

Capability for work related activity questionnaire

jobcentreplus

Department for
Work and Pensions

Please send this form back as soon as you can. If you do not send it back within 4 weeks you might lose benefit. If you are sending the form in late we need to know why. You can use the space on **page 11** to explain.

We know from the evidence you have already sent us that you are entitled to benefit. We will use your answers on this form to assess your ability to do work related activity. This makes sure you get the right amount of benefit.

If you want help filling in this form or any part of it

Ask a friend, relative or representative to help you, or get in touch with Jobcentre Plus. The person from Jobcentre Plus will have a copy of the form and they will go through the questions you are having trouble with over the phone.

Sometimes they may be able to fill in a form for you. If they do this, they will send the form to you. You can then check, sign and send it back. They can also send you a form in braille, large print, audio cassette or CD.

You may wish to fill in this form a bit at a time as it may take some time to complete. If we are able to get enough information about you from this form, your doctor or the person treating you, we may not need to ask you to attend a medical assessment.

If you have any medical reports from your doctor, consultant or health care professional, or any other information you wish us to see, please send them with this questionnaire.

For information about benefits and services visit our website at www.direct.gov.uk/benefits

About you

Please tell us about yourself.

Surname

Other names

Title

Mr/Mrs/Miss/Ms

Address

 Postcode

Date of birth

 / /

National Insurance (NI) number

Letters Numbers Letter

Daytime phone number

Code Number

Mobile phone number

How to fill in the rest of this form

The answers you give in the rest of this form will help us get a clear picture of how your illness or disability affects your ability to work.

This form may seem long, but do not be put off. Every question has instructions to take you step-by-step to the end of the form.

Use the boxes after each question to tell us in your own words how your illness or disability affects you in doing day-to-day things.

If you have an artificial limb or something like this, we need to know about the difficulties you have when you are wearing it.

You do not need to try the activities we ask about in the form. Tell us whether or not you **could** do them, based on your experience of your illness or disability.

1. Moving around

By *moving* we mean including the use of aids such as a wheelchair, crutches or a walking stick, but without the help of another person.

Can you move 50 metres (about 54 yards) before you need to stop?

To give you an idea about distances, 5 double-decker buses are about 50 metres long.

No

Yes

It varies

Can you move from one seat to another right next to it without help from someone else?

No

Yes

It varies

If you have answered **Yes** to **both** these questions, go to question 2.

If you have answered **No** or **It varies**, use this space to tell us more about:

- how far you can move and why you might have to stop. For example, because of tiredness or pain
- using a wheelchair or walking stick
- moving between one seat and another.

2. Using your hands and arms

Can you lift at least one of your arms high enough to put something in the top pocket of a coat or jacket while you are wearing it?

No

Yes

It varies

Can you pick up and move a half litre carton full of liquid with at least one hand?
Half a litre is about a pint.

No

Yes

It varies

Can you press a button, for example on a telephone, with at least one hand?

No

Yes

It varies

Can you turn the page of a book with at least one hand?

No

Yes

It varies

If you have answered **Yes** to **all** these questions, go to question 3.

If you have answered **No** or **It varies** to any question, use this space to tell us which of these activities you have problems with and why. If it varies, tell us how.

3. Communicating with other people

This section looks at difficulties communicating because of problems with speech, vision or hearing.

Can you communicate a message to someone else by speaking, writing, typing or another means?

No

Yes

It varies

Can you understand a simple message from someone else by hearing, lip reading, reading or any other means?

No

Yes

It varies

If you have answered **Yes** to **both** these questions, go to question 4.

If you have answered **No** or **It varies**, use this space to tell us more about why you cannot communicate a message or why you cannot understand other people. If it varies, tell us how.

4. Controlling your bladder and bowels

Do you need to wash or change your clothes because of difficulty controlling your bladder or bowels or leaking from your stoma at least once a week?

No

Yes

It varies

Use this space to tell us more about controlling your bowels and bladder or stoma. Tell us how often you might need to change your clothes or wash because of soiling or wetting.

5. Learning how to do tasks

Can you learn how to do a simple task such as setting an alarm clock?

No

Yes

It varies

If you have answered **No** or **It varies**, use this space to tell us why you might have difficulty.

6. Awareness of hazards

Do you need supervision (someone to stay with you) most of the time to help you stay safe?

No

Yes

It varies

If you have answered **Yes** or **It varies**, use this space to tell us why you need supervision to help stay safe. If you might hurt yourself or others, tell us how. If it varies, tell us how.

7. Initiating actions (getting things done)

Can you manage to plan, start and finish daily tasks in order?

No

Yes

It varies

If you have answered **No** or **It varies**, use this space to tell us what you have difficulty with and why. If it varies, tell us how.

8. Coping with change

Can you cope with small changes to your daily routine?

For example, things like having a meal earlier or later than usual.

No

Yes

It varies

If you have answered **No** or **It varies**, use this space to tell us why you cannot cope with changes. If it varies, tell us how.

9. Coping with social situations

By *social situations* we mean things like meeting new people and going to meetings or appointments.

Can you meet with people you know without feeling too scared or anxious?

Yes

Sometimes

Never

It varies

If you have answered **Sometimes**, **Never** or **It varies**, use this space to tell us why you find it distressing to meet other people and what makes it difficult. If it varies, tell us how.

10. Behaving appropriately with other people

This section looks at whether your behaviour upsets other people.

Do you behave in a way which upsets other people?

For example, this might be because you are aggressive or act in an unusual way.

Yes, every day

Yes, less than daily

No

Use this space to tell us why your behaviour upsets other people and how often this happens.

11. Eating and drinking

Can you get food and drink to your mouth without help from someone?

No

Yes

It varies

Can you eat and drink without being reminded or helped?

No

Yes

It varies

Can you chew food or swallow food or drink?

No

Yes

It varies

If you have difficulties eating or drinking, use this space to explain why. For example, tell us whether this is because of a physical difficulty or because of an eating disorder or a mood disorder.

Other information

Please use this space to tell us either why your form is being sent in late or anything else you think we might need to know. If you have any medical reports from your doctor, consultant or health care practitioner, please include them with this questionnaire.

Declaration

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
- **I agree** that
 - the Department for Work and Pensions
 - any health care professional advising the Department
 - any organisation with which the Department has a contract for the provision of medical servicesmay ask any of the people or organisations mentioned on this form for any information which is needed to deal with
 - this claim for benefit
 - any request for this claim to be looked at again and that the information may be given to thathealth care professional or organisation or to the Department or any other government body as permitted by law.
- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
 - the benefit I am claiming
 - any other benefit I have claimed
 - any other benefit I may claim in the future.
- **I agree** to my doctor, or any doctor treating me, being informed about the Secretary of State's determination on
 - limited capability for work
 - limited capability for work-related activity, or
 - both.

You must sign this form yourself if you can, even if someone else has filled it in for you.

Signature

Date

What to do next

Make sure that you have

- answered all the questions on this form that apply to you
- signed and dated this form.

Send the signed form back to us in the envelope we have sent you. It does not need a stamp.

Tick this box if you are including any medical reports.

How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to protect against crime.

To find out more about how we use information, visit our website www.dwp.gov.uk/privacy-policy or contact any of our offices.

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