

Employment and Support Allowance (ESA50) Information Pack

**cyngor ar
bopeth**

**citizens
advice**

**Rhondda
Cynon Taff**



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In this pack you will find...

- Example answers for questions in the “how your disability affects you” sections. This will help you to complete the questions on how your condition affects you on a daily basis. **Only answer yes to the questions, if you can carry out the activity for the majority of the time.**
- A copy of the descriptors used to award points for different components Employment and Support Allowance.

To be assessed as having a limited capability for work, you need to score 15 points or more. Add together the highest score from each activity that applies to you.

If possible try and keep a diary for 1-2 weeks before you complete the form so you are aware of daily symptoms and severity of symptoms.

If possible, take a photocopy of your form in case it gets lost in the post.

Don't delay sending the form. You can send more information afterwards if you need to.

Ensure your form is returned to DWP/Health Assessment Services by the date noted on the cover letter.

If you would like us to check your form before sending, please call us for further details on how to do this.

Information to complete your ESA50 form

About you

Complete your personal details.

If you are returning this questionnaire late

Are you sending the form back late? If so it is important you explain why. This could be because you have been unwell or in hospital.

About your GP

Include your GP details and other healthcare professionals details such as your Consultant, Social Worker, Specialist Doctor or Nurse, friends, family or carer that support you and know the most about your health conditions, illness or disability.

Medical Evidence

Try and include any medical evidence – this could be a letter from your healthcare professional, reports, scan or x-ray results, hospital admissions or care plans. **Remember to include your prescription list.** You could also keep a diary and include this with your evidence. Medical Evidence could be from anyone that supports you such as your GP, Consultant, Counsellor, Physiotherapist, Carer or Support Worker.

Cancer Treatment

IMPORTANT: If your cancer treatment is affecting you and you have no other health conditions, you do not have to answer all the questions on this questionnaire. Your doctor or healthcare professional will need to complete some pages at the end of the form.

About your Disability, illness or Health Conditions

Write down what health conditions you have and how they affect you on a day to day basis. You can also note when they started or if you think any of your conditions are linked to alcohol or substance misuse. Also write here details of any aids or appliances you use, such as a wheelchair or hearing aid and anything else you think we should know about your disabilities, illnesses or health conditions.

Please tell us about any tablets, liquids, inhalers or other medications you are taking and any side effects you have.

Write down all the medication you take or are prescribed, including the dosages and any side effects.

Hospital, clinic or special treatment like dialysis or rehabilitation treatment

Use this section to tell the DWP about any of the following: Hospital or clinic treatment you are having, or expect to have in the near future. You can also add any special treatment you are having such as dialysis or rehabilitation treatment, or any special treatment you have which you may not go to a hospital or clinic for, such as physiotherapy at home. Are you having or waiting for any treatment which needs you to stay somewhere overnight or longer? Are you currently in, or due to start a residential rehabilitation scheme? You need to tell the DWP the name of the organisation running the scheme.

How your condition affects you – This section is broken down into 3 parts:

- Part 1 is about Physical Health problems
- Part 2 is about Mental Health, cognitive and intellectual problems. By cognitive we mean problems you may have with thinking, learning, understanding or remembering things.
- Part 3 is about eating and drinking.

1 - Moving Around

How far can you move safely and repeatedly on level ground without needing to stop? This includes walking or being able to propel yourself in a wheelchair without assistance.

Examples

- In the house I move around by using the furniture and I have crutches for when I go outdoors. I find it difficult to use my crutches as they hurt my arms. I am unable to walk further than 20 metres due to pain in my legs and arms and breathlessness, my body goes weak and I feel I will fall over which I have done several times in the past.*
- I am unable to move about without my frame which I need to rely on for support due to weakness and pain in both legs. I would not be able to get around without this aid. Due to being extremely breathless, I am not able to push myself in a wheelchair.*
- I am able to walk without an aid if I have someone to hold on to my arm in case of falling which I have done in the past. This is due to the arthritis in my knees, hips and ankles. I am unable to hold a crutch due to weakness in my arms so getting around is painful, difficult and at a very slow pace.*
- Due to my ongoing health conditions, I experience severe fatigue and can only manage to walk about 50 metres before I need to stop to rest. I have to stop for at least 5 minutes before I can continue. I would be exhausted for the rest of the day and would not be able to repeat this distance more than once*

2 - Standing and Sitting

Can you move from one seat to another right next to it without help of someone else? While you are standing or sitting (or a combination of the two) how long can you sit and be pain free in one place without the help of another person?

