (or getting into or out of a bath or shower)
- dressing
- eating
- getting to or using the toilet
- telling people what you need, or
- making yourself understood – for example, if you have learning difficulties.

'Supervise' means that you need someone to watch over you to avoid substantial danger to yourself or other people. This could mean:

- when you take medicines or have treatment
- keeping you away from danger that you may not know is there
- avoiding danger you could face because you cannot control the way you behave, or
- stopping you from hurting yourself or other people.

Help means physical help, guidance or encouragement from someone else so you can do the task.

It's mostly not what they've said, but what they've left unsaid that's problematic - although the whole page would be better if they'd prefaced the list with 'difficulties with' rather than 'help'.

The list they give of bodily functions is quite incomplete, and they fail to mention difficulty with hobbies, interests and social activities at all. Where they touch on communication it's about essentials like 'making yourself understood' and 'telling people what you need' rather than communication as a whole - in fact the tone of this list rather suggests to me that this is what the DWP would *like* DLA to be about... and perhaps how some Decision Makers still see it.

Similarly the supervision conditions sound more restricted than they are; the need to have someone 'watch over you' sounds so much more serious than 'keep an eye on' you. And yes, there must be some element of danger involved if they don't, but to me not many people would think of 'avoiding danger you could face because you cannot control the way you behave' as including things like e.g. being at risk whilst shopping or chatting on the internet because you blow money you don't have due to your bipolar disorder, or give out personal information. Perhaps you put your physical health at risk through excessive cleaning/ washing linked to your obsessive compulsive disorder... And the supervision only has to lessen the risk, says caselaw - not do away with it.

On the whole then, see the previous chapter for a more complete and correct picture of what

16 they *should* consider when determining entitlement to this benefit.

Your care needs during the day (continued)

35 Do you usually have difficulty or do you need help getting out of bed in the morning or getting into bed at night?

Yes No

I have difficulty or need help

- getting into bed
- getting out of bed

How often?

How long each time?

I have difficulty concentrating or motivating myself and need:

- encouragement to get out of bed in the morning
- encouraging to go to bed at night

Is there anything else you want to tell us about the help you need or the difficulty you have getting out of bed in the morning or getting into bed at night?

For example, you may go back to bed during the day or stay in bed all day.

Yes No

Bed is the only place that I feel 'safe' - so I stay there for hours - sometimes until early afternoon - unless I'm being encouraged to get up by someone. Even then I'll often go back to bed after they've left. I hate the nights, so tend to try to put off going to bed until I'm feeling really exhausted then - just in the hope that I'll manage to fall asleep. I need encouragement to go to bed at a more

reasonable time because I'm just washed out the next day.

Help with your care needs during the day

36

Do you usually have difficulty or do you need help with your toilet needs?

This means things like getting to the toilet, using the toilet, using a commode, bedpan or bottle. It also means using or changing incontinence aids, a catheter or cleaning yourself.

Yes

No

Please tell us what help you need and how often you need this help.

I have difficulty or need help

- with my toilet needs
- with my incontinence needs

How often?

Please see below

How long each time?

minutes

minutes

I have difficulty concentrating or motivating myself and need:

- encouraging with my toilet needs
- encouraging with my incontinence needs

minutes

minutes

Is there anything else you want to tell us about the difficulties you have or the help you need with your toilet needs?

Yes

No

*My irritable bowel syndrome gets worse when my anxiety is bad.
Having someone talk to me and try to put my worries in perspective
helps to calm me.*

Help with your care needs during the day (continued)

37 Do you usually have difficulty or need help with washing, bathing, showering or looking after your appearance?

This means things like getting in or out of the bath or shower, checking your appearance or looking after your personal hygiene. This includes things like cleaning your teeth, washing your hair, shaving or coping with periods.

Yes

No

Please tell us what help you need and how often you need this help.

I have difficulty or need help:

How often? How long each time?

- | | | |
|--|----------------------|------------------------------|
| • looking after my appearance | <input type="text"/> | <input type="text"/> minutes |
| • getting in and out of the bath | <input type="text"/> | <input type="text"/> minutes |
| • washing and drying myself or looking after my personal hygiene | <input type="text"/> | <input type="text"/> minutes |
| • using a shower | <input type="text"/> | <input type="text"/> minutes |

I have difficulty concentrating or motivating myself and need:

How often? How long each time?

