

Claiming Attendance Allowance

A Guide for Adults

with

Ulcerative Colitis and Crohn's Disease

Last updated: June 2011

Published by: The National Association for
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Charity registered in England No: 1117148
Charity registered in Scotland
No: SC038632.

A company limited by guarantee registered in
England: company number 5973370.

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**Claiming Attendance Allowance:
A Guide for Adults with Ulcerative
Colitis and Crohn's Disease
Edition 2
Last review June 2011
Next review due 2012**

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About this guide

Who is this guide for?

This guide is for you if you are 65 or over and considering making a claim for Attendance Allowance (AA), because of Inflammatory Bowel Disease, (IBD), (Ulcerative Colitis or Crohn's Disease).

AA can definitely make a big difference to people's lives. It can give you back some of your feelings of independence and control. It can help pay for an improved diet, meet extra heating bills and pay for much needed holidays. Needing a better diet, extra heating or a holiday are not grounds for claiming AA, but if you are awarded the benefit you are free to spend it as you wish – you don't have to spend it on paying for care.

How to use this guide

This is a guide to the whole process of making a claim for AA. It will help you to make a very detailed and well supported claim and considerably improve your chances of success. However, it's also very long and we often have to say the same thing in several different places, so please don't try to read it all at once. Use it like you would any other instruction manual – a car maintenance manual, say - just read the bit you need at the time and don't worry about the rest.

A very brief glossary

Below are a few terms in the guide that you may not be familiar with, or that have particular meanings in relation to AA. Don't worry if they seem a bit obscure or confusing at this point, we explain things in detail as we take you through filling out the form.

Attention: when deciding whether you are eligible for AA, one of the things decision makers look at is the amount of 'attention' and/or 'supervision' you need, or would benefit from, because of your condition. Attention, for the purposes of AA, is when someone is doing something active with you; for example, physically helping you to get dressed or verbally encouraging you to get dressed.

Decision makers: these are the people who make decisions about your benefits.

Department for Work and Pensions (DWP): the overall government department dealing with benefits. You may also see the name 'Pensions Disability and Carers Service' – this is the part of the DWP that deals with benefits such as Attendance Allowance.

Supervision: this is when someone is watching over you to prevent you from coming to harm because, for example, you are unsteady on your feet and at risk of falling.

Am I eligible?

AA is a complicated benefit and many people, including some doctors, care workers and DWP staff, pass on information and opinions that aren't correct. So we'd like to start by telling you 12 things that, no matter what you've been told before, don't affect your right to claim AA.

12 things that won't affect your claim:

- You're getting any other benefits - AA will be paid on top of these.
- You're working.
- Your partner works.
- You have savings of any amount.
- You have not paid any national insurance contributions.
- You don't consider yourself to be disabled - AA is for people with long-term health problems or impairments which affect their everyday activities.
- You've been told by a doctor, nurse, care worker - or anyone other than a welfare rights worker - that you won't get AA. Eligibility for AA is a legal question, not a matter of medical, or any other opinion.
- You live alone and no-one is providing care for you.
- You already have someone, a partner for example, providing care for you.
- You don't want anyone to provide care for you.
- You've been turned down before. Take a look at the sections on *Using additional sheets* and *The importance of supporting evidence*; you may decide you could put forward a stronger case if you applied again.
- You do not want to spend money on personal care: you can spend AA on anything you wish.

Try our 5 minute test

To help you decide if you might be eligible for AA, try our five minute AA test on the following page.

The 5 Minute Attendance Allowance Test

Could you be eligible for AA? Try our five minute test to help you decide whether or not to make a claim.

1 Are you aged 65 or over?

Yes No

If yes, go on to question 2. If no, you cannot claim Attendance Allowance. However, you may be eligible for Disability Living Allowance (DLA) instead. You can download a guide to claiming DLA from the Crohn's and Colitis UK website.

2 Has your health condition lasted at least six months?

Yes No

If yes, go on to question 3. If no, you can still make a claim, but payment can only begin from the date when your condition has lasted six months. Go on to question 3.

Supervision

This is someone keeping an eye on you to prevent you, or someone else, from being in danger. This might be because you have falls, for example. For the purposes of AA, the night is from about 11 pm to 7 am and day is from about 7 am to 11 pm.

3 Do you need someone to keep an eye on you throughout the day? Yes No

If yes, you needn't answer any more questions, it's definitely worth filling in a claim pack. If no, go on to question 4.

4 Do you need someone awake to keep an eye on you at night, for at least 20 minutes or at least two or three times?

Yes No

If yes, you needn't answer any more questions, it's definitely worth filling in a claim pack. If no, go on to question 5.

Attention

Attention is about someone helping you with 'bodily functions'. It doesn't matter whether you already get this help or not and it doesn't even matter if you wouldn't take it if it was offered. The question is, would it be reasonable for you to have it, bearing in mind the way your condition affects you?

5 Do you have difficulties with any of the activities below?

Tick 'Yes' if you do. (If some days you do and some days you don't, tick yes)

	Yes		Yes
Moving about indoors		Taking medication	
Eating and drinking		Staying safe if you're alone	
Communicating with people		Getting out of bed in the morning	
Getting into bed at night		Sleeping	
Getting to and using the toilet		Washing, having a bath or a shower	
Looking after your appearance		Getting dressed and undressed	
Social and leisure activities			

(Shopping and housework are not counted as everyday activities that are relevant to AA).

The sort of difficulties you might have with these activities includes things like:

- it hurts
- you can only do it slowly
- you need to take a long rest after doing it
- you can only do it using a special technique of your own
- you need someone with you when you do it, just in case things go wrong
- it's not safe for you to do it
- you can't do it at all

If you ticked yes for any of the activities, go on to question 6. If you didn't tick yes to any it doesn't mean you are definitely not eligible for AA, you should try to get advice from one of the agencies listed in the *Help, Support and Information* section on page 47.

6 If you got help during the day, would it need to be frequently throughout the day – in the morning, in the middle of the day and in the late afternoon/evening?

Yes No

If yes, you needn't answer any more questions, it's definitely worth filling in a claim pack. If no, go on to question 7.

7 If you got help during the night, would you need it for at least twenty minutes or at least twice a night?

Yes No

If yes, it's definitely worth filling in a claim pack. If no, it doesn't mean you are definitely not eligible for AA, you should try to get advice from one of the agencies listed in the *Help, Support and Information* section on page 47.

Deciding whether to claim

“I’m not sure it’s worth all the bother and fuss of filling out the form and talking to my doctor. Money isn’t going to improve my health, is it?”

Claiming Attendance Allowance may not improve your health, but it can definitely make a big difference to your life. It’s paid at two rates depending on how much supervision or attention you need.

It can give back some of the feelings of independence that dealing with a long-term health condition may have taken away. For example, you may be able to pay for help that up to now you’ve had to rely on friends and relatives for. And because you can spend your AA on anything you choose, it can also bring about a real improvement in your quality of life. These are some of the things people use their AA for:

- taxis to get to and from the shops or medical appointments
- someone to do the garden, clean the windows, help with housework
- the additional cost of heating if you need to keep warm when you are unwell
- a special diet that helps you to manage your health condition
- aids, adaptations and appliances to make life easier for you
- flowers or treats for friends and relatives who have helped you out
- holidays, weekend breaks or trips to see friends or relatives

“I don’t want to claim because it feels like asking for a handout.”

AA isn’t a handout. The government introduced AA because it recognised that people with long-term health problems need extra money to help them deal with their condition.

“There are other people worse off than me who need this money more.”

The amount of money available for paying AA isn’t limited. Everyone who meets the qualifying conditions is entitled to receive AA. If you are awarded AA, that won’t stop someone else receiving it.

“I’m worried that if I fill in the AA claim form and explain all the difficulties I have people will think I’m not safe living at home.”

The AA claim form is about whether you’re entitled to extra money, it doesn’t have any effect on deciding if it’s safe for you to carry on living in your own home. In fact, getting AA may make it much more likely that you will be able to carry on living safely at home.

“The rules about benefits are so complicated and I see all these adverts about benefits cheats, I’m worried that I might make a mistake and people might think I’m a fraud.”

Entitlement to AA is just about your health. It doesn’t matter about your savings, your pension or anything else. All you have to do is fill in the form explaining as best you can how your health affects your everyday life. Even if you’re turned down for AA, nobody is going to suggest that you were trying to cheat the system.

Keeping a claim file

A claim file is just a folder, or a ring binder, in which you keep notes and copies of everything to do with your AA claim, but it can save you months of frustration and lost benefits if the DWP either lose or shred your records.

What to keep in your claim file

1 Keep a photocopy of everything you send the DWP

Most especially, keep a photocopy of your completed claim form and keep it safe. We do know how difficult and expensive this can be, but if you don't you may regret it because:

- Your claim form may be lost by the DWP – it does happen.
- Records of telephone calls, letters from you and your claim form will be shredded by the DWP. The longest the department is now likely to hold onto your claim pack is fourteen months.
- If you're not happy with the result of your claim it will be harder to challenge the decision effectively without a copy of your original form.

2 Keep every letter you receive from the DWP

Put them all in a folder in date order along with copies of letters you've sent them. (We had one client who was able to claim thousands of pounds in backdated benefits because he had kept copies of letters right from the beginning of his claim).

3 Keep a note of any phone calls to or from the DWP

Ask for the name of anyone you speak to and keep a note of it, along with the date and the subject of the call. For example:

16.02.11 Spoke to Gemma at the Disability Benefits Centre. She said they have received my consultant's letter.

Try not to feel embarrassed or awkward about this as DWP staff are used to giving their names. In the very unlikely event that anyone refuses to give you at least their first name and the section they work on, ask to speak to their Supervisor.

At the end of this guide you will find a **Claim file record sheet** which you can use for making a note of calls and letters.

Getting a claim pack and meeting deadlines

In order to start your claim you need a claim pack. The best way to get one is to:

- Make a free phone call to the Benefit Enquiry Line on **0800 88 22 00** (8.30 am to 6.30 pm, Monday to Friday and 9.00 am to 1.00 pm on a Saturday), (Text phone 0800 24 33 55). (Non-BT landlines and mobile service providers may charge you.)
- Ask them to send you an AA claim pack.
- They also have an email address: BEL-Customer-Services@dwp.gsi.gov.uk

If, after asking you a few questions, the operator suggests you won't be eligible to claim AA, thank them for their opinion, but insist that they send you a form anyway.

You should then be sent an AA claim pack with two dates stamped on it. The first is the date you asked for the form and the second is the date, six weeks later, by which you should return it. (This means you have to post it several days before that date.) If they receive it after the six weeks, your claim is still valid, but it starts from when the DWP get your form back instead of the date when you first asked for it.