Examples

- I need to get up and move around every few minutes due to the pain I feel throughout my body due to fibromyalgia. My muscles stiffen up and I am then unable to get up without someone helping me. This happens most days.*
- I struggle with getting up out of my chair due to the pain in my back since my accident. I can get out of my chair and move to another but not without pain and not without resting on the chair for support.*
- Sometimes I have to use a crutch for additional support in order to get up.*
- Standing for any longer than 10 minutes causes significant pain in my back and legs. This is due to the degeneration I have in my spine. I have to constantly move about to try and ease the pain. Even if I sit, I can only do so for about 15 minutes before the discomfort becomes too much to cope with.*
- I have trouble finding a comfortable position so can't sit or stand for long. I need to get up and move around every 15 to 20 minutes otherwise I'll seize up.*

3 - Reaching

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?

Can you lift one of your arms above your head?

Examples

- *I find it difficult to lift either of my arms above my head as this triggers my vertigo and dizzy spells. I need help taking off and putting on an upper body garment.*
- *I am unable to lift either arm above my head due to pain in my back from my operation on my spine. I would need help from someone to reach for something for me if those items were above head height. My carers or family leave things I need around the house at waist level for me to pick up.*
- *I find it difficult to brush my hair or put on a hat due to the arthritis in my shoulders. Lifting my arms causes me pain so family members have to help me with this type of thing.*

4 - Picking up and moving things using your upper body and either arm.

Can you pick up and move a half-litre (one pint) carton full of liquid using your upper body and either arm.

Can you pick up and move a litre (two pint) carton full of liquid using your upper body and either arm.

Examples

- *When I try to pour myself a drink from a carton, I can just about manage to pick the carton up but then have shooting pains in my wrist due to my arthritis. I often drop items on the floor. I need help with these kinds of things several times a day for a few minutes at a time.*
- *Due to weakness and numbness in my hands caused by my stroke, I have difficulty picking things up so I am have to pull light things towards me instead. My family make sure that anything I need to pick up, like milk containers, are only half full so I can manage them better. I need this help every day.*
- *Anything too heavy like a 2 pint of milk I would not be able to pick up due to weakness in my arms and hands from fibromyalgia. The muscles in my neck and shoulders are always painful so these would hurt too if I try to pick up anything that is heavy.*

5 - Manual dexterity (using your hands)

Can you use either hand to: 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 suitable keyboard or mouse?

Examples

- *I had a stroke 2 years ago and lost the use of my left arm, I also have arthritis which affects my other wrist. This makes it hard for me to use my hands, especially if it is fiddly such as picking up small things like coins.*
- *I am right handed and unable to hold a pen with my right hand due to arthritis in my fingers and wrists. This also makes it difficult to pick things small things.*
- *I suffer with numbness and pins and needles in my hands due to my carpal tunnel syndrome. Due to this, I am unable to read unaided because I cannot turn the pages. I also have problems writing as I cannot grip a pen properly.*
- *I have tremors in my hands caused by Parkinson's Disease. My family have to fill in forms in for me and as I can't use a computer or mouse or use a pen because my hands shake too much which ends up with me either typing rubbish or accidentally deleting things.*
- *I can't use my mobile phone any more due to my neuropathy getting worse. I find the keypad is too small and I kept accidentally calling people.*

6 - Communicating – speaking, writing and typing

Can you communicate a simple message to other people such as the presence of something dangerous?

This can be by speaking, writing, typing or any other means, but without the help of another person.

Examples

- *I have a severe stutter that gets worse the more stressed I get. It's a vicious circle as when I get stressed when I can't get my words out.*
- *Due to my speech difficulty I can only manage to speak to people I know well but even then I'll have to write things down sometimes so they understand.*
- *Due to the effects of my stroke my speech is slurred and people have difficulty understanding me. I have to have someone who knows me really well to interpret what I mean.*

7 - Communicating and Hearing

Can you understand simple messages from other people by hearing or lip reading without the help of another person?

