

ESA Descriptors: for Mental, Cognitive and Intellectual Function

11. Learning Tasks

		points	total
a)	*Cannot learn how to complete a simple task, such as setting an alarm clock	15* support group	
b)	Cannot learn anything beyond a simple task, such as setting an alarm clock	9	
c)	Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes	6	
d)	None of the above apply	0	

12. Awareness of everyday hazards (such as boiling water or sharp objects).

		points	total
a)	*Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; or (ii) damage to property or possessions such that they require supervision for the majority of the time to maintain safety	15* Support Group	
b)	Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; or (ii) Damage to property or possessions such that they frequently require supervision to maintain safety.	9	
c)	Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; or (ii) Damage to property or possessions such that they occasionally require supervision to maintain safety	6	
d)	None of the above apply	0	

13. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).

a)	*Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions	15* support group	
b)	Cannot due to impaired mental function reliably initiate or complete at least 2 personal actions for the majority of the time	9	
c)	Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions	6	
d)	None of the above apply	0	

14. Coping with change

		points	total
a)	*Cannot cope with any change to the extent that day to day life cannot be managed	15* support group	
b)	Cannot cope with minor planned change (such as a pre-arranged change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult.	9	
c)	Cannot cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult.	6	
d)	None of the above apply		

15. Getting about

a)	Cannot get to any specified place which the claimant is familiar <i>(NB: This descriptor will not qualify for Support Group)</i>	15	
b)	Is unable to get to a specified place which the claimant is familiar , without being accompanied by another person	9	
c)	Is unable to get to a specified place with which the claimant is unfamiliar , without being accompanied by another person	6	
d)	None of the above apply	0	

16. Coping with social engagement due to cognitive impairment or mental disorder

a)	*Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.	15* support group	
b)	Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by the individual	9	
c)	Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the individual	6	
d)	None of the above apply	0	

17. appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.

a)	*Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any work place.	15* Support group	
b)	Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any work place.	15	
c)	Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any work place.	9	

Limited capability for work questionnaire



Part of the Department
for Work and Pensions

We need you to fill in this questionnaire if you have claimed or are getting benefits or National Insurance credits.

Please send this questionnaire back by the date given on the enclosed letter. If you are sending the questionnaire in late we need to know why. You can use the space on **page 18** to explain.

If we are able to get enough information about you from this questionnaire, your doctor or the person treating you, we may not need to ask you to attend a face-to-face 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.

How to fill in this questionnaire

This questionnaire asks questions about your physical and mental health. The answers you give in this questionnaire will tell us how your illness or disability affects your ability to work.

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

You may wish to fill in this questionnaire a bit at a time as it may take some time to complete.

Please 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 want help filling in this questionnaire 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 questionnaire and they will go through the questions you are having trouble with over the phone.

Sometimes they may be able to fill in a questionnaire for you. If they do this, they will send the questionnaire to you. You can then check, sign and send it back.

They can send you a questionnaire in braille or large print. This questionnaire is also available to download to your computer to fill in. But you must post it back in the envelope we have sent you.

For information about benefits and services visit www.direct.gov.uk/benefits. Or call us. Our phone number is at the top of the letter we sent you with this questionnaire.

About you

Surname

Other names

Title

Address

Postcode

Date of birth

National Insurance (NI) number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

About you continued

Face-to-face assessment

You may be asked to attend a face-to-face assessment with a qualified healthcare professional. Atos Healthcare would like to telephone you between 9.00am and 8.30pm on Monday to Friday, or between 9.00am and 5.00pm on Saturday to arrange a suitable date and time. To do this we need you to give us at least one up-to-date telephone number so that we can contact you.

Daytime phone number

Code Number Phones: it's not compulsory to give a phone number here

Mobile phone number

especially if person has difficulty with remembering details or in making decisions over the phone.

Any other number

Code Number

If you do not understand English, or cannot talk easily in English, do you need an interpreter?

No

Yes

What language do you want to use?

You can bring your own interpreter to the assessment, but they must be over 16.

Tell us about any help you would need if you have to go for a face-to-face assessment.

Tell us if

- you cannot get up and down stairs
- have difficulty travelling or using public transport
- you need a British Sign Language signer.

Tell us about any other help you might need.