You can also obtain the forms on the website www.direct.gov.uk . If you fill in and send your own forms, your claim starts from when the DWP receives your application.

It is possible to claim online at <http://www.dwp.gov.uk/eservice>. However, this option doesn't give you the same opportunity to add as much detail as you may need, or to send written evidence with your application. If you claim online your claim starts from the date it was accepted by the system.

While you're waiting for the claim pack

While you're waiting for your claim pack to arrive, you might want to consider:

- keeping a diary (see *The importance of supporting evidence, page 41*)
- making a list of who might provide supporting evidence (see *The importance of supporting evidence, page 41*)
- making appointments to see your health professionals (Work out when you are likely to have completed the form, and ask for an appointment to take place soon afterwards.)

If you can't return the claim pack within the six week deadline

Even if you don't manage to return the claim pack within the six week deadline, decision makers must still consider whether it would be reasonable to extend the time limit.

Issues that should be taken into account by the decision maker include:

- how long it took for the DWP to send the claim pack out to you; did you get 6 weeks or thereabouts in which to return it?
- were there any special circumstances such as illness, an operation or your house flooding, which meant you were prevented from completing and returning the pack?

- how long after the time limit you returned the claim pack; did you act as promptly as you could in all the circumstances?

If you are late, return the completed claim pack as soon as you can and staple a letter, with your name and national insurance number on it, explaining in as much detail as possible why your application has been returned after the second date, and asking the decision maker to extend the time limit.

Your right of appeal

If the decision maker decides not to extend the time limit, they will inform you in writing, usually at the same time as they inform you of the decision about whether you have been awarded AA. You can appeal this decision.

You need to do so in writing, using form GL24, *If you think our decision is wrong*, which explains the appeals process and also includes an appeal form which you can tear out and complete.

You can get the booklet from your local DWP office, post office, jobcentre or advice agency. You can also download a copy by visiting the directgov website at http://www.direct.gov.uk/en/Diol1/DoltOnline/DG_4017514

This must be done within one month of the date of the decision not to extend. Try to get advice before doing so using one of the agencies in the *Help, Support and Information* section on page 47. If you are also appealing the decision about your award of AA you can appeal both matters at the same time.

Caution: there is no reason why an appeal about the date on which your award should start should lead either the DWP or a tribunal to look again at the level of AA you have been awarded. Nonetheless, it is not entirely impossible that this could happen, so if you have any concerns get advice from a welfare rights worker before lodging an appeal.

The claim pack

The AA claim pack is 28 pages long. Do not let this put you off. There are also several pages of notes accompanying the form, which it can be useful to read before you start.

The pack asks various questions about your illness or disability, sometimes with tick-boxes provided, as well as blank boxes for extra information. Do not hesitate to use additional sheets if the questions don't seem adequately to describe all the problems you have during the day and at night. The DWP say they may telephone you or someone else if there is a need for additional evidence to decide your claim. However, in practice, claims are very often decided without the decision maker phoning anyone at all. Even if they do phone, because IBD is a condition that is not well understood by most decision makers, they may not ask all the questions that they would need to in order to arrive at the right decision.

This is why we suggest that you don't just rely on the few small boxes in the claim pack, but use Question 49 (additional information) AND additional sheets and our Day and Night charts as well.

The advantages of giving detailed information

If you look at the pack as a whole you will see that there is a very long list of things that you are supposed to provide information about in connection with every activity you have problems with. The information required includes:

- When you need the help
- Where you need the help
- What happens if you don't get it
- What things would take you longer to do
- Any variations in your condition
- Whether you use any aids or adaptations and how these help

As we said, we don't think it's practical to try to squeeze all this information into a few small boxes. This is why we suggest you use additional sheets and follow our four-step system for giving evidence instead (see below).

After all, giving detailed, accurate information in writing about all the problems you have can only reduce the chances of misunderstandings and mistakes occurring and improve the chances of the correct decision being made in your case. Whilst this is much, much more time consuming and difficult than just writing a few sentences, it is an awful lot quicker than having to wait months to go to an appeal because the DWP have made the wrong decision based on insufficient evidence.

But, even if you decide not to use additional sheets, we very strongly recommend that you read all the information in the next section of the guide before filling in the form. It will help you to make sure you make the best possible job of providing information.

Before you begin - Rather than just filling in the boxes that are provided, we suggest you write "See additional sheets" and then give further information by following the '*Using additional sheets*' section below. If you don't feel able to complete additional sheets, still try to give as much information as you can about the problems you have after reading the '*Using additional sheets*' section. And you might still find it useful to print off and fill in either or both of our *Day time and night time charts* giving details about when, how long for and how often you need help.

Using additional sheets

Why use additional sheets?

The decision about whether to award AA is based on evidence. The form you are about to complete is evidence and so are any letters from doctors, carers or relatives.

An effective claim is made up of evidence that is clear and as detailed as possible. This is particularly so for Crohn's and Ulcerative Colitis because they are not widely known or understood conditions. The inclusion of the Crohn's and Colitis UK booklet '*Understanding Colitis and Crohn's Disease*' can help to explain these conditions to decision makers at the DWP. It is genuinely difficult for people to understand (and perhaps to believe) that such ordinary activities as eating and going to the lavatory can have such powerful effects. Instead of simply saying that an activity is painful or tiring, it's best to try to use words to explain what it's like being inside your body.

Compare:

Using the toilet is very painful. I have to go very frequently and end up feeling exhausted.

with

On most mornings I have to rush to the toilet repeatedly. I often visit it five times within an hour. Sometimes I do not make it in time and I have to change and shower. My anus is constantly very sore and there is a burning sensation that gets more painful with every bowel motion. I also have a fistula in my rectum that throbs painfully and discharges pus. Blood sprays out from the rectum during bowel motions and it's got to be cleaned up quickly or it stains the toilet bowl. I am often so weak that I can only do this very slowly and painfully, and sometimes I don't manage to do it at all. When I feel that my bowel motions have passed, (for the time being), I gently wash and dry the area around my anus and apply Anusol cream or Preparation H to the anal passage and lower rectum to try and calm the painful fistula and raw flesh around the anal sphincter muscle. By the time I leave the toilet I am weary and exhausted, my head is muggy and my legs are shaky and unsteady. I can't think straight or talk to anyone. All I can do is lie down and wait for the next attack.

The second account is much clearer, more detailed and much more effective as a result. Of course your condition may not be as severe as this, that doesn't matter; the important thing is that you describe your condition clearly and in detail.

We do realise how difficult it is to write about such personal things on an official form. It may make it a little easier if you use formal terms like 'bowel movement' and 'anus' rather than everyday terms and it will also make your evidence sound more authoritative.

Using the 'four step system' for additional sheets

Look through the questions. For each activity you have difficulties with, write the heading on a sheet of paper along with your name and national insurance number. Then read what we have to say about the activity and use the information to help you to write detailed evidence about your problems.

You might find it helpful to use the four-step system we explain below.

Important: in addition, you will also need to print off, or copy, and fill in either or both of the *Day time* and *Night time charts* giving details about when, how long for and how often you need help. You'll find these on pages 39 and 40.

When you've finished, staple all the sheets to the back of your claim pack.

We recommend you use our four-step system on most pages to ensure you give detailed and relevant information. You may not always use the four steps in the same order as we suggest, but do try to make sure you include all the information.

This is how it works:

Step 1: Say what causes the problems with the activity

Decision Makers are very fond of saying that claimants could do things if they chose, they just prefer not to. So make it clear, in your own words, that the reason you have problems is not about personal choice, but because of your health condition or because you are disabled. For example:

*I have problems with this activity because of my Ulcerative Colitis.
I have problems with this activity because I have Crohn's disease.*

If there is more than one reason why you have problems then say so:

*I have problems with this activity because of colitis and the medication that I have to take.
I have problems with this activity because of my Crohn's disease and my angina.*

You might get fed up with having to repeat the same thing on every page, but it really is worth doing.

Step 2: Say what the problems are – in detail

Give as much information as you can about the problems you have. For example:

I have problems with washing and bathing because of pain and stiffness in my limbs. I can't stand for long in the shower because of pain in my legs, feet and back. I have tried putting a stool in the shower to sit on but it was too cramped and I almost fell trying to stand up again. I need help getting in and out of the bath because it is painful stepping over the edge of the bath and I am very unsteady on my feet. Washing my hair causes a great deal of pain in my arms and shoulders and there are many days when I cannot do it at all. Washing my feet causes pain in my lower back and I cannot reach behind me to do my back, even with a long brush, because of the pain in my arms, shoulders and neck. Drying myself is extremely painful, I cannot bend enough to do my calves and feet.

Step 3: Give an example

This could be:

- when you tried to carry out the activity and it went badly wrong:

About three months ago I tried to have a bath when there was no-one else at home. I managed to get in the bath but I slipped and fell while trying to stand up to wash my torso. I was not badly hurt, but it left me feeling terribly shaken thinking how much worse it could easily have been.

- a recent attempt to carry out the activity which was not successful:

Last week I tried to wash my hair by myself because I didn't want to disturb my partner. I was in so much pain by the time I finished that I had to take extra pain killers and I was unable to do anything for the rest of the day.

- if you never attempt the activity alone any more, say how long it has been since you did so:

I have not a bath or shower without someone to help me since I fell in the bath about three months ago.

Step 4: Say how someone could help

To get AA you need to show that you 'reasonably require' help or someone to watch over you. You don't have to show that you actually get, or want, help – just that it would be reasonable for you to have it. But if you have problems with activities and there's nothing anyone can ever do that would make the slightest bit of difference, then you may not be entitled to AA. So always try to show a way in which someone could help.

If someone is with me they can help me in and out of the bath and wash my hair and back and feet for me.

Dealing with fluctuating conditions

This is one of the biggest problems people with Crohn's Disease and Ulcerative Colitis may have with claiming AA. Some agencies advise people to complete the claim pack thinking just of how they are on bad days. However, Crohn's and Ulcerative Colitis are known to be fluctuating conditions, so if you present your condition as unvarying this may make your evidence less believable. (If, on the other hand, your condition actually doesn't vary then go out of your way to explain this on the claim form.)

In addition, if you are not awarded AA, challenge the decision and choose to appear before a tribunal, they are likely to ask you to go back through the last week, day by day, explaining in great detail what you did and how you felt. If the previous week was one of your better weeks you will be faced with a difficult choice: you will either have to lie to the tribunal or tell a truth so different from what you wrote on your claim form that you will have no credibility at all and your appeal will probably fail.

So what do we advise you to do?

We suggest that you explain how you are on your bad days and then how you are on your 'better, days'. Please note that if you use expressions like 'good days' or 'normal days' it will be assumed that these are days on which you have no problems whatsoever. So, for example you might say:

On bad days I cannot get out of bed at all because of fatigue and pain in my large joints and back. On better days I can only get out of bed slowly and painfully, resting several times. The pain is in my ... (etc.)