A simple message means things like someone telling you the location of a fire escape.

Can you understand simple messages from other people by reading large size print or using Braille?

Examples

- *Due to being hard of hearing in both ears, I often misunderstand what people are saying to me and I find it difficult to have a conversation unless it's one on one in a quiet area. I find it really frustrating having to ask people to repeat themselves.*
- *I wear hearing aids in both ears but still struggle to understand when I am being spoken to due to also having tinnitus.*
- *Due to having poor eyesight, I have to have all paperwork in large print as I am unable to read it otherwise and even then there are times when I also need to use a magnifying glass. I still need someone to check I have read it correctly as I often misread text.*
- *I find it difficult to read due to my learning difficulties and I am unable to understand what I have just tried to read. I need someone to check letters or official mail for me and explain them to me.*

8 - Getting Around Safely

Can you see to cross the road safely on your own? Can you safely get around a place that you haven't been to before without help?

Examples

- *My eye condition is getting worse. I've started to get tunnel vision and it's difficult for me to see when it's getting dark, or if there are dim lights. I'm not used to it, and I'm getting clumsy because my peripheral vision is poor. I've bumped into people in the street because I haven't seen them coming - it's really embarrassing.*
- *I have dizziness and blurred vision when I get a migraine and I have had near misses where I have crossed the road and a car is coming. I also have trouble with the road signs so it's difficult to get about without someone with me. Once it starts to get dark I can only cross the road with someone else or at a crossing because I can't see what's coming. I've had a couple of near misses when cars have had to emergency stop to not hit me.*

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

Do you have to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device? Collecting devices include stoma bags and catheters. Tell us about controlling your bowels and bladder or managing your collecting device. If you experience problems if you cannot reach a toilet quickly, explain how often you need to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device.

Examples

- Due to incontinence of my bladder (or bowel) I have to wear pads on a daily basis and I need help to change these if I am having a very bad day. Even though I wear pads, there are still times when the pad is not effective and I have to change all the clothes on my lower body as they are wet (soiled).*
- If I am unable to make it to the toilet in time which leads to me having an accident, I need help from someone to ensure I can clean myself up properly. I also have to have help to change my clothes as I cannot manage this alone due to my conditions. This happens on a daily basis.*
- I have a catheter fitted and need someone to help me monitor when this is full. I also need assistance to empty the bag as I cannot do this myself due to arthritis in my hands.*
- I have a commode as I can't climb the stairs but I need help cleaning myself after and getting on and off the commode. This is due to limited movement in my arms and shoulders caused by conditions.*

10 - Staying conscious when awake

By staying conscious we do not mean falling asleep just because you are tired. While you are awake, how often do you faint or have fits or blackouts? This includes epileptic seizures such as fits, partial or focal seizures, absences and diabetic hypos. Tell us more about your fainting, fits or blackouts.

Examples

- I find it hard to stay conscious when awake due to my epileptic fits which happen several times a week. I need someone with me to watch over me and ensure I do not hurt myself if I fall. I also need someone to be with me and reassure me when I am coming around from the fit as I feel upset and disorientated. I have no warnings the fits are about to happen.*
- If I have a seizure, I do not lose consciousness during the episode. However, although I am fully aware of what's going on, I can't speak or move until the seizure is over. I would need someone with me to watch over me during these times and this is unpredictable and can happen daily. I would need someone with me for around 30 minutes each time.*
- I do have hypos once every 2 or 3 weeks. When my blood sugars are low I can usually feel it coming and I carry snacks or a sugary drink to catch it quickly, but more often than not it happens too fast. My vision goes blurry and I don't really know what I'm doing - my partner says I talk rubbish and I slur. A couple of weeks ago it happened when I was on the way back from the shop and I collapsed in the street. I don't really know how long it lasts, but I feel upset and confused for a while afterwards.*