Be sure to include reasons why may not be able to go alone, such as:

- People with severe learning disability who need one-to-one escort
- Inability/Fear of visiting unfamiliar places
- People who get lost or confused when alone and outdoors
- People who would be a risk to themselves or others if placed in unexpected or stressful situations
- People with Agoraphobia
- People in crisis or supported by Home Treatment Team

Tell us about any times or dates in the next 3 months when you cannot go to a face-to-face assessment.

Unless you give days when not available you may be called for any day of the week (including weekends when support workers/escorts may not be available). You can give specific dates but also if for instance you have regular treatment or therapy on Tuesdays and Thursdays then say 'not available on Tuesdays & Thursdays'. If an escort/support is only available on specific days then say 'I am only available on these days'.

About you continued

About your illnesses or disabilities

We will ask you how your illnesses or disabilities affect how you do day-to-day things in the rest of this questionnaire.

Please use the space below to tell us

- **what is your disability, illness, or condition, and**
- **how does it affects you?**

Please also tell us about

- any aids you use, such as a wheelchair or hearing aid
- if you have had a heart attack, stroke, accident or something similar.
Please tell us when this happened.
- anything else you think we should know about your illness or disabilities.

If at any point you need more space, use the space on **page 18**.

Page 3: About your illnesses or disabilities (mental health or learning disability)

- Be sure to explain diagnosis
 - Main symptoms – be sure to mention the following if applicable (much of this could be taken from the Risk Assessment/statement of needs on CareNotes)
 - o Lack of Motivation or Self neglect
 - o Reclusive or isolated, or doesn't seek help when deteriorates
 - o Poor Insight or Variable Insight or No Insight
 - o Not reliably compliant with medication
 - o Voices or Intrusive Thoughts
 - o Poor Concentration
 - o Affected by Hallucinations or Delusional behaviour
 - o Self- harm and/or harm to others (inc family members)
 - o Lack of insight and/or not recognising when deteriorates
 - o Self medication (ie misuse of alcohol or drugs)
 - o Any other alerts or risks on CareNotes
 - o Anxiety or fear (say what are the triggers)
 - o Vulnerable to exploitation or Subject of Safeguarding
- Use space here to give a history such as;
- o How long known to mental health/ ALD services
 - o Hospital Admissions (give approx dates) and indicate those under Mental health Act
 - o Crisis periods & Severe Episodes - examples over the last 3 years- say what happened
 - o Home treatment team involvement
 - o Forensic Service involvement

Who sees them? Give names and professional/job title (eg consultant psychiatrist, psychologist, Community Learning disability Nurse, Occupational Therapist, Social Worker, Support Worker, Therapists

- Also which services? Such as Community mental health teams or outreach Teams and referrals to any other specialist teams or services

"It is not intended to be a snapshot but looks at what someone can do reliably, repeatedly and safely. It takes account of the effects of pain and fatigue." - these are the words of Lord Freud (Government Minister for DWP) speaking in Parliament on 3/11/11 about this process of the ESA work capability assessment

About you continued

Details of tablets, medication or special treatment

Please also tell us about any tablets, medication or special treatment you are taking or will be taking, including any side effects you have.

Special treatment could include things like radiotherapy or chemotherapy.

If you will be having chemotherapy, tell us the dates if you know them.

Details of tablets, medication or special treatment

- List Medication plus dosage & frequency
- Side effects from the medication
- Indicate if any medication is by Depot Injection and explain why

NB In cases such as Clozaril where there are special procedures and reasons, explain these & say why - do not assume that DWP will know or appreciate the significance

About your GP

Name of your GP

: self explanatory

Address of your GP

Postcode

GP's phone number

Code

Number

Does anyone else provide you with care, support or treatment?

Please tell us who they are.

For example:

- physiotherapist
- community psychiatric nurse
- social worker
- occupational therapist
- support worker
- hospital consultant.

Their address

Postcode

If everyone you see is from the same team (ie a CMHT or learning disability team) then we suggest put the address of the CMHT or LDT here. Don't assume that DWP will know what 'The Croft', 'Corner House' or 'Steps' or 'Pond Lane' means. So give it full title Community mental health Team or 'Community Learning Disability Team', and then name of the building and then the street address. List all of the people that you see at the CMHT or CLDT with name and job/profession under each other – you can use the space above or below for all the names & job titles

Their phone number

Code

Number

Other number

Code

Number

When was your most recent appointment?

If you need more space, please use the box on page 18.