If you have very few (or no) days when you can get out of bed easily and without pain then you can reasonably say that you need this help seven days a week.

Be careful not to underestimate your condition. Are your 'better days' actually free of pain and discomfort, or just relatively so by your standards? It may be that, for the purposes of claiming AA, you have to accept that you don't really have any 'good days' at all – you've just learnt to deal positively with your condition. Having to think about this

may be very distressing for you, so please make sure there is someone available to offer you support if you need it.

If you do have periods when you are pain free then average them out as follows:

If your condition varies from day to day, decide on average how many pain free days a week you have. If it's only 1 or 2 then you need help 5 or 6 days a week. (If you need help for fewer than 4 or 5 days a week it is less likely you will be awarded AA).

If your condition varies from week to week, again average it out. If you have about one good week a month that's a bit less than a quarter of the time, so you still need help on an average of 5 to 6 days a week.

If your condition varies from month to month and you have long periods of remission then you should decide whether you have no problems during the periods of remission or whether you still suffer from pain, discomfort or fatigue.

You should bear in mind that in order to qualify the first time, your condition needs to have lasted for six months and be likely to last at least another six. After that, if you have a period of remission and your claim is stopped then as long as you claim again within two years you don't have to serve another 6 month qualifying period, you can claim as soon as your condition deteriorates.

Important Note:

The pack asks about your care needs during the day and then about your care needs during the night. Make sure you answer all the questions that apply to you for both day and night needs.

Completing the claim pack

About you:

Questions 1-10

These questions are mostly straightforward factual questions about your name, address, contact details, etc. The DWP are relying more and more on telephone contact with people, as this is often quicker and cheaper than writing letters. If you don't wish to be phoned at home and asked questions, you may decide to leave the daytime phone number box blank, although the DWP may already have – or be able to find – your number. If the reason you would prefer not to be phoned at home is in connection with your disability, then you may want to enclose a note saying so. For example, if you have a mental health condition and you get anxious or confused when phoned and asked questions by people you don't know, then you should ask not to be telephoned.

Question 11 - For people signing this form for someone else

If you are just filling in the form for someone else, but they know what you are writing and are going to sign it themselves, then you don't need to complete this section.

About your illnesses or disabilities and the treatment or help you receive:

Question 12 - Your illnesses or disabilities

List all your health conditions. As well as IBD and any other physical conditions, include any emotional or mental health problems such as depression or anxiety. Your entitlement to AA is based on the combined effects of ALL your health problems, so make sure you put them all down. However, this guide only deals with IBD; try to get support from one of the agencies listed in the *Help* section on page 47 if you also experience mental health problems.

How long?

Bear in mind that you may have had IBD, or any other condition, for a long time before it was finally diagnosed.

Current tablets, medicines or other treatments

If you have a prescription list, or can get one from your GP, you don't have to fill in the medication table. However, if you are taking any over the counter painkillers or other drugs, you may wish to list them here. Also include any food supplements that aren't on your prescription list.

If you are having any treatment, such as parenteral nutrition or tube feeding, enemas or dressings that are being changed for you by a nurse, include them here.

Questions 13, 14 and 15 - Family doctor and other health professionals

The people you give details about in this section may be contacted by the DWP. Please don't assume your GP, nurse, specialist or other health professionals know all about the problems you have with things like moving about, dressing or washing – you may never have told them, or they may not have made notes at the time. People are often astonished by what their GP or other health professionals write about them. So try to make an appointment to give them an up to date picture of your problems as soon as you've completed this form and BEFORE they are contacted by the DWP. You may

want to look at the section on *The importance of supporting evidence*, (page 41), and the *Health Professionals' sheet*, (pages 53 &54), before you see your health professional. You should also warn your health professional that the DWP may contact them.

There is, however, no guarantee that the DWP will contact them. So if they could give valuable evidence to support your claim, try to get a letter from them yourself rather than waiting to see if the DWP does so. You can find out more about this in the section on *The importance of supporting evidence*.

Anyone else

You may get help from a friend or a neighbour but you may not want them to know your personal or financial business, or you may simply not like the idea of having to ask them if they mind you passing on their contact details to the DWP. You might even be concerned that it could put them off helping you, because they won't want to get involved with officialdom. If they are claiming benefits, they might even be concerned that it could affect their claim if the DWP knew they were helping you.

On the other hand, if you leave this page blank it might suggest you need less help than you really do.

If your friend or relative is happy to be included on the form, then there's no problem. But if you don't want to ask them, or if they're not happy to have their details given, then write on this page or an additional sheet that they are a friend and explain the help that they give. But also explain that you do not wish to give their details and explain why – for example, you don't wish people to have information about your financial affairs, or you are worried they might stop helping.

If there is more than one person who helps you, you may need several sheets to give their details – or explain why you are not going to.

Question 16 - Consent

This section asks for your consent for the DWP to contact your GP or other people involved with you for information in relation to your claim for AA. If you don't agree to this and the DWP decide they can't make a decision based just on what you tell them then you will not be awarded AA.

Question 17 - Special Rules

The special rules relate to people who are terminally ill and where death is expected within the next six months. In these circumstances you automatically qualify for the higher rate of AA. There are notes with the claim pack which explain how to claim under the special rules or you can call the Benefit Enquiry Line on 0800 88 22 00.

Question 18 - Do you have any reports about your illnesses or disabilities?

These could be from anyone who has helped you such as a hospital doctor, occupational therapist or counsellor, or an assessment report or a care plan for instance. If you do not have any reports at the moment, don't delay completing and sending the form, you can always provide any extra details as soon as you can afterwards.

Question 19 - Are you on a waiting list for surgery

Being on a waiting list for surgery may be strong evidence of the seriousness of your condition. It might, however, also be evidence that your care needs may reduce in the future, after surgery and any necessary period of convalescence.

Question 20 - Have you had any tests for your illness or disability?

There doesn't seem to be any guidance as to how far back you should go with test results. So, even if the results are some years ago, if they support your claim and demonstrate how serious your condition is then include details here. If you don't have the test results, you may be able to get copies from the hospital that carried them out. But don't miss the deadline for returning your form if you don't receive them in time. You can always send them afterwards.

Question 21 - Where is there a toilet in your home?

If there are toilets upstairs and downstairs you will need to tick both boxes. However, if you are only able to use one, for example because it has been specially adapted, then there is space for extra information at Question 49, or you can use additional sheet(s) to explain this.

Question 22 - Where do you sleep in your home?

If you sometimes sleep downstairs and sometimes upstairs you will need to tick both boxes then write 'See additional sheet'. On the additional sheet explain how often you sleep in each place and why.

Question 23 - Aids and adaptations**Column 1 - Aids and adaptations**

Some examples are given on the form; think carefully about what aids and adaptations you use and add these to the list.

Column 2 - Tick boxes

You are asked to tick next to any aids or adaptations that have been prescribed for you by a health professional. This is because decision makers are told not to take into account any aids or adaptations that you have provided yourself – presumably on the grounds that if you really needed them you would have been prescribed them. If there is a reason why this is not the case, for example because you are still on a waiting list to be assessed, then you need to make this clear on the form - or on an additional sheet.

Column 3 - How does this help you?

Explain what you use the aid or adaptation for – even if it should be obvious (see examples).

Column 4 - What difficulty do you have using this aid or adaptation?

Aids and adaptations can work both ways – they may support your claim by showing how severe your condition is, but they may undermine it by suggesting that help from the aid or adaptation means that you don't need help from another person. So, if you have an aid or adaptation, but still have difficulties with the activity, then it's vitally important that you say so. For example, you may have a stair lift which means that you no longer need help with getting up and down the stairs. But you may need someone to help you get onto the stair lift and get off it again and to make sure that you are safe while going up or down in the stair lift. So, although you have a stair lift, you still need attention from another person when going up or down stairs.

Your care needs during the day:

Question 24 - Do you usually have difficulty or do you need help getting out of bed in the morning or getting into bed at night?

Getting into bed

Do you need help getting into bed or with arranging the bedding and pillows once you are in bed?

Do you have periods when you are confined to your bed so that you have to have help in and out of bed frequently throughout the day to go to the lavatory?

Getting out of bed

Are you sometimes too depressed or exhausted to get out of bed without someone to encourage you? Does someone – children, partner, friends or neighbours - look in on you to make sure you have got up?

Are you sometimes too weak to get out of bed in the morning? Is getting out of bed painful? Do you need someone to help you? Do you have to get out in stages, taking rests because of stiffness and to gather your strength as you do so? Do you have to hold onto things to get out of bed? Do you need medication, or tea, or something else brought to you before you can get out of bed? Remember, someone without health problems can get out of bed in a few seconds, how long does it take you?

I have difficulty concentrating or motivating myself and need:

- **encouraging to get out of bed in the morning**

Are you sometimes too exhausted or in too much pain or discomfort to get out of bed without someone to encourage you? Does someone – children, partner, neighbours - look in on you to make sure you have got up? If so, tick the box and give more information in the box at the bottom of the page.

- **encouraging to go to bed at night**

As with getting out of bed, are you sometimes too exhausted or in too much pain or discomfort to get up the stairs and into bed at night? If so, tick the box and give more information in the box at the bottom of the page.

Remember the four steps:

Step 1: Say what causes the problems with this activity

Step 2: Say what the problems are.

Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3: Give an example

Step 4: Say how someone can help

Aids and adaptations

Do you use any equipment, such as a motorised bed raiser or a walking frame by the bed, to help you with this activity? If so, say what it is and list it at question 23. But remember to also explain whether, even with the equipment, you still have problems or need someone to keep an eye on you or this activity may not count towards your attendance allowance.

Question 25 - Do you usually have difficulty or do you need help with your toilet needs?

Only tick No if you have read the examples on the form and the details below and decided that you don't have any difficulties with this activity.

I have difficulty or need help:

- **with my toilet needs**

Do you need help getting to and from the lavatory - this may include using the stairs. Are your bowel motions very violent, bloody or accompanied by a lot of mucus so that you have to wash or shower afterwards? Do you find this painful or do you need help doing so? Do you have difficulty wiping yourself after a bowel movement? Do you need help cleaning the toilet afterwards? Do frequent bowel movements leave you exhausted and in pain so that you have to rest afterwards? Do you need help to apply creams, such as Anusol, after a bowel movement? Do you have difficulty undoing and doing up buttons and zips; pulling trousers and underwear down and back up; getting on or off the toilet? Do you need someone to check your clothing after using the toilet?

- **with my incontinence needs**

Do you have difficulties with continence pads or a colostomy bag or something similar? For example, if you need help changing the bags during the day or if you have problems with leakage during the day, give details in the box below. Do you sometimes have episodes of incontinence because you do not make it to the toilet in time? Do you have problems cleaning up or cleaning yourself afterwards?