11 - Learning how to do tasks

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

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

Examples

- I find learning how to do new tasks difficult as my mental health makes it hard to concentrate and remember things. Complex tasks are hard for me to learn as I get confused about the processes involved, even when someone is showing me what to do. I can take months for me to remember the stages of carrying out new tasks which I find frustrating.*
- Due to my learning difficulties, I find it hard to learn new tasks. I have a support worker who helps me but it still takes a long time, even to learn the most basic things.*
- Due to my brain injury, learning how to complete complex tasks can be very hard for me. I often have to have instructions written down but even then can easily become confused leaving me feeling angry and frustrated.*

12 - Awareness of hazards and dangers

Can you stay safe when doing everyday tasks such as boiling water or using sharp objects? Do you need someone to stay with you for most of the time to stay safe?

Examples

- Due to my mental health, I struggle with being aware of what is going on around me. I am unable to make toast or run a bath as I forget I have switched the grill or the tap on. I have flooded the house and set the smoke alarms off quite a few times so now I can't use anything that may be a hazard.*
- I struggle with everyday basics like crossing the road due to being unable to concentrate or think straight which is caused by my learning difficulties. There have been instances where I am just not aware of what is going on around me and I have stepped into the road and cars have had to swerve not to hit me.*
- My mood is very low for the majority of days. When I feel like this, I forget what I'm supposed to be doing, and I'm not really aware of time. I don't take my medication properly and I don't know if I've taken not enough or too many of my pills. I can't concentrate or remember things so I've made myself ill from confusing my tablets.*

13 - Starting and finishing tasks

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

Examples

- *I find following tasks through from start to finish difficult. My mental health makes it hard to concentrate and remember things. For example, my partner would put the washing on the line and ask me to get them in when dried but I would forget and they would still be on the line and soaking wet if it had rained.*
- *Due to my depression, I struggle to get out of bed most days and would not be able to complete simple tasks such as having a wash or getting dressed. Even when I plan to do things, I often don't start those tasks as I just can't face it as my mood is so low.*
- *Due to having severe anxiety, I often have difficulty completing tasks. I tend to overthink things which makes my anxiety worse. I then end up feeling confused and upset and never complete the tasks which I have planned for the day. Everything just becomes too much and I feel overwhelmed.*

14 - Coping with change

Can you cope with small changes to your routine if you know about them before they happen? For example, things like having a meal earlier or later than usual, or an appointment time being changed. Can you cope with small changes to your routine if they are unexpected? This means things like your bus or train not running on time, or a friend or carer coming to your house earlier or later than planned.

Examples

- *Due to my anxiety, I like to have a routine and don't cope very well if there are changes to that routine. For instance, if I had an appointment which got cancelled, this would cause significant distress and I would be upset for the rest of the day. I would need repeated support and reassurance from my family during these times.*
- *Coping with unexpected changes causes a lot of anxiety and stress. For example, if I was travelling on a bus and the bus was diverted from my normal stop, this would cause me to panic a great deal. I would end up*
- *completely overwhelmed and I would struggle to ask for directions to my normal stop.*
- *Coping with changes to my normal daily routine causes a great deal of distress due to my autism. I become upset and angry and end up lashing out. My day is rigidly structured so any variation to this normal routine makes me very agitated and ruins my whole day. It can take all day for family to be able to calm me down.*

15 - Going Out

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

Examples

- *I have to know days in advance if I have to go out as I need to try and prepare myself as I get upset and shake uncontrollably. My family provide me with support but I still sometimes do not make it out. It's hard to predict how often this happens; it all depends on where I have to go such as hospital appointments etc.*
- *I hear voices due to my schizophrenia and I can get very paranoid if I have to go out. I find it so distressing and confusing. If I do have to go anywhere, my support worker normally comes with me as I am more likely to get to where I need to be with this help.*
- *I have agoraphobia and struggle to leave my home at all. Even attending appointment in my GP surgery is difficult even though I have been with this doctors for years. I feel very isolated and lonely but feel safer at home on my own.*
- *My support worker has been trying to build my confidence up to go out somewhere with her, just for a coffee or something and she has been talking to me about it every time I see her and reassuring me it will all be fine. When the day came to go out I went to pieces and it has really distressed me that I couldn't go after all the hard work we put in trying to get me ready.*

