Disability research questionnaire

Part 1 About you

If you are filling in this form for somebody else, please tell us about them, not yourself.

Surname or family name

Mr/Mrs/Miss/Ms

All other names in full

Sex

Tick the box that applies.

Male    Female

Address where you live

Postcode

Daytime phone number

Where we can contact you or leave a message

Code Number

Date of Birth

/ / 

National Insurance (NI) number

You can find this on your NI numbercard, on letters from social security or on payslips.

For people completing this form for somebody else

Your surname

Mr/Mrs/Miss/Ms

Your other names

Relationship to person involved in the test

Date form completed

/ /

AML 1 July 2001

For research purposes only
Part 2 About your illness or disabilities

What are your illnesses or disabilities?
Do not worry if you are unsure about the spelling.

What medicines, tablets or other treatments have been prescribed for your illness or disabilities?

<table>
<thead>
<tr>
<th>Your family doctor or GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please tell us their name</td>
</tr>
<tr>
<td>Their address</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
<tr>
<td>Their phone number, Code Number</td>
</tr>
<tr>
<td>When did you last see your doctor about your illness or disabilities?</td>
</tr>
</tbody>
</table>

If you are waiting for an operation or other major treatment please answer the questions below, if not go to page 3.

What is the operation or treatment?

Where will this take place?

When is this due to happen?
Part 2 About your illness or disabilities - continued

Your hospital doctor or specialist

Please tell us their name

Their address

Postcode

Their phone number, if you know it.

Code Number

When did you last see this person about your illness or disabilities?

/ / 

Please give us details, including address and telephone numbers (if known) of any other doctors, specialists or professionals you see for your disability.

For example: • Head teacher of your school (for children with disabilities) • District Nurse • Community Psychiatric Nurse • Counsellor • Physiotherapist

Please tell us their name

Their address

Postcode

Their phone number, if you know it.

Code Number

When did you last see this person about your illness or disabilities?

/ / 

Please continue on a separate sheet with additional details, if necessary.

For research purposes only
Part 2 About your illness or disabilities - continued

We may need to ask your doctor or other persons who care for you for further information. This information will only be used for our research and will not be considered for your actual benefit claim. In order to do this we need your permission. If you are agreeable, please sign the declaration below.

I agree that the Department of Social Security may ask the people or places listed in this form for any information, which is needed for this research, and that the information may be given to the Department.

I understand that this information will only be used for the purposes of this research and will not form part of the information used to decide my benefit claim. I also understand that when the research is completed the information will be destroyed.

Signature

Date
Part 2 Important notes about carrying out activities

Please read the notes below before you fill in the following parts of this form that deal with carrying out certain activities.

- Tick either No or Yes box at the beginning of each activity. If you tick Yes, then tick the following box that applies to you or is closest to your needs.

- The answers should be based on the amount of help you need to safely carry out the activity, not the amount that you actually get.

- If you can carry out any of the activities only with severe pain or breathlessness or if it causes severe fatigue, answer as though you are unable to carry out that activity.

- If you have problems because you cannot see and need somebody to check that you are doing the activity properly and appropriately, then indicate that you need another person’s help to complete the activity.

- Some of the activities mention the need for guidance, encouragement or supervision. "Guidance and encouragement" means the need for continual intervention by another person – not occasional guidance or prompting – to enable you to carry out an activity. "Supervision" means the need for another person to continually stand by or watch over you in readiness to intervene, should the need arise, while you are carrying out an activity.” You are asked to put a tick in a box of you need continual guidance/encouragement or supervision. This is to help us identify the type of help needed.

- If your disability or illness changes throughout the day or from day to day, show what help is needed for most of the time. Where you get attacks of your illness, please show what help you need for most of the time, how often an attack happens and how long each attack lasts. You can use the box at the bottom of each activity for this.

- If you use any aids to help you to manage, please give details at the bottom of each page.

Some examples may be
- a walking aid or hearing aid, or
- adaptations to your home (bath rails or a raised toilet seat).
There are 16 activities listed in the pages that follow. Some will be relevant to your disability and some will not. Please look at each one, if any do not apply to you, you only need to put a tick in a box and go on to the next activity.

The activities are:

1. Feeding and drinking
2. Dressing and undressing
3. Washing and bathing
4. Using the toilet
5. Getting in or out of bed and turning in bed
6. Mobility
7. Rising and sitting
8. Fits or blackouts requiring the supervision of somebody else
9. Orientation
10. Taking medication and undergoing therapeutic procedures
11. Reliance on machines and equipment
12. Communication
13. Budgeting
14. Hygiene
15. Daily routine
16. Awareness of danger or unsafe behaviour
17. Childhood Development (for children 12 and under)
18. Help children need in connection with their treatment (for children 12 and under)
Part 3 Activity 1 - Feeding and drinking

This means being able to get food or drink that has already been prepared into your mouth. Please answer this section as if you are using your normal aids and appliances such as adapted cutlery. If you are only able to do this with somebody to guide or encourage you, please answer as though you are not able to manage. If this is the case, please tick this box as well as one of the Boxes below.

Do you need help with feeding and drinking?  
No ☐ Go to page 8.  
Yes ☐ Tick one of the boxes below, which is closest to your needs.

1. You are not able to eat or drink without continual help from somebody else.
2. You are able to hold a cup and drink through a straw, but need help from somebody else with all other aspects of eating and drinking.
3. You are able to eat using your fingers, but need help from somebody else with cutlery.
4. You are able to feed yourself, but you spill things or make a mess that somebody else needs to clear up.
5. You only need help with cutting up meat and similar food items.
6. You are able to eat and drink without help.

Use the box below to add anything about the problems you have with feeding and drinking. Please give details of any aids and appliances you use.