About you continued

Hospital or clinic treatment

Use this section to tell us about

- any hospital or clinic treatment you are having as an in-patient or out-patient
- any in-patient treatment you have had in the **past 3 months**
- any in-patient treatment you expect to have in the **next 3 months**.

Are you having or awaiting any hospital or clinic treatment? No
Yes

Were you an in-patient or an out-patient? In-patient
Out-patient

Are you awaiting chemotherapy treatment? No
Yes

Were you an in-patient or an out-patient? In-patient
Out-patient

Tell us when you were or will be in hospital, how often and what for. Please tell us about all your hospital visits here.

Hospital or Clinic?
Everyone who is open to the consultant psychiatrist or psychologist is having secondary level and therefore 'hospital' treatment as an out-patient at their relevant mental health team or ALD team.
Therefore tick box 'Yes' and then tick box for 'Out-patient' – unless you are current inpatient at Penn of course. Then in the space below say "outpatient treatment and reviews with consultant etc at CMHT – see previous details"

Are you pregnant? No
Yes

When is the baby due?

About you continued

Drugs, alcohol or other substances

Do you think any of your health problems are linked to drug or alcohol misuse, or misuse of any other substance? No Now go to Part 1.
Yes

If you have answered **Yes**, use this space to tell us more about these problems and how they affect your health. By *drugs* we mean drugs you get from your doctor and other drugs.

Drugs or Alcohol – if you are having treatment, give details here and give name of key worker, job profession title and address ie Horizon House, Pitt Street, Wolverhampton.

Are you in a residential rehabilitation scheme? No
Yes

Tell us where you attend and the dates of your course of treatment.

Part 1 – Physical functions

1. Moving around and using steps

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

Please tick this box if you can move around and use steps without difficulty. Now go to question 2.

Can you move at least 50 metres (about 54 yards) before you need to stop? No
Yes
To give you an idea about distances: A double-decker bus is about 11 metres long. It varies

Can you move at least 200 metres (about 220 yards) before you need to stop? No
Yes
To give you an idea about distances: A double-decker bus is about 11 metres long. It varies

Part 1 – Physical functions continued

Use this space to tell us how far you can move and why you might have to stop. For example tiredness or discomfort. If it varies, tell us how. Tell us if you usually use a walking stick, crutches, a wheelchair or anything else to help you, and tell us how it affects the way you move around.

Part 1 - Physical functions pages 6-13

This guide is aimed at patients of Adult mental health teams or Adult learning Disability Services. We are not therefore going to detail advice on the question of physical functions.

If you are physically fit and have no eyesight, hearing, speech problems and if you have no problems with fits seizures or similar then you need not go through these in detail. Go forward to Question 11, page 13.

However the main ESA test will be passed if you score at least 15 points in total. It does not matter whether these points are scored in the physical or mental sections of the form – or both. They will all count towards the 15 points 'target'. So if you do have physical problems then answer questions on pages 6 -13.

Going up or down two steps

Can you go up or down two steps without help from another person, if there is a rail to hold on to?

No

Yes

It varies

Now go to question 2.

Use this space to tell us more about using steps. If it varies, tell us how.

2. Standing and sitting

Please tick this box if you can stand and sit without difficulty.

Now go to question 3.

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

No

Yes

It varies

Can you stay in one place, either standing or sitting, for at least an hour without help from another person?

No

Yes

It varies

This does not mean standing completely still. It includes being able to change position.

Part 1 – Physical functions continued

Use this space to tell us more about standing and sitting and why this might be difficult for you. Tell us how long you can sit for and how long you can stand for. Tell us what might make it difficult for you, such as pain, discomfort or tiredness. If it varies, tell us how.

3. Reaching

Please tick this box if you can reach up with your arms without difficulty. Now go to question 4.

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 lift one of your arms above your head to reach for something?

No
Yes
It varies

Use this space to tell us more. Tell us why you might not be able to reach up, and whether it affects both arms. If it varies, tell us how.

Part 1 – Physical functions continued

4. Picking up and moving things

Please tick this box if you can pick things up and move them without difficulty.

Now go to question 5.

Picking up things using your upper body and either arm

Can you pick up and move a half-litre (one pint) carton full of liquid?

No

Yes

It varies

Can you pick up and move a litre (two pint) carton full of liquid?

No

Yes

It varies

Can you pick up and move a large, light object like an empty cardboard box?

No

Yes

It varies

Use this space to tell us more about picking things up and moving them. Tell us why you might not be able to pick things up. If it varies, tell us how.

