

# Keep a record of how your condition affects you

Print out this sheet and use it to keep a record of how your condition affects you. It can help you fill in your Personal Independence Payment (PIP) claim form or use it as supporting evidence for your claim.

Date

**People with an illness, disability or mental health condition can have good days and bad - was today a bad day?**

Yes  No

**Did carrying out any of the tasks below cause you any pain, discomfort or tiredness?**

Yes  No

**Were you unable to carry out any of the tasks below?**

For example if you couldn't leave the house today, or you couldn't finish making your lunch.

Yes  No

**Did you injure or hurt yourself carrying out any of the tasks below?**

Yes  No

**Has anyone supervised or assisted you today on any of the tasks below?**

Who did this and why, and what would have happened if they hadn't.

Yes  No

**Has anyone reminded or prompted you to carry out any of the tasks below?**

Who did this and why, and what would have happened if they hadn't.

Yes  No

## Explain which of the tasks you had difficulties with and why

For example. the pain or tiredness you felt, the reason for it, how it affected the rest of your day/ night, if it took you longer than usual to complete a task or if you injured or hurt yourself.

### The 12 tasks

- preparing food and cook a simple meal
- eating and drinking
- managing your treatments
- washing and bathing
- managing toilet needs or incontinence
- dressing and undressing
- communicating verbally
- reading and understanding written information
- mixing with others
- making decisions about money
- planning or following journey
- moving around