16 - Coping with social situations

Examples

- *I find it difficult to socialise due to experiencing poor mental health. I worry about being around other people so much I end up not being in social situations. If I do get out I avoid eye contact and speaking to people as much as possible as I get so distressed. I used to go out quite regular before I fell ill but now I will do anything to get out of it due to the stress of it all – my family do not ask me to go to anywhere anymore as they know I find it too difficult.*
- *I struggle to cope with any social situation due to severe anxiety. Even basic things such as going to the doctors or going to the supermarket is a struggle as I*
- *just can't cope with being around others. It is even worse in busy or crowded places and I would avoid these places at all costs.*
- *I very rarely see friends anymore and I feel very lonely. I can't make eye contact and talk to people that I used to see all the time. It's impossible for me to leave the house because I don't have any confidence and wouldn't be able to deal with it, even if I had a few weeks to prepare for it.*

17 - Behaving Appropriately

This section asks about whether your behaviour upsets other people. How often do you behave in a way which upsets other people?
For example, this might be because your disability, illness or health condition results in you behaving aggressively or acting in an unusual way.

Examples

- *I have outbursts that I can't control when I hear voices in my head. This causes people around me get upset. For example I was barred from my local shop after I threw the contents of my wallet all over the floor because I couldn't find a £1 coin to pay for a pint of milk. The shop assistant told me I was acting aggressively and couldn't come back.*
- *I take a lot of my frustration and anger out on my family, I sometimes shout at them or don't speak to them at all. It doesn't have to be because they have done something it may be because I am feeling worried, depressed or anxious but I find it difficult to explain this to them. I find it hard to control these outbursts.*
- *Due to hearing voices, I have got myself into trouble in the past and the police were called to my home. The voices tell me people are talking about me and tell me to confront people. I have physically attacked someone in the street as I thought they were laughing at me. I find it difficult to cope with these incidents as I have no control over how I am behaving.*

18 - Eating and drinking

Can you get food or drink to your mouth without help or being prompted by another person?
Can you chew and swallow food or drink without help or being prompted by another person?

Examples

- *Due to the tremors I experience, I use a beaker or a straw to drink as I would spill hot drinks down me and am at risk of burning or scalding myself.*
- *I use adapted cutlery including easy grip cutlery and dishes as I am prone to dropping things. Even with the cutlery, I do still drop food on myself and soil my clothing.*
- *I am fed through a tube so need someone to help me with ensuring it's clean and fitted correctly. I need this assistance daily at each meal time.*
- *I have trouble swallowing and someone needs to be with me in case I choke. I need supervision each time I eat to minimise the risk of harm.*
- *I really struggle with poor appetite so eating regularly can be difficult for me. I need someone to encourage or prompt me to eat on a daily basis.*

Additional information

You do not have to complete this section. However, if you feel there is anything else that the DWP should know about how your health condition affects you that has not already been discussed, you can include the details here. A statement from a person who knows you, such as a family member or carer, can also be included here.

Declaration

Add your signature to the declaration and add the date.

Inform the DWP of any dates in the next 3 months you would be unable to attend an assessment

For example, because of a hospital appointment.

If you are returning this questionnaire late

Are you sending the form back late? If so it is important you explain why. This could be because you have been unwell or in hospital.

Contact Us

This pack was created by Citizens Advice
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For more information about sending
your ESA50 claim form:

[Click Here](#)



If you require this pack in a larger font, please contact us.

Please note: When sending off your completed form, ask the Post Office for free proof of postage. You might need to show proof of when you sent it.

Or use a “Guaranteed Delivery” or “Signed For” service as this allows you to know that your forms arrive safely by providing proof of delivery. 1st class Signed For delivery aims to arrive the next working day and 2nd class Signed For delivery aims to arrive within 2-3 working days.



EMPLOYMENT & SUPPORT ALLOWANCE DESCRIPTORS

Appendix 1: Activities, descriptors and scores for the limited capability for work assessment on or after 28 March 2011 Add to my references

In some cases, the pre-28 March 2011 activities and descriptors apply to a claimant on or after 28 March 2011.