Part 1 – Physical functions continued

5. Manual Dexterity (Using your hands)

Please tick this box if you can use your hands without any difficulty.

Now go to question 6.

Can you use either hand to do things like:

- press a button, such as a telephone keypad
- turn the pages of a book
- pick up a £1 coin
- use a pen or pencil
- use a computer keyboard or computer mouse?

Some of them

None of them

It varies

Use this space to tell us more. Tell us which of these things you have problems with and why. If it varies, tell us how.

6. Communicating with people

This section looks at how you communicate using speech, writing and typing.

Please tick this box if you can communicate with other people without any difficulty.

Now go to question 7.

Can you communicate with someone you don't know by speaking, writing, typing or any other means without the help of another person?

No

Yes

It varies

Part 1 – Physical functions continued

Use this space to tell us more about how you communicate and why you might not be able to communicate with other people. For example, difficulties with speech, writing or typing. If it varies, tell us how.

this section on communicating with other people may be applicable to people with some forms of severe mental disability or people who have had a brain injury or stroke.

7. Other people communicating with you

This section looks at how you understand other people by hearing and reading.

Please tick this box if you can understand other people without any difficulty.

Now go to question 8.

Can you understand other people – by hearing, lip reading, reading or using a hearing aid – without the help of another person?

No

Yes

It varies

Use this space to tell us more. Tell us if you can hear, lip read, read or understand people in another way, or why you might not be able to. Tell us about any aids you use, such as a hearing aid. If it varies, tell us how.

This section may be applicable for people with some forms of severe brain injury or severe mental disability.

8. Getting around safely

This section looks at visual problems. If you normally use glasses or contact lenses, a guide dog or any other aid, tell us how you manage when you are using them. Please also tell us how you see in daylight or bright electric light.

Please tick this box if you can get around safely on your own.

Now go to question 9.

Can you see to cross the road on your own?

No

Yes

It varies

Part 1 – Physical functions continued

Can you get around a place that you haven't been to before without help?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
It varies	<input type="checkbox"/>

Use this space to tell us more about any problems with your eyesight and how they stop you finding your way around safely.

9. Controlling your bowels and bladder and using a collecting device

Please tick this box if you can control your bowels and bladder without any difficulty. Now go to question 10.

Do you have to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device?

Weekly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Less often	<input type="checkbox"/>

A collecting device is also known as a *stoma*.

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

this may also be applicable for individuals unable to control their bladder/bowels - especially if they have epilepsy and lose control whilst having a seizure

Part 1 – Physical functions continued

10. Staying conscious when awake

Please tick this box if you do not have any problems staying conscious while awake.

Now go to question 11 in Part 2.

While you are awake, how often do you have fits or blackouts?

This includes epileptic fits and absences, and diabetic hypos.

Weekly

Monthly

Less than monthly

Use this space to tell us more.

This section is applicable if individual has epilepsy, fits or seizures - or other blackouts or absences.

Part 2 – Mental, cognitive and intellectual functions

By *mental, cognitive and intellectual functions* we mean things like mental illness, learning difficulties and the effects of head injuries.

11. Learning how to do tasks

Please tick this box if you can learn to do everyday tasks without difficulty.

Now go to question 12.

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

No

Yes

It varies

Can you learn how to do a more complicated task such as using a washing machine?

No

Yes

It varies

Part 2 – Mental, cognitive and intellectual functions continued

Use this space to tell us about any difficulties you have learning to do tasks, and why you find it difficult.

This is a test of ability to learn new tasks - but also this is a test of

- Concentration can you keep concentrating in order to complete tasks?
- Memory - can you remember on the next day what you have learned before?

The first question is really saying...

'Can you learn how to complete tasks of the same level as setting an alarm clock..? For instance if your old familiar alarm clock breaks can you learn how to set a modern electronic or digital alarm – or, for instance, can you learn how to set the timer reliably on a new video or cooker ?

- If you cannot, tick 'no' in the first box and you should score 15 points
- If you can learn at the level of setting an alarm clock but anything beyond that level would be too difficult/not reliable. Then you need to say that in the blank box in page 14. You should score 9 points
- If you can learn a moderately complex task such as setting a washing machine – but that would be your limit or if you had difficulty with that – you need to say so in the blank box. You should score 6 points...

The tick boxes do not ask these questions. They give the option of yes/no or 'it varies'. It is not clear how these correspond to the actual law for this descriptor's heading. What the descriptors actually say is set out below....