I have difficulty concentrating or motivating myself and need encouraging or reminding about my toilet or incontinence needs

If you need encouraging to use the toilet because it is painful or distressing for you, tick the box and give more details in the box at the bottom of the page.

How often?

To work out how often you need help you need to make an estimate of how many times a day you use the toilet or have to change bags, etc. If this varies according to your condition, then either give a range, for example 4 - 8, or give an average, for example 6. If you always have difficulties then make clear you need help seven days a week. If not then give an average which takes into account bad or worse spells. Fewer than 5 days a week is less likely to count.

How long each time?

This does not appear in the question, but it is important to provide information if you can. When working out how long each time, include time getting to and from the lavatory, time needed to wash yourself and to clean the toilet if necessary. If you use a bottle or commode but need someone else to empty and clean it immediately afterwards, include the time taken to do that here. Again, if the length of time varies then give an average or a range.

Is there anything else you want to tell us . . .

Remember: don't just rely on tick boxes to prove you're entitled. Consider using our four-step system for giving additional information about your difficulties with this activity. (See *Completing the claim pack*.)

Caution!

The DWP very often argue that people who have difficulty getting to the lavatory or who suffer from urgency or incontinence could use a bottle or a commode (a chamber pot in a chair, alternatives would be a bedpan, a potty, a portaloos or a bucket) instead. Would you need help using or emptying and cleaning a bottle or a commode? How would you wash and dry your hands afterwards? How long would you have to sit in a room with a used commode during the day and would it be reasonable to expect you to do so? If you don't think it would be reasonable to expect you to use a bottle or commode say so and, if possible, explain why. For example:

Please do not suggest that I should use a bottle or commode. I would find it deeply embarrassing and undignified have to sit in a room with a used commode or urine bottle during the day or night. It is accepted that offenders in prison should no longer be forced to do such things and I do not believe I should be either. I would feel the same about having to use a commode or urine bottle in front of my partner or having someone empty a commode or bottle that I have used. I understand that, for the purposes of Attendance Allowance, attention to help someone carry on an ordinary life is attention that is reasonably required. Using a toilet is 'ordinary life' for an adult, using bottles and commodes is not. As long as I am able to use a toilet with help, then I reasonably require that help.

Reminder

Do you use any aids or appliances in connection with your toilet needs, such as a rail to hold onto when you get on and off the toilet? Mention these at question 23.

Remember the four steps:

Step 1: Say what causes the problems with this activity

Step 2: Say what the problems are.

Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3: Give an example

Step 4: Say how someone can help

Question 26 - Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance?

Only tick No if you have read the examples on the form and the details below and decided that you don't have any difficulties with this activity.

I have difficulty or need help:

- **looking after my appearance**

This may include things like cleaning your teeth, shaving and doing your hair.

- **getting in and out of the bath/ washing and drying and looking after my personal hygiene/ using a shower**

The kinds of things you need to consider include:

Do you have problems or pain getting in and out of the bath? Do you have problems bending in the shower? Does hot water make you dizzy? Do you have problems or pain washing or drying your feet, your hair, your back? Are you sometimes too fatigued to

wash or bathe? Do you have problems or pain standing to wash or shave? Do you have problems because you have dressings, a line into a vein, or a stoma appliance that needs to be kept dry or sterile? Are you in danger of falling in the bath or shower because of dizziness, fatigue or muscle weakness? If you need to wash or bathe or shower more than once a day say so and explain why. If so, give details in the box at the bottom of the page.

I have difficulty concentrating or motivating myself and need encouraging or reminding about washing, bathing, showering or drying.

Are you sometimes too depressed or exhausted to wash or bathe? If so give details in the box below. Are you sometimes too depressed or exhausted to care about your appearance or hygiene?

- **How often?**

If you have to wash or bathe after using the lavatory or following episodes of incontinence remember to include all these times. If your condition varies give an average or a range: for example 2 - 4 times a day, or give an average, for example 3. Explain how many days a week you need help. If you always have difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Fewer than 5 days a week is less likely to count.

- **How long each time?**

This does not appear in the question, but it is important to provide information if you can. Remember this includes the time to get undressed, bathe or shower, dry and dress again and includes any time spent resting in-between or recovering afterwards. If you're not sure how to separate, for example, time needed to wash and dry yourself and time needed for help to shower then add all the times together and just put a single time in one box, with the word 'in total' below.

Is there anything else you want to tell us . . .

Remember: don't just rely on small boxes to prove you're entitled. Consider using our four-step system.

Remember the four steps:

Step 1: Say what causes the problems with this activity

Step 2: Say what the problems are.

Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3: Give an example

Step 4: Say how someone can help

Aids and adaptations

Do you use any equipment, such as a bath hoist, bath seat or grab rails, to help you with this activity? If so say what it is at question 23. But remember also to explain whether, even with the equipment, you still have problems or need someone to keep an eye on you or this activity may not count towards your attendance allowance.

Question 27 - Do you usually have difficulty or do you need help with dressing or undressing?

Only tick No if you have read the examples on the form and the details below and decided that you don't have any difficulties with this activity.

I have difficulty or need help:

- **with putting on or fastening clothes or footwear / with taking off clothes or footwear**

Think about all sorts of clothing that you may wear. It should include putting on and fastening your bra, blouse, shirt, coat, hat, underwear, skirts, trousers, socks, tying shoelaces. In addition, consider any difficulties you have with taking off all of the above and putting on and taking off nightclothes. Think about any problems you have with buttons, zips, laces and braces. Do you have to wear loose-fitting clothes or ones that are easy to get on and off, such as ones with velcro or elasticated waists?

- **choosing the appropriate clothes.**

For example, do you have a visual impairment which makes it difficult for you to select clothes to wear, including making sure that they are clean, matching and appropriate to the weather and the occasion and that nothing is inside out or back to front?

I have difficulty concentrating or motivating myself and need:

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

Do you sometimes feel too depressed to bother dressing and need encouragement?

- **How often?**

Do you need to dress or undress more than once a day because of, for example: continence problems; changing dressings or other medical procedures; needing to sleep during the day? Do you go outdoors several times a day and need help putting on and taking off outdoor clothing? If your condition varies give an average or a range, for example 2 - 4 times a day, or give an average, for example 3.

- **How long each time?**

This does not appear in the question, but it is important to provide information if you can. Try timing yourself next time you get dressed and undressed. Remember to include any time spent resting if you need to do so. Put the time needed in one box and write 'in total' below'. Again, if the length of time varies then give an average or a range.

Is there anything else you want to tell us . . .

Remember: don't just rely on tick boxes to prove you're entitled. Consider using our four-step system for giving additional information about your difficulties with this activity.

Remember the four steps:

Step 1: Say what causes the problems with this activity

Step 2: Say what the problems are.

Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3: Give an example

Step 4: Say how someone can help

Aids and adaptations

Do you use any equipment, such as button hooks and shoe horns, to help you with this activity? If so say what it is at question 23. But remember to also explain whether, even with the equipment, you still have problems or need someone to keep an eye on you or this activity may not count towards your attendance allowance.

Question 28 - Do you usually have difficulty or do you need help with moving around indoors?

This is a very important activity. Only tick No if you have read the examples on the form and the details below and decided that you don't have any difficulties with this activity.

Note: 'indoors' means **anywhere** indoors: your workplace if you work, a day centre if you attend one or anywhere else where you spend time indoors. If you need help moving around indoors when you are pursuing leisure activities, such as going to the cinema or a restaurant, give details of these in the '*hobbies and interests*' question. (Question 34)

I have difficulty or need help:

- **walking around indoors.**

Do you have to hang on to furniture to steady yourself? Do you suffer discomfort or pain if you stand for any length of time? Does standing make your bowel urgency worse?

- **going up or down stairs.**

Is it difficult / painful / exhausting going up or down stairs? Do you need someone to help you? Do you need someone with you in case you become dizzy or unsteady on your feet? Do you have to go very slowly, one step at a time? Do you need to hold on to the handrail? Remember to include all the times you go up and down the stairs, including all the times you go up or down stairs to the toilet. If you don't have problems with stairs simply because you avoid using them at all, perhaps you have even moved into a bungalow, then explain why it is you avoid stairs.

- **getting in and out of a chair.**

Do you take a long time to get in or out of chairs? Do you stiffen up if you sit or lay too long? Do you need someone to help you off chairs and sofas? Have you developed special techniques such as rolling off sofas onto your knees? Do you have to hold on to things to get upright? Are you sometimes too exhausted to get up? Is rising from sitting painful? Do you have to get up and down a lot because of pain and soreness around the anus or because of frequent trips to the lavatory? Do you ask people to fetch you things like books, cups of tea or sweaters because it is too difficult or painful to get up yourself? Do you only sit on firm chairs with arms so that you can push yourself up?

- **transferring to and from a wheelchair.**

It may not take long to transfer you to and from a wheelchair, but if you need help frequently and throughout the day with transfers, make sure you think of all the times it may happen on an average day.

I have difficulty concentrating or motivating myself and need encouraging or reminding to move around indoors

Do you need encouragement to move about because you find it painful to do so? If so, tick this box.

- **How often?**

This question is not asked directly but add information if it applies.

Do you have to get up and down a lot because of pain or stiffness? If you need help frequently and throughout the day with things like getting in and out of chairs and moving around then this is important to at least a low-rate award of AA. So make sure you think

of all the times you may need this sort of help on an average day. If this varies according to your condition then either give a range, for example, 12 – 18, or give an average, for example 15. You may need to keep a record for a day to discover just how many times you do carry out all these activities. If this is too difficult you may wish to give an answer such as 'Frequently', 'At regular intervals throughout the day', or 'As often as possible'.

Is there anything else you want to tell us . . .

Remember: don't just rely on tick boxes to prove you're entitled. Consider using our four-step system for giving additional information about your difficulties with this activity.

Remember the four steps:

Step 1: Say what causes the problems with this activity

Step 2: Say what the problems are.

Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3: Give an example

Step 4: Say how someone can help

Aids and adaptations

Do you use any equipment, such as a stair lift, raised chair or rails, to help you with this activity? If so say what it is and mention it at Question 23. But remember to also explain whether, even with the equipment, you still have problems or need someone to keep an eye on you, or this activity may not count towards your attendance allowance.

Question 29 - Do you fall or stumble because of your illnesses or disabilities?

If you experience falls you may be eligible for AA on the basis of needing continual supervision to avoid danger. Alternatively, you may need attention with specific activities such as using stairs, getting out of chairs or getting out of the bath, which will count towards your AA entitlement.

What happens when you fall or stumble?

