Leaving the house:

☐ I have to be encouraged to go
☐ I worry for days if I know I have to go somewhere
☐ I get panicky before I go
☐ I don't sleep the night before
☐ I feel/am sick beforehand

I have to do things in a certain 'order'
If I do it wrong I have to start again
I have to check and re-check things

MORE ABOUT THIS/OTHER PROBLEMS LEAVING THE HOUSE:

Coping with places you don't know

☐ I get panic attacks
☐ These make me breathless/tearful/angry/ill
☐ I am not safe
☐ The voices get in the way of what I'm doing

I think people are looking/talking about/laughing at me
I have shouted at people
I have to go home without things I need
I have to have company

MORE ABOUT THIS/OTHER PROBLEMS GOING PLACES YOU DON'T KNOW:

How many days a week could you have these difficulties?
### Getting up and dressing:

- I need encouragement to get up / dress
- I feel 'safer' in bed
- I stay in bed all day
- I go back to bed during the day
- I have to do things in a certain 'order'
- I feel very 'muzzy' in the morning
- I can't choose clothes
- I wear 'unsuitable' things

### More about this/other problems getting up and dressing:

<table>
<thead>
<tr>
<th>How many days a week?</th>
<th>How many times a day?</th>
<th>How long does it take?</th>
</tr>
</thead>
</table>

### Having a wash/bath/shave

- I need encouragement to wash/bath/shower/shave/clean my teeth
- I don't wash properly
- I hate certain parts of my body
- I don't wear tampons/towels
- I can't get rid of tampons/towels
- I feel the need to wash/bath/shower very often
- I scrub my skin until it's sore

### More about this/other problems to do with personal hygiene:

<table>
<thead>
<tr>
<th>How many days a week?</th>
<th>How many times a day?</th>
<th>How long does it take?</th>
</tr>
</thead>
</table>
Moving around indoors:

- I sit in a chair all day
- I go back to bed in the day
- I have no energy/motivation
- I can't concentrate to do things
- I pretend to be out
- I must do things in order
- I have to be clean all the time
- The voices distract me
- I think people are watching
- I hit the walls/break things
- The TV says things about me

How many days a week? How many times a day? How long does it take?

Using the toilet:

- I sometimes don't get there in time
- I can't use other people's toilets
- I try not to drink/eat so I don't have to go so often
- I feel I have to wash down there after going
- The anxiety makes me sick
- I sleep so heavily with the tablets I don't wake up in time to get to the toilet

How many days a week? How many times a day? How long does it take?
MORE ABOUT THIS/ OTHER PROBLEMS COOKING A MAIN MEAL:

☐ I feel so low I can't start cooking
☐ I worry that food is poisoned
☐ I can only manage 'convenience' things
☐ I let things burn/burn myself/
there have been fires
☐ I can't concentrate to get things ready at the same time
☐ I can't plan what to eat
☐ I forget to check that things are still fresh

MORE ABOUT THIS/ OTHER PROBLEMS EATING AND DRINKING:

☐ I need encouragement to eat regularly
☐ I binge on food then make myself sick
☐ I need encouragement to eat properly
☐ I get upset by the mess—I want to clear up before I've eaten
☐ I starve myself for days on end
☐ I think people try to poison me

How many days a week? How many times a day? How long does it take?
Keeping well:
- I forget to take my tablets
- I won’t take my tablets
- I take too many tablets
- I miss appointments/groups
- I don’t believe I’m ill
- I get depot injections

I avoid doctors/dentists because I can’t handle waiting
- I have trouble explaining to doctors how I am feeling
- The side-effects of my tablets mean that...

MORE ABOUT THIS/OTHER PROBLEMS KEEPING WELL:

Talking and listening:
- I don’t trust/avoid people
- I can’t concentrate on what people say
- I can’t speak up for myself
- I tell people what I think they want to hear

- I forget things I’ve been told
- I get tearful when I talk
- The voices stop me listening
- The voices tell me things about other people
- I can get very angry

MORE ABOUT THIS/OTHER PROBLEMS TALKING AND LISTENING:

How many days a week? 
How many times a day? 
How long does it take? 