If you cannot learn how to complete a simple task such as setting an alarm clock – you should score 15 points
If you can learn a simple task but nothing beyond that level – score 9 points
If you can learn a 'moderately complex task' such as learning to operate washing machines – but nothing beyond that – score 6 points

12. Awareness of hazard or danger

Please tick this box if you can keep yourself safe when doing everyday tasks such as cooking.

Now go to question 13.

Do you need supervision (someone to stay with you) to keep yourself safe?

Usually

Sometimes

It varies

Use this space to tell us how you cope with danger. Please give us examples of problems you have with doing things safely.

Be careful here. The question on the form seems to be only about safety whilst cooking. This is misleading, it is about how much supervision would be needed to avoid 'significant risk' to yourself or to others - or damage to property. It should include other physical examples such as safety with boiling water or sharp objects - but also should include safety with other people.

The legal descriptor asks whether there is a .. 'significant risk' of 'injury to self or others' or of 'damage to property or possessions'. What the descriptors actually say is set out here below.....

If you require supervision 'for the majority of the time' you should score 15 points
If you require supervision 'frequently' - you should score 9 points
If you require supervision 'occasionally' – you should score 6 points

Key Words such as "FREQUENTLY" and "OCASSIONALLY" are not defined so the standard dictionary definition applies. We suggest that if, when left unsupervised, there are likely to be risky situations on most days, then you need to tick box for at least 'frequently' if not 'for the majority of the time', what is the practical difference between the two?. In the blank box you need to give examples of what has gone wrong when unsupervised or take info from current risk assessments. Give examples of; self-harm (deliberate or accidental) and actual or potential harm to others - or damage to property - as a result of symptoms of your illness or disability.

If you are getting DLA on the grounds of your 'supervision needs' then be careful that you do not contradict yourself by underestimating safety factors on this form

Part 2 – Mental, cognitive and intellectual functions continued

13. Initiating actions

This section is about whether you can manage to start and complete daily routines and tasks like getting up, washing and dressing, cooking a meal or going shopping.

Please tick this box if you manage to do daily tasks without difficulty.

Now go to question 14.

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

Never

Sometimes

It varies

Use this space to tell us what difficulties you have doing your daily routines. For example, remembering to do things, planning and organising how to do them, and concentrating to finish them. Tell us what might make it difficult for you and how often you need other people to help you.

The full question of this descriptor should be ... "can you initiate and complete actions?", because the full legal descriptor is.... "Initiating and completing personal action (which means planning organisation, problem solving, prioritising or switching tasks)"

We suggest that this includes any of the following problems which might stop you looking after yourself...if you were left alone...

- Lack of motivation
- Self neglect such as not eating properly, or neglecting personal hygiene such as washing yourself or having a bath or shower and not changing into clean clothes.
- Not finishing tasks if left alone, without someone prompting you.
- Not compliant with medication, forgetting or not being reliable with medication.
- Easily distracted from tasks, for instance when intrusive thoughts or poor concentration stop you or when anxiety prevents moving on.
- What happens when things go wrong or when you try to do more than one thing or have more than one thing to do?
- Effects of mood swings
- If you have PROBLEMS MANAGING MONEY & BILLS for instance when out shopping or paying bills - or especially if you have an appointee or someone has to help you with this

The tick boxes ask just one question "Can you manage to plan start and finish daily tasks" and give the option of "Never/ sometimes/ It varies"

The legal descriptor gives 3 possible scores

- Can you reliably initiate and complete at least TWO sequential personal actions?
- If this ALWAYS applies to you, so that you can NEVER RELY on starting and completing TWO sequential personal actions - score 15 points
- If this applies to you "for the majority of the time" – score 9 points
- If this applies to you "frequently" – score 6 points (Again not clear what the difference in meaning would be between 'frequently' & 'majority

14. Coping with change

Please tick this box if you can cope with change to your daily routine.

Now go to question 15.

Can you cope with small changes to your routine if you know about them before they happen?

No

Yes

It varies

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

Can you cope with small changes to your routine if they are unexpected?

No

Yes

It varies

This means things like appointments being cancelled, or your bus or train not running on time.

Part 2 – Mental, cognitive and intellectual functions continued

Use this space to tell us more about how you cope with change.
Explain your problems, and give examples if you can.

Notice that the tick boxes say 'unexpected' rather than 'unplanned' but 'unplanned' is the legal descriptor.