- | | | |
|---|----------------------------------|---|
| • encouraging to look after my appearance | <input type="text" value="1-2"/> | <input type="text" value="30 minutes"/> |
| • encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene | <input type="text" value="1"/> | <input type="text" value="45 minutes"/> |

Is there anything else you want to tell us about the help you need or the difficulty you have with washing, bathing, showering or looking after your appearance?

Yes

No

I feel so low that I often don't wash, bath/ shower or brush my teeth as often as I should. I need someone to push me to do these things regularly - I feel ashamed but at the same time I still can't find the energy to make me do these things.

Help with your care needs during the day

38 Do you usually have difficulty or need help with dressing or undressing?

Yes

No

Please tell us what help you need and how often you need help for.

I have difficulty or need help:

How often? How long each time?

- with putting on or fastening clothes or footwear minutes
- with taking off clothes or footwear minutes
- with choosing the appropriate clothes minutes

I have difficulty concentrating or motivating myself and need:

How often? How long each time?

- encouraging to get dressed or undressed
- reminding to change my clothes

Is there anything else you want to tell us about the difficulty you have or the help you need dressing or undressing?

For example, you may get breathless, feel pain or it may take you a long time

Yes

No

I often feel so low that I don't bother to get dressed unless someone pushes me to do it. I don't change my clothes as often as I should either. I feel ashamed, but can't seem to make the effort. If I've got to go out somewhere I feel very unsure about what to put on - I've sat on the bed and cried before now because I just couldn't make a decision. Without help I could go for days without changing too.

Help with your care needs during the day (continued)

39

Do you usually have difficulty or do you need help with moving around indoors?
By indoors we mean anywhere inside, not just the place where you live.

Yes

No

I have difficulty or need help:

How often?

- walking around indoors
- going up or downstairs
- getting in or out of a chair
- transferring to and from a wheelchair

I have difficulty concentrating or motivating myself and need:

How often?

- encouraging or reminding to move around indoors

throughout the day

Is there anything else you want to tell us about the difficulty you have or the help you need or the difficulty you have with moving around indoors?

For example, you may hold on to furniture to get about or it may take you a long time.

Yes

No

My anxiety doesn't go away when I'm at home - even if I've got nothing 'real' to worry about, I'll still feel like my stomach is churning all day and my mind is going twenty to the dozen. It makes it impossible for me to motivate myself to get on with things -
NOT ENOUGH SPACE HERE - CONTINUES ON PAGE 31

Help with your care needs during the day (continued)

40

Do you fall or stumble because of your illnesses or disability?

For example you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

Yes

No

What happens when you fall or stumble?

Tell us why you fall or stumble and if you hurt yourself

When the panic attacks are at their height I get to feel giddy - as if my legs are weak. I'm also compelled to try to get away and have stumbled when doing so, trying to avoid other people or get round things. I've only fallen the once when this has happened, but have come close several times.

Do you need help to get up after a fall?

Tell us if you have difficulty getting up after a fall and the help you need from someone else.

Yes

No

The one time I fell I was utterly overwhelmed by the situation - I just burst into tears and sat there sobbing. I also have asthma and started having an attack of that too - I ended up in casualty. Had I had company I trusted, that person could have helped me to get away in the first place or helped to calm me after I fell.

When did you last fall or stumble?

If you don't know the exact date, tell us roughly when it was

about five weeks ago

How often do you fall or stumble?

Tell us roughly how many times you have fallen or stumbled in the last month or year

1-2 times last month

roughly 18 times last year

Help with your care needs during the day (continued)

41

Do you usually have difficulty or do you need help with cutting up food, eating or drinking?

This means things like getting food or drink in your mouth, or identifying food on your plate

Yes

No

I have difficulty or need help:

How often? How long each time?

- | | | |
|------------------------------------|----------------------|------------------------------|
| • eating or drinking | <input type="text"/> | <input type="text"/> minutes |
| • with cutting up food on my plate | <input type="text"/> | <input type="text"/> minutes |

I have difficulty concentrating or motivating myself and need:

- | | | |
|--|--------------------------------|---|
| • encouraging or reminding to eat or drink | <input type="text" value="4"/> | <input type="text" value="30"/> minutes |
|--|--------------------------------|---|

Is there anything else you want to tell us about the difficulty you have or the help you need with cutting up food, eating or drinking?

Yes

No

My appetite is really poor, so I don't eat regularly - I just tend to binge on comfort foods like biscuits or chocolate unless someone is there encouraging me to eat and talking me through the food preparation. I have put on a lot of weight since my problems started. I hate the way I am but don't feel able to do anything to stop myself. I can also go all day without eating at all when I'm

feeling very low.

Help with your care needs during the day (continued)

42

Do you usually have difficulty or need help with taking your medication or with your medical treatment?

This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects and help from mental health services. It includes handling medicine and understanding which medicines to take, how much to take and when to take them.

Yes

No

Please tell us what help you need and how often you need this help for.

I have difficulty or need help:

How often? How long each time?

- taking my medicine minutes
- with my treatment or therapy minutes

I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to take my medication 2 10 minutes
- encouraging or reminding about my treatment or therapy 1-2 times a week up to 60 minutes

Is there anything else you want to tell us about the difficulty you have or help you need taking your medication or with medical treatment?

Yes

No

I tend to forget to take my tablets, and also have trouble remembering whether I have taken them or not. I have to have company to get along to appointments with my GP or at the clinic, because I cannot handle being in the waiting areas - I stand outside and my friend calls me. There have also been times when I have been without tablets because I couldn't face going to the chemist alone and couldn't get someone to go with me.

Help with your care needs during the day (continued)

43

Do you usually need help from another person to communicate with other people?

For example you may have a mental health problem, learning disability, sight, hearing or speech difficulty and need help to communicate. Please answer as if using your normal aids, such as glasses or a hearing aid.

Yes

No

I have difficulty or need help:

- understanding people I do not know well
- being understood by people who do not know me well
- concentrating or remembering things
- answering or using the phone
- reading letters, filling in forms, replying to mail
- asking for help when I need it

Is there anything else you want to tell us about the difficulty you have or the help you need from another person to communicate with other people?

Yes

No

I get so anxious that I don't take in what is being said to me - I'm struggling to keep a lid on the panic and can't concentrate. It happens with people I know well, but it's worse with people I don't know. I don't deal with my letters or official things any more - I had help to fill in this form and sometimes don't open my mail. I won't answer the phone unless I recognise the number.

I have 'caller display' on my phone. I have help from the Welfare Rights service. I have difficulties for 15 minutes up to two hours 2-3 times a day. I have these difficulties 7 days a week.

25

Help with your care needs during the day (continued)

45 Do you usually need help from another person to actively take part in hobbies, interests, social or religious activities?

We need this information because we can take into account the help you need or would need to take part in these activities, as well as the other help you need during the day.

Yes

No

Tell us about the activities and the help you need from another person **at home**

What you do or would like to do	What help do you need or would you need from another person to do this?	How often would you do this and how long would you need this help each time?
<i>I used to love to work in the garden</i>	<i>Encouragement - I find it hard to sustain the energy effort on my own</i>	<i>1 - 2 hours daily</i>
<i>doing jigsaws</i>	<i>Encouragement and help to sustain my concentration</i>	<i>an hour or so daily</i>
<i>having my nieces and nephews to visit</i>	<i>I find it very hard to deal with the noise / needs of</i>	<i>2-3 hours 1-2 times a week</i>

Tell us about the activities and the help you need from another person **when you go out.**

What you do or would like to do	What help do you need or would you need from another person to do this?	How often would you do this and how long would you need this help each time?
<i>I need the help that I described about having difficulties outdoors wherever I go. This can be out to a social event, or a family celebration or just out in the car for a ride. I also try to go to an evening class on local history. I need help to get to these things and support to help me stay and participate.</i>		
<i>I have these needs four to five times each week, for between two and three hours each time</i>		

Help with your care needs during the day (continued)

45 How many days a week do you have difficulty or need help with the care needs you have told us about? days

46 Do you usually need someone to keep an eye on you?
For example, you may have a mental health problem, learning disabilities, sight, hearing or speech difficulty and need supervision.

Yes No

How long can you be safely left for at a time?

I get no warning, so it's really variable

minutes or hours

Please tell us why you need supervision

I really need someone throughout the day.

- To prevent danger to myself or others
- I am not aware of common dangers
- I am at risk of self-neglect
- I am at risk of harming myself
- I may wander
- To discourage antisocial or aggressive behaviour
- I may get confused
- I may hear voices or experience thoughts that disrupt my thinking

Is there anything else you want to tell us about the supervision you need from another person?

Yes No

I sometimes feel like there's no point in carrying on - like I'm just a nuisance to everyone. I have taken an overdose in the past but it didn't work. Sometimes I just sit and look at the railway line which you can see from my bedroom and imagine myself lying there. I know what time all the trains are, day and night. My counsellor says that my diet is harming my health long term. I cut myself

when it all feels too much and I am alone.

Help with your care needs during the day (continued)

47

How many days a week do you need someone to keep an eye on you?