A claimant must score 15 points on any one or a combination of the descriptors to satisfy the limited capability for work assessment. The 15 points can either be from the physical descriptors, the mental descriptors or a combination of the two.

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK PART 1: PHYSICAL DISABILITIES

(1) Activity	(2) Descriptor	(3) Points
1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally, or could reasonably be, worn or used.	1 (a) Cannot unaided by another person either: (i) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.	15
	(b) Cannot unaided by another person mount or descend two steps even with the support of a handrail.	9
	(c) Cannot unaided by another person either: (i) mobilise more than 100 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 100 metres within a reasonable timescale because of significant discomfort or exhaustion.	9
	(d) Cannot unaided by another person either: (i) mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 200 metres within a reasonable timescale because of significant discomfort or exhaustion.	6

	(e) None of the above apply.	0	
2. Standing and sitting.	2 (a) Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.	15	
	(b) Cannot, for the majority of the time, remain at a work station, either: (i) standing unassisted by another person (even if free to move around); or (ii) sitting (even in an adjustable chair); or (iii) a combination of (i) and (ii) for more than 30 minutes, before needing to move away in order to avoid significant discomfort or exhaustion.	9	
	(c) Cannot, for the majority of the time, remain at a work station, either: (i) standing unassisted by another person (even if free to move around); or (ii) sitting (even in an adjustable chair); or (iii) a combination of (i) and (ii) for more than an hour before needing to move away in order to avoid significant discomfort or exhaustion.	6	
	(d) None of the above apply	0	
3. Reaching.	3 (a) Cannot raise either arm as if to put something in the top pocket of a coat or jacket.	15	

	(b) Cannot raise either arm to top of head as if to put on a hat.	9
	(c) Cannot raise either arm above head height as if to reach for something.	6
	(d) None of the above apply.	0
4. Picking up and moving or transferring by the use of the upper body and arms.	4 (a) Cannot pick up and move a 0.5 litre carton full of liquid.	15
	(b) Cannot pick up and move a one litre carton full of liquid.	9
	(c) Cannot transfer a light but bulky object such as an empty cardboard box.	6
	(d) None of the above apply.	0
5. Manual dexterity.	5 (a) Cannot either: (i) press a button, such as a telephone keypad; or (ii) turn the pages of a book with either hand.	15
	(b) Cannot pick up a £1 coin or equivalent with either hand.	15
	(c) Cannot use a pen or pencil to make a meaningful mark.	9
	(d) Cannot single-handedly use a suitable keyboard or mouse.	9
	(e) None of the above apply.	0
6. Making self understood through speaking, writing, typing, or other means which are normally, or could reasonably be, used, unaided by another person.	6 (a) Cannot convey a simple message, such as the presence of a hazard.	15

	(b) Has significant difficulty conveying a simple message to strangers.	15
	(c) Has some difficulty conveying a simple message to strangers.	6
	(d) None of the above apply.	0
7. Understanding communication by:- (i)verbal means (such as hearing or lip reading) alone, (ii)non-verbal means (such as reading 16 point print or Braille) alone, or (iii)a combination of (i) and (ii), using any aid that is normally, or could reasonably be, used, unaided by another person.	7 (a) Cannot understand a simple message, such as the location of a fire escape, due to sensory impairment.	15
	(b) Has significant difficulty understanding a simple message from a stranger due to sensory impairment.	15
	(c) Has some difficulty understanding a simple message from a stranger due to sensory impairment.	6
	(d) None of the above apply.	0
8. Navigation and maintaining safety, using a guide dog or other aid if normally used.	8 (a) Unable to navigate around familiar surroundings, without being accompanied by another person, due to sensory impairment.	15
	(b) Cannot safely complete a potentially hazardous task such as crossing the road, without being accompanied by another person, due to sensory impairment.	15
	(c) Unable to navigate around unfamiliar surroundings, without being accompanied by another person, due to sensory impairment.	9
	(d) None of the above apply.	0