The legal descriptors say

- If you cannot cope with any change (whether planned or unplanned) – you should score 15 points
- If a minor planned change to daily routine (such as a pre-arranged change to time of lunch break), which you were told about, causes your day to be "significantly more difficult" – you should score 9 points
- If a minor unplanned change to daily routine (such as timing of an appointment on the day it was due) causes your daily life to be "significantly more difficult" – you should score 6 points.

In the blank box: Give examples of how actual events & changes have affected you.

What are the effects of changes on your daily routine and on your thoughts or mood?

Does a change cause panic, anxiety, confused thinking, paranoia or delusional beliefs?

If you are alone what do you do?

15. Going out

Please tick this box if you can go out on your own.

Now go to question 16.

Can you leave home and go out to places you know if someone goes with you?

No

Yes

It varies

Can you leave home on your own and go to places you don't know?

Usually

Not very often

It varies

Use this space to tell us why you cannot always get to places.
Tell us whether you need someone to go with you.

The legal descriptors say

- If you cannot get to any specified place which is familiar to you by yourself – you should score 15 points
- If you can only get to any specified place if you are accompanied by another person – you should score 9 points.
- If you need to be accompanied by another person to get to an unfamiliar place – you should score 6 points

Note the difference between familiar and unfamiliar place. Being able to drive there should not count. This is about getting about outdoors and about whether you need help to find your way.

Note the reasons why we advise against people trying to get to the ESA interviews and assessments by themselves – this could be taken as evidence against you. Also, if you are receiving DLA at the lowest rate of mobility, again be careful that you do not underestimate ability to find your way to unfamiliar places or underestimate need for someone to be with you.

Be clear about the difference between familiar and unfamiliar places.

What happens in daily life for instance how do you get to appointments – if no one is available to drive you for instance?

What goes wrong or stops you or causes you distress?

How does being outdoors affect anxiety levels or panics

What happens especially when alone or what does another person have to do in order to help you stay safe outdoors or find your way?

Part 2 – Mental, cognitive and intellectual functions continued

16. Coping with social situations

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

Please tick this box if you can cope with social situations. Now go to question 17.

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

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
It varies	<input type="checkbox"/>

Can you meet with people you don't know without feeling too anxious or scared?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
It varies	<input type="checkbox"/>

Use this space to tell us why you find it distressing to meet other people and what makes it difficult. Tell us how often you feel like this.

The legal descriptors say "Coping with social engagement". This test includes

- coping with social situations and
- dealing with other people

Important to highlight in this box the following;

- Difficulty relating to other people
- Withdrawn, secluded or reclusive behaviour
- Paranoia or Delusional beliefs about others (eg neighbours or family or work place etc)
- Personality Disorders
- Aspergers or Autistic elements
- Anxiety States or Significant distress when in social contact.

- If social contact is always "precluded" due to difficulty relating to others or because you will suffer significant distress – score 15 points
- If social contact with an unfamiliar person is "always precluded" due to difficulty relating to others or because you will suffer significant distress – score 9 points
- If social contact with unfamiliar people.... is not possible for the "majority of the time" for the same reasons – score 6 points

17. Behaving appropriately with other people

This section looks at whether your behaviour upsets other people.

Please tick this box if your behaviour does not upset other people. Please go the **Other Information** section.

How often do you behave in a way which upsets other people?

Every day	<input type="checkbox"/>
Often	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>

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

Part 2 – Mental, cognitive and intellectual functions continued

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

This descriptor may be difficult for people who may not realise or understand how their behaviour affects other people. It will also be difficult for those who do not have insight or whose insight and moods vary.

If person has uncontrollable episodes of aggressiveness or dis-inhibited behaviour that would be unreasonable in a workplace

- If this would occur on a daily basis - score 15 points
- If this would occur frequently – score 15 points
- If this would occur occasionally - score 9 points

Note that the test is whether behaviour would be "UNREASONABLE IN A WORKPLACE". "Workplace" is not mentioned in the ESA50 tick boxes & questions, but it is crucial to this descriptor. So we suggest that you need to think about what is likely to happen if the person was placed in a workplace, rather than in their own home and was placed with strangers, rather than family or carers - who maybe more tolerant or more used to their behaviour.

Other information

If you need more space to answer questions, please use the space below.