7

days

48

Would you have difficulty planning and cooking a main meal for yourself?

This means planning and preparing a freshly cooked main meal for yourself on a traditional cooker (in other words, not using a microwave oven or convenience foods), assuming you have all the ingredients you need.

This does not mean reheating ready-made meals or convenience foods.

Yes

No

- I have difficulty or need help planning a meal, for example, measuring amounts, following a logical order of tasks, or telling when food is cooked properly
- I lack the motivation to cook
- I have physical difficulties, for example, coping with hot pans, peeling and chopping vegetables, or using taps, switches, knobs, kitchen utensils or can openers, or carrying, lifting, standing or moving about to perform tasks.
- I would be at risk of injury preparing a cooked main meal for myself

How many days a week would you need this help?

7

days

Is there anything else you want to tell us about the difficulty you would have planning, preparing and cooking a main meal?

Yes

No

My motivation is so low and my concentration is so poor that even if I can push myself to start, I often cannot plan a meal for myself - when I do eat it tends to be something quick you can just stick in the microwave. I'll eat it straight from the plastic.

When I have tried to cook I end up burning things - or myself - because my concentration just goes.

Help with your care needs during the night

By night we mean when the household has closed down at the end of the day.

37 Do you usually have difficulty or need help during the night?

This means things like settling, getting into position to sleep, being propped up or getting your bedclothes back on the bed if they fall off, getting to the toilet, using the toilet, using a commode, bedpan or bottle, getting to and taking the tablets or medicines prescribed for you and any treatment or therapy.

Yes

No

Please tell us what help you need, how often and for how long you need this help each time. THIS PAGE DOES NOT DESCRIBE MY DIFFICULTIES - PLEASE SEE BELOW

I have difficulty or need help:

How often? How long each time?

- turning over or changing position in bed minutes
- sleeping comfortably minutes
- with my toilet needs minutes
- with my incontinence needs minutes
- taking medication minutes
- with treatment or therapy minutes

I have difficulty concentrating or motivating myself and need:

How often? How long each time?

- encouraging or reminding about my toilet or incontinence needs minutes
- encouraging or reminding about medication or medical treatment minutes

Is there anything else you want to tell us about the difficulty you have or the help you need during the night?

Yes

No

My anxiety gets worse at night and I get awful nightmares. I wake drenched with sweat, and can have panic attacks. It would help to have someone there to talk me through the breathing exercises I learned and to reassure me to a point where I felt able to sleep.

I also find it really hard to get to sleep at night and have times of wanting to hurt myself. I use a knife but always do it where other people won't see it. I have these difficulties for an hour or two most nights.

How many nights a week do you have difficulty or need help with your care needs?

nights

Help with your care needs during the night (continued)

51

Do you usually need someone to watch over you?

For example, you may have a mental health problem, learning disability, sight, hearing or speech difficulty and need another person to be awake to watch over you.

Yes

No

Please tell us why you need watching over.

- To prevent danger to myself or others
- I am not aware of common dangers
- I am at risk of harming myself
- I may wander
- To discourage antisocial or aggressive behaviour
- I may get confused
- I may hear voices or experience thoughts that disrupt my thinking

How many times a night does another person need to be awake to watch over you?

1-2

How long, on average, does another person need to be awake to watch over you at night?

30 to 120 minutes

Is there anything else you want to tell us about why you need someone to watch over you?

Yes

No

Sometimes in the night I feel so sad that I want to hurt myself - not kill myself, but hurt myself. I cut my arm and then wear long sleeves.

Please also see page 27 about my suicidal feelings

52

How many nights a week do you have difficulty or need help with your care needs?

7 nights

30

Help with your care needs

53

Please tell us anything else you think we should know about the difficulty you have or the help you need.

CONTINUED FROM QUESTION 39, PAGE 21

even to move from my chair. Often I'll just sit there, not even bothering to put the light on when it gets dark. Sometimes I'll go back to bed during the day because that feels somehow 'safer'. I've also had times when things have felt so bad that I've wanted to hurt myself. I can't seem to settle to anything, and can't concentrate on things unless someone is talking me through them. I often won't answer the phone if it rings and pretend to be out if someone knocks the door.

If you need more space to tell us about the help you need or the difficulty you have with your care needs, please continue at question 61 **Extra information**.

54

When your care needs started

Normally, you can only get the care part of Disability Living Allowance if you have needed help for at least three months.

Please tell us the date your care needs started

28 / 4 / 06

If you cannot remember the exact date, tell us roughly when it was.