Explain what health condition causes the falls. For example, is it a visual impairment which means you don't see obstructions, pain and stiffness in your knees which means they sometimes give way, extreme fatigue caused by Ulcerative Colitis or Crohn's Disease, or dizzy spells? If you haven't had any falls, but are worried that you might, you need to explain very clearly the reasons for your worries.

Do you lose your balance getting up to hurry to the toilet, for example? Do you get any warning of dizzy spells? Do you have to sit or lie down when you have one? Do you need someone to help you, steady you or watch over you when you do things that make you feel dizzy or faint? How often do they happen? Have you ever hurt yourself as a result?

Is there anything that makes falling particularly dangerous for you? For example, do you have osteoporosis, so that even a minor fall could lead to broken bones? If this is the case, you are more likely to be judged to need help or supervision even if the risk of falling is a small one.

Have you suffered any injuries as a result of falls indoors? If so give details.

Do you need help to get up after a fall?

It does not matter if there is no-one available to help; if you would benefit from help you should explain the help that you need. For instance, could they steady you so you don't fall in the first place? Help you to your feet if you do fall? Help you recover from the effects of falling? Can you get up without help after a fall and if so, how long does it take you? If you can't get up at all without help, or it takes a long time, then you are more likely to need attention or supervision.

When did you last fall or stumble?

If you do not know, an approximate date will help, but this sort of thing is where keeping a diary of recent problems and other supporting evidence will assist you.

How often do you fall or stumble?

The more frequently you fall and stumble and the more recently it has happened, the more likely you will be considered to need attention or supervision.

Other things to consider

You may wish to give extra details to cover the following:

- **Supporting evidence**

Is there any supporting evidence you can provide for your falls or stumbles? For example, have you ever injured yourself and had to go to the doctor or to the A and E department? If so, give details and, if available, enclose a copy of the record of your visit there. Has anyone seen you fall or had to help you up after you've fallen? If so, would they be prepared to write a letter confirming what happened? (See *The importance of supporting evidence*).

- **Is there a pattern to your falls?**

For example, do they occur mostly in the morning when you first get up, or only when you reach up to high shelves or are they entirely unpredictable? The less predictable your falls, the more likely you are to need attention or supervision. So if your falls can happen anywhere, at any time, then it's important that you say so. If your falls are predictable, the decision maker is likely to argue that you can avoid the activities that cause falls or take precautions to reduce the likelihood of injury. For example, if you only fall when reaching into high cupboards the decision maker is likely to say that you should simply avoid this activity. However, the decision maker should not suggest that you take unreasonable precautions, such as staying in the same chair or same room all day or wearing a crash helmet.

- **Are there precautions you can take?**

Decision makers are fond of suggesting that if you fall because, for example, your knee gives way, you should use one or two walking sticks and this will prevent you falling. Would sticks prevent you falling? Do you get enough warning and could you support your weight on your arms? If sticks would not help, say so.

The decision maker may argue that you should remove or pad all sharp or hard edges so that the risk of injury if you fall indoors is small. Is this a reasonable requirement in your case? If not, explain why.

Example

"I cannot make my home safe to fall in because there are there too many sharp edges on walls, work surfaces, fireplaces, furniture, television set, windowsills, sinks, toilet cistern,

doors, door handles, fridge, cooker, chairs, tables, etc. for it to be practical to pad them all and I cannot remove these items because I need them. I don't know what materials I could use for padding, particularly on surfaces that get hot or wet or need cleaning regularly for hygiene reasons. I don't know who would carry out the work to a sufficient standard for free and I could not afford to have it done."

Have you suffered any injuries as a result of falls? If so give details.

Question 30 - Do you usually have difficulty or do you need help with cutting up food, eating or drinking?

Only tick No if you have read the examples on the form and the details below and decided that you don't have any difficulties with this activity.

I have difficulty or need help:

- **eating or drinking**

Does pain in your joints mean you are unable to cut up food? Do you have pain or problems holding cutlery? If you are receiving parenteral nutrition or tube feeding: describe the process involved and any help you need with feeding yourself, keeping equipment sterile or supervising the process.

- **cutting up food on my plate.**

As well as cutting up food, this could include removing bones, fat or rind.

I have difficulty concentrating or motivating myself and need encouraging or reminding to eat or drink.

Do you need encouraging or coaxing to eat because you associate food with pain, nausea, discomfort and illness? Do you get too depressed to be able to face eating? Do you have special dietary regimes that you need encouragement to stick to? If so, tick this box.

How often each day?

Make it clear how often you need help, and for how long each time. If you have to eat frequent small meals throughout the day make sure you include them all. If this varies according to your condition then either give a range, for example 3 - 5 or give an average, for example 4.

Is there anything else you want to tell us . . ?

Have you suffered from malnutrition or weight loss as a result of not eating? Does it help if someone prepares food for you? Do you need help monitoring what you eat or reminding to eat or drink supplements? Do you have to eat frequent small meals?

Remember: don't just rely on small boxes to prove you're entitled. Consider using our four-step system for giving additional information about your difficulties with this activity.

Remember the four steps:

Step 1: Say what causes the problems with this activity

Step 2: Say what the problems are.

Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3: Give an example

Step 4: Say how someone can help

Aids and adaptations

Do you use any equipment, such as special cutlery or a feeding cup, to help you with this activity? If so say what it is and mention it at Question 23. But remember to also explain whether, even with the equipment, you still have problems or need someone to keep an eye on you, or this activity may not count towards your attendance allowance.

Question 31 - Do you usually have difficulty or do you need help with taking your medicines or with your medical treatment?

Only tick No if you have read the examples on the form and the details below and decided that you don't have any difficulties with this activity.

I have difficulty or need help:

- **taking my medicine**

This could include things such as taking the right medication at the right time, including reading labels, opening containers, measuring amounts; swallowing pills; using an inhaler; applying creams or lotions.

- **with treatment or therapy**

Do you need help with emptying or changing a stoma appliance?

Do you need help with dressing wounds or administering enemas or eye drops?

Do you need medication brought to you when you are ill?

Are you receiving parenteral nutrition or tube feeding? If so what problems does this cause you and what help do you need from another person?

I have difficulty concentrating or motivating myself and need:

- **encouraging or reminding to take my medication.**

Do you need reminding to take your medication or food supplements because your concentration is poor or because you get very tired and forgetful? Do you need someone to monitor what you take?

- **encouraging or reminding about my treatment or therapy.**

If you need encouraging or reminding about treatment or therapy because, for example, it is painful or exhausting complete this box and give details in the box at the bottom of the page.

How often?

If your treatment or medication varies according to your condition then either give a range, for example 4 - 8 times a day, or give an average, for example 6.

How long?

This question is not asked directly, but give details if you can. If the length of time varies then give an average or a range.

Is there anything else you want to tell us . . .

You may be having an 'alternative therapy', such as homeopathy, which the decision maker may not accept as medical treatment. However, an increasing number of alternative remedies are being recognised by the medical profession, so it is worth

including details here if you have problems or need help with it, particularly if the treatment was recommended by your GP.

Remember: don't just rely on tick boxes to prove you're entitled. Consider using our four-step system for giving additional information about your difficulties with this activity.

Remember the four steps:

Step 1: Say what causes the problems with this activity

Step 2: Say what the problems are.

Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3: Give an example

Step 4: Say how someone can help

Aids and adaptations

Do you use any equipment to help you with this activity? If so, say what it is and mention it at Question 23. But remember to also explain whether, even with the equipment, you still have problems or need someone to keep an eye on you or this activity may not count towards your attendance allowance.

Question 32 - Do you usually need help from another person to communicate with other people?

Only tick No if you have read the examples on the form and read the information below and decided you don't have any such problems.

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**

There are tick-boxes covering these subjects, but remember not to rely on these alone. Consider using our four-step system for giving additional information about your difficulties with this activity. (See above.)

Is there anything else you want to tell us?

Has your condition caused you to lose your self-confidence? Do you become anxious and self-conscious around other people? Do you avoid people, perhaps even friends and family? Do you avoid answering the phone or answering the door? Do you avoid social situations or new situations because of lack of self-confidence or fear of incontinence?

Or do you get so exhausted that you can't find the energy to hold a conversation?

Do you find it hard to meet and talk to people because of the effects of your medication?

For example, have steroids caused hair loss, excess facial hair, weight gain, skin problems?

What help can other people give you? Do they encourage you to meet people, accompany you and reassure you in social situations, answer the telephone or the door for you?

Question 33 - How many days a week...?

The more frequently you need help, the more likely you will be considered to need help with your care needs.

Question 34 - Do you usually need help from another person to take part in hobbies, interests, social or religious activities?

Only tick No if you have read the examples on the form and read the information below and decided you don't have any such problems.

- **What you do or would like to do**

Examples include: going shopping for pleasure (rather than for necessities), walking, holidays, cinema, theatre, restaurant, pub, library, bingo hall, post office, doctors, hospital, physiotherapist, counsellor, church, evening classes, local park, day-trips, visiting friends and relatives, swimming, gym, sports centre. At home, this can be hobbies, or pastimes or activities that you used to do, still do or would like to take up. For example, could you do gardening, decorating or DIY if you had someone to help with the bits that require heavy lifting, bending, stretching or kneeling? Is your concentration too poor to read but you would like someone to read to you?

- **What help do you need from another person?**

Describe what help you get or would need in order to carry out this activity. Do you need someone to drive you to and from places? Do you need someone to carry things for you, to lean on, to help you find a lavatory, to help you get to and from the lavatory? Do you need someone to offer you support and reassurance because of the possibility of an episode of incontinence? Do you need someone with you in case you have a dizzy spell or a fall?

- **How often?**

If it is something you would do more than once a day then say how many times a day as well as how many times a week.

- **How long?**

You are not asked this question directly, but give details if you can. Do you need help all the time you are doing an activity or just for part of it, such as setting things up and putting them away?

Decision makers tend to take little, if any, account of help with social and leisure activities even though the law says that they should. One of the difficulties with these activities is that they may be sporadic and this makes them difficult to include in calculations of how much help you need on average. However, if you do engage in social and leisure activities, or would like to if you had help, on most days then they may have a considerable influence on your AA award because, even if decision makers ignore them, tribunals do not.

Question 35 - Do you usually need someone to keep an eye on you?

This is a very important page because you may be entitled to the lower rate of AA if you need someone to keep an eye on you during the day. Only tick No if you have read the examples on the form and read the information below and decided you don't have any such problems.

- **To prevent danger to myself or others.**

Do you need someone with you during the day in case you fall because you are unable to get up again or because you have osteoporosis so that the result of a fall could be very serious? Do you need someone to monitor your food intake throughout the day?

- **I am not aware of common dangers.**
- **I am at risk of neglecting myself.**
- **I am at risk of harming myself.**
- **I may wander.**
- **To discourage antisocial or aggressive behaviour.**
- **I may have fits, dizzy spells or blackouts**
- **I may get confused**
- **I may hear voices or experience thoughts that disrupt my thinking**

These are less likely to apply where Crohn's or Ulcerative Colitis is your only health condition.