Choosing The Tick Boxes:

Each of the questions is giving the option of several tick boxes plus a blank box into which you can write further details. Your answers may help to decide whether you score either; nil, 6, 9 or 15 points for each question. The total for all of the questions will be added together to see if you can score at least 15 points in total to qualify for ESA at the work capability rate – and may also help you to get into the Support Group

- If you tick the first box in a question you will inevitably score nil points.
- Be careful about using words such as 'sometimes' or 'sometimes I can' or 'when I am well' or 'on good days I can'.
- This is a work capability test. Imagine yourself in a work situation where on most, if not all days, you would be expected to be able to complete that task as and when the boss tells you to. If you could not do that reliably in a work situation, we suggest that you tick the 'No' box.
- If you could not reliably do a task, and repeat that without too much difficulty, then you need to say that you can not do it. Do not get into more theoretical questions about what you could possibly do 'with support' or 'when well' and/or on 'good days'.
- Concentrate on what a typical bad day is like, especially on what you are like, or would be like, if you have no support available.

"It is not intended to be a snapshot but looks at what someone can do reliably, repeatedly and safely. It takes account of the effects of pain and fatigue." - these are the words of Lord Freud speaking in Parliament on 3/11/11 about this process of ESA work capability assessment.

Other information continued

If you are returning this questionnaire late, please tell us why below.

Page 19: Declaration

The claimant needs to sign the form – even though someone else may have helped them fill in the form and has written out the ‘answers’ for them.

If the claimant has an appointee, then the appointee should sign the form.

If the claimant does not have an appointee, and if they are not able to understand the statements on the declaration, then consider whether they need to have an appointee. For instance, consider whether this a temporary lack of capability or is this a long-term problem?

Declaration

- **I declare** that the information I have given on this questionnaire 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 questionnaire for any information which is needed to deal with
 - this claim for benefit
 - any request for this claim to be looked at againand that the information may be given to that health 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 questionnaire yourself if you can, even if someone else has filled it in for you.

Signature

Date

For people filling in this questionnaire for someone else

If you are filling in this questionnaire on behalf of someone else, please tell us some details about yourself.

Your name

Your address

Postcode

Daytime phone number

Explain why you are filling in the questionnaire for someone else, which organisation, if any, you represent, or your connection to the person the questionnaire is about.

If you are an employed worker or carer of friend or volunteer then put your name here. Make sure you give full title of your workplace or voluntary group (for instance Community mental health team or Adult learning disability team and then the address/phone). It is important that the ESA know that the person did not complete this form by themselves as this in itself could be used as evidence of capability, or lack of capability, to concentrate and complete tasks.

What to do next

Please make sure that

- you have answered all the questions on this questionnaire that apply to you
- you have signed and dated this questionnaire
- you return the questionnaire in the envelope provided with the original paper form we sent you or to the address on the letter that came with the paper form.

Tick this box if you are including any medical reports.

Would you like us to tell anyone else about this assessment?

For example, support worker, social worker, friends or family. Let us know who this is, their phone number and explain why you would prefer we contacted them instead of you.

This is important, it authorises ESA to share information about the person's ESA with someone who can help or advise them – such as their support worker, carer or care co-ordinator.

Also be sure to obtain and include relevant reports, these can be copies of risk or care or needs assessments or other useful letters.

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.

Help using this PDF claim form

In this PDF form we have introduced a special feature that lets you save it in Adobe Reader 8.1.2 and later. This means that you no longer have to complete the form in one session.

This form will only work if you:

- save it to your computer, then
- open it in Acrobat Reader version 8.1.2 or later.

The form will not work in:

- older versions of Acrobat Reader
- other pdf readers, for example *Preview* on a Mac or *Foxit* on a PC
- your web browser window.

If you are having technical difficulties:

- downloading the form
- Navigating around the form, or
- printing the form

Please contact the **eService helpdesk**.

Phone: **0845 601 80 40**

Minicom (textphone): **0845 601 80 39**

Email: **eservicehelpdesk@dwp.gsi.gov.uk**

Opening hours

Monday to Friday: 08.00am - 09.00pm

Weekend: 08.00am - 04.00pm

Closed on all Public and Bank Holidays.

For help and advice on the information you need to put on the form or about the benefit you want to claim, contact the office that deals with the benefit.

We would like your feedback about this PDF claim form

We would like your feedback about this form. We will use any comments to improve future versions. Please email your comments to:

forms.feedback@dwp.gsi.gov.uk

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