9. Absence or loss of control whilst conscious leading to extensive evacuation of the bowel and/or bladder, other than enuresis (bed-wetting) despite the wearing or use of any aids or adaptations which are normally, or could reasonably be, worn or used.		9 (a) At least once a month experiences: (i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or (ii) substantial leakage of the contents of a collecting device sufficient to require cleaning and a change in clothing.	15
		(b) the majority of time is at risk of loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder, sufficient to require cleaning and a change in clothing, if not able to reach a toilet quickly.	6
		(c) None of the above apply.	0
	10. Consciousness during waking moments.	10 (a) At least once a week, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	15
		(b) At least once a month, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	6
		(c) None of the above apply.	0

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK PART 2: MENTAL, COGNITIVE AND INTELLECTUAL FUNCTION TEST

(1) Activity	(2) Descriptor	(3) Points
11. Learning tasks.	11 (a) Cannot learn how to complete a simple task, such as setting an alarm clock.	15
	(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).	12 (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 the claimant requires supervision for the majority of the time to maintain safety.	15
	(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 the claimant frequently requires 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 the claimant occasionally requires 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).	13 (a) Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.	15
	(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 personal actions.	6
	(d) None of the above apply.	0

14. Coping with change.	14 (a) Cannot cope with any change to the extent that day to day life cannot be managed.	15
	(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.	0
15. Getting about.	15 (a) Cannot get to any place outside the claimant's house with which the claimant is familiar.	15
	(b) Is unable to get to a specified place with 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.	16 (a) Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the claimant.	15
	(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 claimant.	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 claimant.	6
	(d) None of the above apply.	0

17. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.	17 (a) Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
	(b) Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
	(c) Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	9
	(d) None of the above apply.	0

Appendix 2: Activities, descriptors and scores for the limited capability for work-related activity assessment on or after 28 March 2011

In some cases, the pre-28 March 2011 activities and descriptors apply to a claimant on or after 28 March 2011.

A claimant only needs to fulfil the requirements for one of the descriptors, for example, 1(a) in order to satisfy the limited capability for work-related activity assessment.

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK-RELATED ACTIVITY

(1) Activity	(2) Descriptors	
1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used.	Cannot either: (a) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (b) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.	
2. Transferring from one seated position to another.	Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.	
3. Reaching.	Cannot raise either arm as if to put something in the top pocket of a coat or jacket.	
4. Picking up and moving or transferring by the use of the upper body and arms (excluding standing, sitting, bending or kneeling and all other activities specified in this Schedule).	Cannot pick up and move a 0.5 litre carton full of liquid.	

5. Manual dexterity.	Cannot either: (a)press a button, such as a telephone keypad; or (b)turn the pages of a book with either hand.
6. Making self understood through speaking, writing, typing, or other means normally used.	Cannot convey a simple message, such as the presence of a hazard.
7. Understanding communication by hearing, lip reading, reading 16 point print or using any aid if reasonably used.	Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.
8. Absence or loss of control over extensive evacuation of the bowel and/or voiding of the bladder, other than enuresis (bed-wetting), despite the presence of any aids or adaptations normally used.	At least once a week experiences: (a)loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or (b)substantial leakage of the contents of a collecting device sufficient to require the individual to clean themselves and change clothing.
9. Learning tasks.	Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.
10. Awareness of hazard.	Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of: (a)injury to self or others; or (b)damage to property or possessions such that they require supervision for the majority of the time to maintain safety.
11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).	Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.
12. Coping with change.	Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be

	managed.
13. Coping with social engagement, due to cognitive impairment or mental disorder.	Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.
14. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.	Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.
15. Conveying food or drink to the mouth.	(a) Cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else; (b) Cannot convey food or drink to the claimant's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort; (c) Cannot convey food or drink to the claimant's own mouth without receiving regular prompting given by someone else in the claimant's physical presence; or (d) Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving: (i) physical assistance from someone else; or (ii) regular prompting given by someone else in the claimant's presence.
16. Chewing or swallowing food or drink.	(a) Cannot chew or swallow food or drink; (b) Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort; (c) Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant's presence; or (d) Owing to a severe disorder of mood or behaviour, fails to: (i) chew or swallow food or drink; or (ii) chew or swallow food or drink without regular prompting given by someone else

	in the claimant's presence.
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