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

During the day the supervision needs to be continual, which means that you need someone available for most of the time, any breaks would have to be very short. If you cannot predict when help might be needed, for example because you have fits or falls without warning, then the answer should be 'Zero'.

Is there anything else you want to tell us . . . ?

The reason you need someone with you must be to avoid substantial danger to yourself or to others. Describe here what the danger to you or someone else would be. Have things happened in the past that posed a substantial danger to you because you weren't supervised? For example, have you had a fall and been stuck for a long time because there was no-one to help you up? Or has a substantial danger only been averted because there was someone there? If so, give details here. If you have tube feeding or some other treatment which requires someone to monitor the equipment, mention this here. If this is the only time you need supervision during the day, then it is less likely that you will qualify for an award on supervision grounds.

Question 36 - How many days a week...?

The more frequently you need help, the more likely you will be considered to need help with your care needs.

Help with your care needs during the night

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

Only tick No if you have read the examples on the form and the details below and decided that you don't have any difficulties with these activities. 'Night' for the purposes of AA is from about 11pm to 7am. If you need watching over during the night as well as during the day it is important that you give details. As little as an average of twenty minutes or two lots of watching over at night could entitle you to AA. Consider also, do you need someone to be awake, for instance when you go to the lavatory because you are unsteady on your feet due to medication, weakness or fatigue?

I have difficulty or need help:

- **turning over, or changing position in bed**

Do you need help changing position or rearranging the bedding and pillows?

- **sleeping comfortably**

Do you need someone to bring you medication, drinks or anything else during the night? If so explain why they can't just be left within reach in case you need them. Do you sometimes have an episode of incontinence and need someone to strip the bed, put on fresh bedding and put the soiled bedding on to soak or wash? Do you need someone to make a hot water bottle for you during the night or massage painful areas of your body? Do you become distressed and need comfort and reassurance to help you go back to sleep?

- **with my toilet needs**

See the information at question 25 in this guide. In addition, you may need someone with you when you go to the toilet at night because you have to walk past the stairs and there is a danger that you could fall. Alternatively, you may use a commode during the night – in which case do you need help with this? Decision makers are particularly keen on people using commodes at night, so do point out any reasons why this may not be practical or why you consider it unreasonable. As well as the issues listed above, you might find having to empty your bowel or bladder distressing if you share a bedroom with your partner. This may be particularly the case if you have prolonged, frequent or noisy bowel movements.

- **with my incontinence needs**

See the information for question 25 in this guide. In addition, do you sometimes have an episode of incontinence and need someone to strip the bed, help you wash and change, put on fresh bedding and put the soiled bedding in to wash? Do you need help with changing pads or a bag?

- **taking medication**

See the information for question 31 of this guide

- **with treatment or therapy**

See the information for question 31 of this guide

I have difficulty concentrating or motivating myself and need:

- **encouraging or reminding about my toilet or incontinence needs.**

See the information for question 25 in this guide.

- **encouraging or reminding about medication or medical treatment**

See the information for question 31 of this guide

- **how often each night?**

To work out how often you have difficulties, you need to make an estimate of how many times at night you use the toilet, or have to change bags at night, etc. If this varies according to your condition then either give a range: for example, 2 - 4, or give an average, for example, 3. If you need help less than twice a night in total, then it is less likely to count.

- **how long each time?**

If this varies, give an average or a range. If you need help for less than twenty minutes or less than twice a night in total, then it is less likely to count towards your AA entitlement.

When working out how long each time, include time getting to and from the lavatory, time needed to wash yourself and to clean the toilet if necessary. If you use a bottle or commode but need someone else to empty and clean it immediately afterwards, include the time taken to do that here. Again, if the length of time varies then give an average or a range. If you need help for less than twenty minutes or less than twice a night in total, then it is less likely to count towards your AA entitlement.

Is there anything else...?

Remember: don't just rely on tick boxes to prove you're entitled. Consider using our four-step system for giving additional information about your care needs during the night.

Remember the four steps:

Step 1: Say what causes the problems with this activity

Step 2: Say what the problems are.

Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3: Give an example

Step 4: Say how someone can help

Aids and adaptations

Do you use any equipment, such as a bed raiser, special pillows or an alarm to summon help to help you with this activity? If so say what it is and mention it at Question 23. But remember to also explain whether, even with the equipment, you still have problems or need someone to keep an eye on you or this activity may not count towards your attendance allowance.

Question 38 – How many nights a week...?

The more frequently you need help, the more likely you will be considered to need help with your care needs.

Question 39 - Do you usually need someone to watch over you?

Only tick No if you have read the examples on the form and read the information below and decided you don't have any such problems.

- **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**

These are less likely to apply where Crohn's or Ulcerative Colitis is your only health condition.

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

This needs to be at least twice, and probably three times, a night or for at least twenty minutes to count.

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

This needs to be for at least twenty minutes or at least twice and probably three times, a night to count.

Is there anything else you want to tell us . . . ?

It's important that you give as much information as possible if you're hoping to get an award on 'watching over' grounds. See the information about question 34 - someone keeping an eye on your during the day- for more about the kind of evidence you need to provide. Also, think about additional night time needs - for example, do you need someone to be awake when you go to the lavatory because you are unsteady on your feet due to medication, or because of your weakness or fatigue? Or do you need help with treatment such as parenteral nutrition (tube feeding)?

Remember the four steps:

Step 1: Say what causes the problems with this activity

Step 2: Say what the problems are.

Give details of: pain; fatigue; stiffness; breathlessness; lack of strength; slowness; mobility problems; being in danger.

Step 3: Give an example

Step 4: Say how someone can help

Question 40 – How many nights a week...?

The more frequently you need help, the more likely you will be considered to need help with your care needs.

Help with your care needs

Question 41 - Please tell us anything else you think we should know about the difficulty you have or the help you need

You can use this space, the space at Question 49 and also additional sheets, to provide details for which there has not been enough room on the form, or which have not been covered properly by any of the questions previously asked.

Question 42 - When your care needs started

This may be many months or years before you were actually diagnosed. AA is only payable when your problems have lasted for at least 6 months.

About time spent in hospital, a care home or a similar place

Question 43 - Are you in hospital, a care home or a similar place now?

Complete this section if you are currently an in-patient, otherwise tick No.

Question 44 - Have you come out of hospital, a care home or a similar place in the past six weeks

If you have been in residential care or an in-patient in hospital in the last six weeks, give details here, otherwise tick No.

Question 45 - Have you been in hospital in the past two years

If you have been in residential care or an in-patient in hospital in the last two years, give details here, otherwise tick No.

Question 46 - Constant Attendance Allowance

Only tick here if you are getting, or waiting to hear about a Constant Attendance Allowance under the War Pensions or Industrial Disablement Benefit schemes. These are separate benefits from AA itself. You cannot get AA and Constant Attendance Allowance at the same time.

Question 47 - How we pay you

If you already get Pension Credit, tick the box and AA will be paid in the same way.

The DWP now prefers to pay all benefits direct into a bank account and this section asks for details of your bank account. If you are not happy with this, or it would be a problem for you, give full reasons at Question 45 or an additional sheet) and get advice from an advice agency.

Statement from someone who knows you

Question 48

You don't have to get anyone to complete this page, but good supporting evidence always helps a claim.

We suggest that you photocopy this sheet and give the copy to the person you want to complete it. Or if you prefer, take several copies and give them to a number of different people to complete. If you are happy with what they write, staple the sheets to this page. If you are unhappy with what someone has written, give them another blank copy and

ask them if it would be possible for them to change it. If this is not possible get someone else to fill in the statement instead.

If possible, one of the people completing this statement should be a professional involved in your care, such as your GP, specialist or a nurse. Make an appointment to see that person so you can answer any questions they might have and take the *Health Professionals Sheet* at the back of this guide with you. Ask the person to complete the statement there and then if possible. If they can't, or wish to write a longer report, ask them to send it to you and tell them when you need to have it by. Don't delay returning the form if you don't receive a statement in time, send any additional evidence afterwards if necessary.

You may also want your partner or main carer to complete one of these sheets.

Extra Information

Question 49 – Please tell us anything else you think we should know about your claim

Use this space (and/or additional sheets) for anything you haven't managed to include but you think might be relevant, particularly for explaining more about your condition.

For example, if you have written about dizziness or exhaustion and there are specific reasons for these problems, such as:

- the effects of frequent bouts of diarrhoea
- malnourishment because you can't digest food properly
- anaemia caused by continual blood loss or iron deficiency
- the side effects of your medication

explain about them here. You could begin with something like: 'One of the main reasons I am so exhausted all the time is ... Another reason is ...'

If your condition fluctuates, or you have flare-ups, you can give details here of how long they can last, how serious they can be, how often you have them or just how completely unpredictable they are.

If you have had hospital admissions or surgery you can give more details here.

If you have a stoma appliance or have special treatments such as TPN give details here.

Or you can give an account of the way your life has changed as a result of your condition – what did you used to be able to do that you can't do any more?

Declaration

Question 50

Read the declaration carefully before you sign and date it.

What to do now

It's worth working checking through the advice in this section before putting your pen down. You are also asked to list all the documents you are sending with the form.

Day time and night time charts

The form asks you to show how often and how many days a week you have problems. The answers to these questions, along with providing details of how long various activities take you, are very important in deciding whether you qualify for AA and at what rate. The charts on the next two pages provide a simple way for you to answer these questions.

Problems during the day

'Day' for the purposes of AA is from about 7 am to 11 pm. To qualify for AA for help during the day, you need to show that you need help frequently and throughout the day. When we say 'need help', you don't have to want or receive this help; it's just a question of whether it would be reasonable for you to have it. If you just need help during the day you may qualify for the lower rate of AA.

Alternatively, if you need someone to keep an eye on you during the day this needs to be pretty much all the time through the day, with no more than the occasional break, for you to qualify for the lower rate.

Whether you need help or someone keeping an eye on you, it needs to be for most days of the week – so at least 4 or 5 days in order to qualify. Use the *Day time needs* chart to give this information.

Problems at night

Night for the purposes of AA is from about 11 pm to 7 am. To qualify for AA for help during the night, you need to show that you need help or someone to watch over you for *at least 20 minutes* a night, or at least *twice* a night, for it to count. Once again, when we say 'need help', you don't have to want or receive this help - it's just a question of whether it would be reasonable for you to have it. If you have problems at night you may get the lower rate of AA. Use the *Night time needs* chart to give this information.

Day and night

If you need help or someone watching over you during the day *and* at night you may get the higher rate of AA.