How many days a week? 
How many times a day? 
How long does it take?
Paperwork/ budgeting etc:

- I don't open my post
- I don't respond to my post
- I can't take in the meaning of things I read
- I can't concentrate to fill in forms
- I am unable to reply to letters
- Bills go unpaid because I can't deal with the paperwork
- I am unable to budget
- When I am 'up' I spend like there's no tomorrow

MORE ABOUT THIS/ OTHER PROBLEMS WITH PAPERWORK/ BUDGETING:

<table>
<thead>
<tr>
<th>How many days a week?</th>
<th>How many times a day?</th>
<th>How long does it take?</th>
</tr>
</thead>
</table>

Social life/ studies and hobbies

- It is hard to/ I would like to:
  - Get to see friends/ relatives
  - Go out socially
  - Go swimming/ to the gym etc
  - Go to evening classes
  - Go to my place of worship
  - Go to college
  - Go out somewhere
  - Go for a walk
  - Have/ family friends round
  - Do things at home I used to enjoy like...

MORE ABOUT THIS/ OTHER PROBLEMS WITH SOCIAL LIFE, STUDIES AND HOBBIES:

<table>
<thead>
<tr>
<th>How many days a week?</th>
<th>How many times a day?</th>
<th>How long does it take?</th>
</tr>
</thead>
</table>
Going to bed at night

- I need encouragement to go to bed
- I put off going to bed
- The voices are louder
- I end up pacing around
- I sleep downstairs

More about this/other problems when in bed:

More about this/other problems when in bed:

When you're in bed

- I need reassurance to calm me to go (back) to sleep
- As above—due to nightmares
- As above—due to panic
- As above—due to flashbacks
- As above—due to voices

More about this/other problems when in bed:

How many days a week?   How many times a day?   How long does it take?
Keeping everyone safe:

- I have tried to kill myself
- I plan how to kill myself
- I stop eating/ refuse to eat
- I don't eat healthily
- I make myself sick
- I cut myself deliberately
- I burn myself deliberately
- I hurt myself deliberately
- I won't go to the doctor when this happens
- I use alcohol to help me feel better
- I get angry and trash things
- I get angry and hurt myself/ other people
- I get scared and hurt myself/ other people
- The voices tell me to hurt myself/ other people
- I am vulnerable/ have damaging relationships/ friendships
- I can't look after myself
- I believe I can do anything
- I have thought I could control things—like the traffic
- I believe I can do things that are dangerous—e.g. fly
- I think I have committed crimes
- I think others want to hurt me
- I spend all my money and more
- I neglect my physical health
- the panic brings on asthma/ angina
- I get worse very quickly
- I don't believe that I am ill
- I have had to be taken to hospital against my will

More about this/ other problems during the day:

More about this/ other problems at night:

How many days a week? ☐
Throughout the day? ☐
For more than 20 minutes or repeatedly at night? ☐
At any time, without warning? ☐
THE PEOPLE WHO KNOW MOST ABOUT MY MENTAL HEALTH ARE:

1)

2)

I GIVE YOU PERMISSION TO CONTACT THESE PEOPLE.

MY GP DOESN'T KNOW ABOUT MY PROBLEMS  ❑ (✓)

I COULD NOT EXPLAIN MY PROBLEMS TO A STRANGE DOCTOR  ❑ (✓)

I ENCLOSE/ WILL BE SENDING YOU THE FOLLOWING IN CONNECTION WITH THIS CLAIM.
PLEASE USE THEM WHEN MAKING YOUR DECISION:

MORE ABOUT MY DIFFICULTIES:
<table>
<thead>
<tr>
<th>I have asked my:</th>
<th>Name of applicant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>psychiatrist</td>
<td>Context in which you know them:</td>
</tr>
<tr>
<td>counsellor</td>
<td>How often do you see them?</td>
</tr>
<tr>
<td>psychologist</td>
<td>When did you see them last?</td>
</tr>
<tr>
<td>nurse</td>
<td>Do they have a mental health problem?</td>
</tr>
<tr>
<td>social worker</td>
<td>YES/ NO</td>
</tr>
<tr>
<td>keyworker</td>
<td>Does it make it hard for them to go out without company/reassurance/guidance?</td>
</tr>
<tr>
<td>drop in worker</td>
<td>Does it affect their ability to look after themselves?</td>
</tr>
<tr>
<td>carer</td>
<td>Does it affect their ability to socialise/communicate?</td>
</tr>
<tr>
<td>other</td>
<td>Could it lead to short term or long term harm to themselves or other people?</td>
</tr>
<tr>
<td></td>
<td>Does it cause difficulties at night as well as during the day?</td>
</tr>
</tbody>
</table>

OTHER INFORMATION:

Signed: Date:

Name and address/stamp: