

RECORD OF HOW YOUR CONDITION AFFECTS YOU

Print off this sheet and use it to maintain a record of how your illness affects you. It can be used to help you fill in your PIP (Personal Independence Payment) Claim Form or you may use it as supporting evidence for your claim. Print as many copies as you need and make it into a diary

DATE ___/___/_____ NAME : _____

If you have a medical appointment today record it _____

People with an illness, disability or mental health conditions can have good days and bad days – Was your day today a bad day? YES / NO

Did carrying out any of the tasks below cause you any pain, discomfort, or tiredness? YES / NO

Were you unable to carry out any of the tasks below (eg if you could not leave the house or make lunch)? YES / NO

Did you injure or hurt yourself carrying out any of the tasks below ? YES / NO

Has anyone supervised or assisted you today in any of the tasks below? YES / NO
Who did this and why, and what would have happened had they not done so? Make notes below:

Has anyone reminded or prompted you to carry out any of the tasks below? YES / NO
Who did this and why, and what would have happened had they not done so? Make notes below:

Explain which of the following tasks you had difficulties with and why.
For example: the pain or tiredness you felt, the reason for it, how it affected the rest of your day/night, did this mean you took longer than usual to complete the task, or did you injure or hurt yourself as a result.

1	Preparing food and cook a simple meal	
2	Eating and drinking	
3	Managing your treatments/medication	
4	Washing and bathing	
5	Managing toilet needs or incontinence	
6	Dressing and undressing	
7	Communicating verbally	
8	Reading and understanding written information	
9	Mixing with others	
10	Making decisions about money	
11	Planning or following a journey	
12	Moving around – note if travel alone may put you at risk of any sort	

Be specific
Use more pages if you need to – just keep all the pages in order