Example

Activity	How many times a day do you need help with this activity?	How long do you need help for each time with this activity?	Tick if you need help with this activity in the morning	Tick if you need help with this activity during the day	Tick if you need help with this activity during the evening	How many days a week do you need help with this activity?
Using the toilet or a bottle or commode	3 - 5	5 -15 mins	✓	✓	✓	5 - 7
Washing and bathing	1	40 mins	✓			7
Getting dressed and undressed	4 (includes help with outdoor clothes)	5- 30 mins	✓	✓	✓	5 - 7

Daytime needs chart

If you have problems during the day fill in this sheet and include it with your claim pack.

Name: _____ **National insurance number:** _____

Activity	How many times a day do you need help with this activity?	How long do you need help for each time with this activity?	Tick if you need help with this activity in the morning	Tick if you need help with this activity during the day	Tick if you need help with this activity during the evening	How many days a week do you need help with this activity?
Getting out of bed						
Getting into bed						
Using the toilet or a bottle or commode						
Washing and bathing						
Getting dressed and undressed						
Problems at mealtimes						
Help with medical treatment						
Someone keeping an eye on you						
Moving about indoors						
Dizzy spells, blackouts, fits and seizures						
Falls or stumbles						
Communicating with other people						
Social and leisure activities						

Would it be reasonable for someone to keep an eye out for you to protect you from harm throughout the day on most days, for example, because you have falls? (Circle your choice)

Yes / No

Night-time needs chart

If you have problems during the night fill in this sheet and include it with your claim pack.

Name: _____ **National insurance number:** _____

Activity	How many times a night do you need help?	How long do you need help for each time?	How many nights a week do you need help?
Help getting to the toilet or using a bottle or commode			
Help with changing position in bed			
Help with rearranging covers or pillows			
Help with getting a drink			
Help with taking medicine			
Help with treatment, such as tube feeding or massaging painful limbs			
Help with getting back to sleep			
Something else you need help with (give details):			

Would it be reasonable for someone to watch over you at night on most nights for at least twenty minutes or at least two or three times to protect you from harm, for example because you might have a fall? (Circle your choice)

Yes / No

The importance of supporting evidence

As well as your claim pack, the decision maker has to take into account any other evidence you provide. This includes additional evidence from you and evidence from other people.

Medical evidence

This can make an enormous difference to whether your claim succeeds. Detailed evidence from health professionals such as your GP, or consultant if you have one, may also mean that your claim is dealt with more quickly and that you are less likely to have a visit from a DWP doctor. (Always inform your GP that you are making a claim for AA as it is quite likely the DWP will contact them without telling you first, even if your GP has had very little contact with you).

Ask the health professional(s) most involved in your care if they will write a letter supporting your claim. Make an appointment to see them so you can answer any questions they might have and take the health professionals sheet at the end of this guide with you. Ask them to send any letter to you so you can keep a copy (and if necessary ask them to change anything you think is inaccurate or unhelpful). Remember: it is up to you to decide what evidence you submit. Do not feel obliged to use a letter that may not be helpful or might actually harm your case.

But you should bear in mind that health professionals are under no obligation to provide you with a letter of support for your claim. Some may refuse to supply you with a letter, others may do so only if you pay. If you are eligible for Legal Aid some solicitors and advice agencies may be able to pay for medical evidence for you. See the *Help* section for more about this.

Non-medical evidence

Carers, friends or relatives who accompany you when you go out, help you up and down stairs, accompany you to social occasions or give other sorts of support, can write letters explaining what they do. They should give the letter to you so that you can keep a copy. If it says things that you think are unhelpful, then ask the writer to change them or simply do not submit the letter. Whatever you do, don't feel obliged to submit a letter just because someone has been kind enough to write it. A letter that says the wrong things can be very damaging to your claim.

Keeping a diary

A diary kept for five days detailing all the things you have problems with, cannot do unless you have help or cannot do at all is very useful. If you keep a diary before you fill in your claim pack it can make the job a lot easier. In addition, you can send it in with your claim form as additional evidence. But beware: if yours is a fluctuating condition then don't keep a diary when you're having a better spell, it'll give a very misleading impression.

Remember: you must send the form before the deadline runs out. You can send other evidence later if necessary. Enclose a letter with your claim form telling the DWP that you intend to send further evidence and when you hope to be able to send it to them.

Dealing with a medical visit

After you send in your claim pack, you should receive an acknowledgement within five working days from the DWP - at least that's what it says in the Charter Standard Statement.

Your claim pack will be looked at by a decision maker who may make a decision based just on the information you have sent or may decide he requires more. He may contact your GP for further information and/or he may ask the Medical Services department to send a doctor to visit you.

Who gets a medical visit?

There's no way of knowing when you make your claim whether you will have to have a medical or not. The first you will know about it is when you receive a letter, or possibly a phone call, telling you that the DWP wish to send a doctor to your home. If you refuse to have a medical your claim for AA will automatically be turned down. However, you can ask for the appointment to be made, or changed to, a time when you can have someone else present, (see below). You can also ask to be visited by a female doctor if you would find a visit from a male doctor distressing, or vice versa.

Who visits?

Some people are visited at home by a polite and interested doctor who takes the time to listen and who writes an accurate account of his visit. Sadly, not everyone is so fortunate. Doctors, who are often either retired GPs or local GPs squeezing these visits in with their other work, are paid a fee for each visit. Many people we've spoken to reported that the visiting doctor seemed in a rush, stayed only a very short time and wasn't interested in what they had to say. Some found the doctor positively rude. Others reported that although the doctor seemed sympathetic and encouraging, they later discovered that the medical report was very dismissive of their needs.

Having someone with you

Having a friend, relative, carer or support worker with you can make it much easier to deal with difficult situations; it can also provide you with a witness to what happened at the medical. If possible, tell the DWP that you intend to have someone with you, but don't worry if you don't have chance to inform them.

Getting an appointment

You may be phoned by the doctor who is going to examine you to arrange an appointment. Doctors are warned in their handbook *Guidance for Examining Medical Practitioners* (which can be downloaded from the Members area of the Benefits and Work website) that '*arrangements for making appointments are one of the major sources of complaints against examining doctors particularly about insufficient notice of the visit. It is very important to follow the recommended practice . . .*'

In spite of this some doctors still don't follow the recommended practice, so here's what you should be able to expect.

The appointment may be arranged by telephone or letter but '*it is vital to offer sufficient (7 days) notice*'. If a date less than 7 days in advance is agreed this should be recorded on the report that the doctor writes and should be signed by you.

The doctor may be keen to arrange an appointment at short notice, perhaps because they already have another visit arranged in your area or because they are trying to fit you in around some other engagement. But if you want time to prepare or need to arrange for someone else to be present then please don't allow yourself to be pressured into agreeing to short notice. Remember, the doctor is getting paid to visit you, so it's only fair that they set aside sufficient time to do their work for the DWP, not just try to squeeze you in between other engagements.

If necessary tell the doctor that you will have to consult with the person you want to have with you before you agree a time.

If the appointment is arranged by telephone the doctor is told it is good practice to confirm the appointment by letter. They are also told that telephone calls should be made at reasonable times, that they should allow themselves a maximum of a 1 hour window and they should call you if they are running late.

If the doctor turns up too early or too late and, for example, your accompanying person is not present, you can politely refuse to let the doctor come in and tell them that they will need to arrange a new appointment. Doctors are told by their handbook that in these circumstances they should ensure that you are given '*reasonable notice*' for a second visit.

If the doctor calls at the correct time and you are not in, they are told by their handbook that they should leave a form giving you a new appointment and that this time they do not have to give you seven days notice, but that they should still give you '*reasonable notice*' in case you wish to have a representative present.

Medical Visit Record sheet

At the end of this guide there is a medical visit record sheet for you to record what happened at the medical. Look through it before you have your medical and fill it in *immediately* afterwards, if you want to have a record of what happened. Remember to make a note of the time the doctor arrived and left: if they only stay a short time, you can use this as evidence that the report is less likely to be reliable.

The Medical Visit Record sheet will provide very valuable evidence if you later decide you wish to make a complaint about the doctor or if you don't get the award of AA you consider appropriate and decide to challenge the decision. (Do read the section below about 'Taking notes' if you intend to complete one of these sheets.)

The medical

Until mid 2006 the medical report form completed by the visiting doctor was divided into two parts. The first part was a statement of the claimant's needs taken by the doctor and signed by the claimant. However, this practice has now ended and you will not be asked to sign anything as part of your medical. Nor will you be given the opportunity to read anything the doctor has written. However, you will automatically receive a copy of the whole report if you appeal against the decision in your case and we advise you to ask for a copy for your records even if your claim is successful.

The new medical report form used by doctors is 29 pages long and, in theory, the doctor has to record a lot more information and justify their opinions in much more detail than was the case in the past. One of the most important new features is the section on how

you spend a 'Typical day'. Questions on this will usually come early on in the medical, after you've been asked about:

- your main medical conditions
- your medical history
- your medication
- your impairments and functional restrictions (how your condition affects you)

Try to ensure that the information you give relates to what you consider to be a 'typical day'. If your condition varies and you don't have such a thing as a 'typical day' then make this clear to the doctor. It's also very definitely worth completing the Medical Visit Record sheet if you have expressed concerns to the doctor about the idea of a typical day – just in case the doctor hasn't made a note of these concerns.

Beware of leading questions like '*You don't have any trouble with ... do you?*', or '*You can manage ... can't you?*'. Try not to be persuaded, or feel pressured, into giving an answer that isn't correct. If you do have problems with an activity, or can't manage it at all, say so and explain why.

As well as asking questions, the doctor may carry out a brief physical examination and ask you to perform simple activities such as standing up and walking across the room. However, they should not ask you to do anything that you tell them would be painful.

Preparing for the medical

So, if possible, before the medical:

- read through the photocopy of your AA claim pack to refresh your memory about the most important things you need to tell the doctor.
- have a look through the Medical Visit Record sheet so you know the kind of problems you need to be looking out for during the medical.

Examining your home

We've been hearing from an increasing number of people who were very unhappy that the doctor appeared to feel they had a right to go into every room in their home. Some people said the doctor had told them that they were "*Checking to see what aids or adaptations you might need*". This is clearly not true; the doctor has no power to recommend to anyone that you be provided with aids or adaptations.

In fact, the doctor is probably doing two things.

The first is answering a question in the medical report which asks that they '*Describe any features of the current accommodation that cause increased problems for the customer e.g. upstairs toilet, steep steps.*'

The second is, in accordance with their training, checking to see if you are genuinely living the life of a disabled person. This means they will be looking out for things which they consider do not fit in with what you have said. For example, is there a heavy bolt which you have to draw to open the back door, even though you've said you can't manage to turn taps on and off because of poor grip strength? Of course, there may be very good explanation for this: you never bolt the door. But the doctor may simply observe and not ask.

If the doctor says they wish to look round your home it may be worth asking them what they are looking for and requesting that they ask you about anything they see which they consider significant. If there are rooms which you consider private, for example because they are used solely by a lodger or a relative, it seems reasonable to say that you do not wish them to go into those rooms. If the doctor ignores your wishes you should complain very strongly indeed – we'd suggest going straight to your MP.

Taking notes

If you, or someone with you, take any notes whilst the doctor is actually present, visiting doctors have been instructed to issue an “oral warning” as follows:

1 It is your right to take notes for your own use and benefit.

2 The notes will not be included in the Report I make save for the fact that notes were taken and further, they are not accepted by myself or the DWP as an official record of this examination.

3 If the notes are subsequently produced at any time for any purpose, such as part of appeal process, I the Examining Doctor, my employer and the Department for Work and Pensions reserve all rights to challenge anything in the notes in the event we are asked to comment on the content of the notes at a future time.

4 You are free to use the notes as you choose but if you choose to publicise the notes (other than in connection with correspondence with the DWP or under any appeal procedure) I would ask that you do not publicise my name.

It makes good sense not to publicise the doctor's name other than in appeal or a complaint, as this might leave you open to action for defamation. But that aside being given an ‘oral warning’ should not affect your actions in any way: it simply tells you that the DWP won't necessarily agree with what you write should your notes be used as part of an appeal.

Be prepared

We don't want to leave you feeling terrified about having a visit from a DWP doctor. But many people say they had no idea what to expect before they had their medical and that they were very disappointed with how quick and irrelevant the whole thing seemed to be. We also know that many AA claims are turned down because of the visiting doctor's report. By being properly prepared for your medical you can reduce the chances of this happening to you.

The decision

Eventually you will receive a decision letter telling you whether you have been awarded AA. If your claim has been successful the letter will tell you what rate you have been awarded. It will also tell you whether your award is for a fixed number of years or indefinite.

If you are happy with your award

You should try to get a benefits check done at your local advice agency as you may be entitled to additional amounts in the benefits you already receive or you may be entitled to benefits you have not received in the past.

If your award is for a fixed number of years you should be sent another claim form to complete several months before it runs out. If your award is an indefinite one you may still receive review forms to fill in every few years.

If your circumstances change - your condition improves or deteriorates - you should tell the DWP as it may mean that your AA should be reduced or increased

If you are not happy with your award

If you are not happy with the decision, you can apply for it to be looked at again (a revision) or, better still, appeal. But you must do this within one month of the date of the letter giving you the decision, or have special reasons why you didn't. You also need to be aware that if you do ask for a revision or appeal, the decision can be changed to increase or decrease your award, (although this is obviously not a problem if you've been awarded nothing at all). You should try to get help if you wish to challenge a decision, see *Help, Support and Information* on the next page.

Help, Support and Information

Crohn's and Colitis UK

Disability Benefit Support Service: 0845 130 2233

Information and support for people with Crohn's and Colitis in claiming AA is provided through the Information Service. Anybody wishing to have more information about how to claim AA should ring the Crohn's and Colitis UK Information Line, which is open from 10 am until 1 pm on weekdays. (You can leave a message outside these hours). Our Information Officers can direct you to various sources of help, when needed, with claiming AA and other benefits. Information Officers can also make an appointment for you to speak to a trained Disability Benefit Service Volunteer. Our volunteer will call you on the telephone, at a pre-arranged time, to talk over any questions or concerns you may have about your application.

Our guides to AA are available on our website, www.crohnsandcolitis.org.uk or if you prefer, we can post one to you.

Crohn's and Colitis Support Line: 0845 130 3344

Even if you feel entirely able to complete the claim pack without help, you may well find the process emotionally disturbing. You will have to think hard about all the ways in which life is more difficult or more restricted for you and have to pass on very personal information to strangers in the benefits system. What may be worse, if your claim is not successful, you may feel that you have not been taken seriously or believed. Contacts are Crohn's and Colitis UK members who have been trained to give supportive listening over the telephone. They are not there to deal with any questions to do with AA, but if you find the process of claiming is causing you distress, they can offer support. The line is open from 1 – 3.30 pm and 6.30 – 9 pm on weekdays

Family, friends, carers and other Crohn's and Colitis UK members

If you can arrange emotional support from amongst your family and friends it may make claiming AA easier to cope with. Bear in mind that if you are unhappy with the decision and choose to appeal, the process may take many months, or sometimes, even years.

Advice agencies and advice workers

These may be able to help with filling forms and with challenging the decision if you're unhappy with it. However, advice agencies may be almost impossible to get through to on the phone, have no appointment system, long queues and no public lavatory. If you can't get through to your local agency on the phone, try writing to them explaining your health problems and asking if they do home visits, or if they can telephone you at home and offer advice. You can usually find numbers for advice agencies in your local Yellow Pages, in one or more of the following sections: disability information and services; information services; social service and welfare organisations; counselling and advice.

Please note: you may have to try repeatedly before you can get through to agencies on the telephone. You should also be aware that help from advice agencies is very much in demand, so the sooner you seek help the better.

Community Legal Advice: Direct helpline and website

The Community Legal Advice Service offers free initial (30 minutes) advice from a qualified legal adviser about Welfare Benefits between 9am and 8pm weekdays, 9am-12.30pm Saturdays. And if you call outside office hours, just leave a message and they say they'll call you back. If you are eligible for Legal Aid you can then get further free legal help with your case by phone and post. To use the helpline, call **0845 345 4345**. After you choose the welfare benefits option you will be advised to listen to recorded messages about benefits. We recommend that you don't; the messages are long, sometimes confusing and you can read them at your leisure on the CLA website if you wish to. Instead go straight for the option of speaking to an adviser.

You can also get information about your nearest CLA funded advice providers by visiting the CLA website at: www.communitylegaladvice.org.uk

Citizens Advice Bureau (CAB)

There are over 750 bureaux in mainland Britain. Look under Citizens Advice Bureau in your phone book for details of your nearest one. You can also find details of your nearest bureau at: www.citizensadvice.org.uk

Citizens Advice Scotland (CAS)

To find your nearest bureau, look under Citizens Advice Scotland in your phone book or visit the CAS website at: www.cas.org.uk

AdviceNI

AIAC is the umbrella body for independent advice centres in Northern Ireland. You can get details of your local independent advice centre in Northern Ireland from their website at: www.adviceni.net

Disability Information Advice Line

There are over 140 local DIALs, mainly staffed by disabled people and all offering telephone advice. If you have a local line it should be listed in your telephone directory under DIAL UK. Alternatively, call the national office on **01302 310 123** or visit their website at www.dialuk.info where you can find a directory of DIAL offices.

Housing Associations

Some housing associations employ a welfare rights worker. If you live in a housing association property contact your local office.

Doctors' surgeries

An increasing number of surgeries and health centres have a welfare rights worker on the premises, part-time or full-time. Check with the receptionist.

Local Authority

Your local council may employ Welfare Rights Workers who can help you with your claim. Start by asking your council's main switchboard if they can put you through to a Welfare Rights Worker. If the operator doesn't know of one, ask to be put through to the Social Services Department and if they can't help, try the Housing Department; either department may employ Welfare Rights Workers.

Benefit Enquiry Line: 0800 88 22 00

This is a DWP line for general questions about benefits for 'disabled' people and carers.

Internet

www.dwp.gov.uk This is the website of the Department of Work and Pensions.

www.direct.gov.uk This is the website of the UK government.

www.disabilityalliance.org This website has a great deal of up to date information

<http://www.adviceguide.org.uk> Online help from the Citizens Advice Bureau

Medical Visit Record Sheet

Date of doctor's visit

Time doctor arrived

Time doctor left

Who else was present?

Did the doctor arrive at the agreed time?
If no, please give details.

Yes / No

Did you feel relaxed and able to talk freely to the doctor?
If no, please give details.

Yes / No

Did the doctor listen to what you had to say and give you time to answer questions fully?

Yes / No

If no, please give details.

Did the doctor phrase questions in a way that suggested a particular answer?

Yes / No

If yes, please give details.

Did you discuss with the doctor whether you have such a thing as a 'Typical day' and give a clear idea of the variability of your condition?

Yes / No

If yes, please give details.

Did the interview distress or upset you in any way?

Yes / No

If yes, please give details.

If you had a physical examination did anything you did or the doctor asked you to do cause you pain?

Yes / No

If yes, please give details including whether you told the doctor you were in pain.

Did the doctor go into rooms in your house without your permission or without adequately explaining why they were doing so?

Yes / No

If yes, please give details.

Anything else you wish to record

Signed
(your signature)

Date

Signed
(friend or carer who was present)

Date

Health Professionals' Sheet

Use this sheet when you see your health professional. By health professional we mean the doctor, nurse, consultant or other health worker you feel can best give information about your condition. For convenience we have referred to your doctor throughout this sheet. When you see your doctor please try to follow the steps below. You may want to show your doctor this sheet and leave it with him or her after your appointment.

Step 1

Before seeing your doctor, try to complete the checklist overleaf.

Step 2

Tell your doctor that you are making a claim for Attendance Allowance. Explain that a letter from your doctor may make a big difference to whether your claim is successful or not.

Step 3

Explain that the evidence you need is:

- a) How long your doctor has been seeing you;
- b) Diagnosis – what it is you suffer from;
- c) Prognosis – how your condition is likely to change in the future;
- d) How the symptoms of the condition affect your everyday activities. In other words, whether your condition means that you need someone with you to make sure you are safe or someone to help you do things like wash, bathe, dress or walk.

Step 4

You may not have told your doctor before about all the problems you have with ordinary activities. It would be a good idea to explain them now. You could show your doctor the checklist you have completed on the back of this sheet and go through it with him or her.

Step 5

Bear in mind that your doctor may not have seen you carry out most of these activities and so may be reluctant to say what problems you have. If this is the case ask your doctor if s/he is willing to say whether the problems you report are consistent with what your doctor knows of your condition.

Step 6

If your doctor is willing to write a letter, ask him or her to send it to you rather than the DWP and, if possible, to give you an idea of when you might receive it. Keep a copy of the letter in case it gets lost in the system.

Checklist

Activity	✓	Very brief details of the problems you have with this activity. For example 'I am in pain and unsteady when I use the stairs. It helps to have someone to lean on'.
Getting out of bed in the morning		
Getting into bed at night		
When you are in bed		
Toilet needs.		
Washing and bathing		
Getting dressed and undressed		
Problems at mealtimes		
Help with medical treatment		
Someone keeping an eye on you		
Moving about indoors		
Dizzy spells, blackouts, fits and seizures		
Falls or stumbles		
Mental health		
Communicating with other people		
Social and leisure activities		