

# Capability for Work questionnaire

jobcentreplus

Department for  
Work and Pensions

If you would like this questionnaire in Braille, large print or audio, please call Jobcentre Plus on **0345 608 8545** or textphone **0345 608 8551** and tell us which you need.

If you live in Wales and want this questionnaire in Welsh please call us on **0345 600 3018**.

## What you need to do

- Please fill in this questionnaire and send it back to the Health Assessment Advisory Service by the date on the letter that it came with. The Health Assessment Advisory Service will use the information you provide to decide if you need to come for a face-to-face assessment or not. We will use this information to give you the best support we can and pay you the right amount of benefit.
- You must send it back by the date we've asked you to.
- Read this questionnaire carefully and make sure you answer all the questions in full.
- If you want to, you can download a copy of the questionnaire to your computer and fill it in. Go to **www.gov.uk** and search for **ESA50**.
- Return the completed questionnaire.  
**Do not** send it or take this to your Jobcentre Plus office.

Send **copies** of all your medical or other information back with your questionnaire. We don't always contact your medical professionals so this information is important, and should let us know how your disability, illness or health condition affect how you can do things on a daily basis. A list of information we find helpful is on **page 5**.

- Only send us **copies** of medical or other information if **you already have** them. **Don't** ask or pay for new information or send us original documents. Please write your national insurance number on each piece of information you send to us.
- Make sure you fill in the "About you" section on **page 2** in full.

## If you need help filling in the questionnaire, you can

- ask a friend, relative, carer or support worker to help you.
- call Jobcentre Plus on **0345 608 8545** to arrange for a trained advisor to talk you through the questions over the phone. Please do not go into your local Jobcentre Plus.

In some cases, your answers can be written down for you. You can ask for your questionnaire to be sent to you by post to check.



Your Employment and Support Allowance (ESA) payments may stop if you don't fill in this questionnaire and send it to the Health Assessment Advisory Service by the date we have asked you to.

# About you

Please fill in this form with BLACK INK and in CAPITALS.

**Surname**

**Other names**

**Title**

**Address**

**Date of birth**

Letters   Numbers   Letter

**National Insurance (NI) number**

**A phone number we can contact you on**

**Email address**, if you have one.

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**Have you been in hospital for over 28 days in the last 12 months?**

No   Go to the next question.

Yes

Please tell us the dates you were in hospital.

From

To

What was the name of the hospital.

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**Have you served in HM Forces?**

No   Go to the next question.

Yes

Which service were you in?

Army

Royal Navy/Marines

RAF

What date did you leave?

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**Have you been released from prison in the last 6 months?**

No      Go to the next question.

Yes

What date did you leave?

This information will help us find your medical records more quickly. We will not share or use this information for any other purpose.

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**Are you pregnant?**

No

Yes   When is your baby due?

## If you are returning this questionnaire late



Your Employment and Support Allowance (ESA) payments may stop if you do not fill in this questionnaire and send it to the Health Assessment Advisory Service. It is important that you send it back by the date we have asked you to in the enclosed letter.

**Are you sending this questionnaire back later than the date we asked you to in the enclosed letter?**

No

Yes

Please tell us why:

Specimen

## About your General Practitioner (GP) or doctor's surgery

Please tell us about your GP. If you don't know your GP's name, tell us the name of your doctor's surgery. Sometimes we will need to contact them to ask for medical or other information that tells us how your disability, illness or health condition affect your ability to do things on a daily basis. We don't always have to contact them, so it's important that you send all of your medical or other information back with this questionnaire. **Only send us copies of medical or other information if you already have them. Don't ask or pay for new information or send us original documents.** Please write your national insurance number on each piece of information you send to us.

**What is your GP's name or the name of your doctor's surgery?**

**Their address**

**Their phone number**

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## About other Healthcare Professionals, carers, friends or relatives who know the most about your disability, illness or health condition

Please give us details of the Healthcare Professionals, carers, friends or relatives who know the **most** about your disability, illness or health condition. They should know what effect your disability, illness or health condition has on your ability to do things on a daily basis. We don't always contact them, so it's important you send all of your medical or other information back with this questionnaire. **Only send us copies of medical or other information if you already have them. Don't ask or pay for new information or send us original documents.** Please write your national insurance number on each piece of information you send to us.

For example:

- consultant or specialist doctor
- psychiatrist
- specialist nurse, such as Community Psychiatric Nurse
- physiotherapist
- occupational therapist
- social worker
- support worker or personal assistant
- carer.

**Their name**

**Their Job title**

**Their address**

**Their phone number**

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## About medical or other information you may already have

### Things the Health Assessment Advisory Service would like to see, if you already have them –

Reports, care or treatment plans about you from:

- GPs
- hospital doctors
- specialist nurses
- community psychiatric nurses
- occupational therapists
- physiotherapists
- social workers
- support workers
- learning disability support teams
- counsellors or carers.

Medical test **results** including:

- scans
- audiology
- the results of x-rays, but not the x-rays themselves.

Things like

- your current prescription list
- your statement of special educational needs
- epilepsy seizure diary
- your certificate of visual impairment.

Other information:

- Hospital Passports This is a written record kept by people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.
- Education Health Plans.
- A diary of your symptoms if your disability, illness or health condition varies from day to day.
- Long-stay hospital information including date of admission, length of stay and the hospital name and address.

**Remember – only send us copies of medical or other information if you already have them. Don't ask or pay for new information or send us original documents.** Please write your national insurance number on each piece of information you send to us.

### Things the Health Assessment Advisory Service don't need to see –

General information about your medical conditions that are not about you personally. Such as:

- Photographs.
- Letters about other benefits.
- Fact sheets about your medication.
- Internet printouts.
- Statement of Fitness for Work, otherwise known as fit notes, medical certificates, doctor's statements or sick notes.
- Appointment letters.

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## 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

**Do you have cancer?**

No Go to About your disabilities, illnesses or health conditions on **page 6**.

Yes Please go to the next question.

**Are you having, waiting for or recovering from chemotherapy or radiotherapy treatment for cancer?**

No Go to About your disabilities, illnesses or health conditions on **page 6**.

Yes Please make sure **page 24** is filled in and signed by your Healthcare Professional. This may include a GP, hospital doctor or clinical nurse who is aware of your cancer treatment. When your Healthcare Professional has signed **page 24** and you have signed **page 22** you can then return this questionnaire using the enclosed envelope.

**Do you have other health problems, as well as cancer and the problems resulting from your cancer treatment?**

No Please make sure **page 24** has been filled in and signed by your Healthcare Professional and you've signed **page 22**. You can then return this questionnaire using the enclosed envelope.

Yes Please fill in the rest of this questionnaire.

## About your disabilities, illnesses or health conditions

We will ask you specific questions about how your disability, illness or health condition affect your ability to do things on a daily basis in the rest of this questionnaire.

### Please tell us

- what your disabilities, illnesses or health conditions are
- how they affect you
- when they started
- if you think any of your conditions are linked to drugs or alcohol.

### Please tell us about

- any aids you use, such as a wheelchair or hearing aid
- anything else you think we should know about your disabilities, illnesses or health conditions.

If you need more space, please use **page 21** or a separate sheet of paper.

Specimen

## About your disabilities, illnesses or health conditions continued

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

You can find a list of your medications on your latest prescription.

If you need more space, please use **page 21** or a separate sheet of paper.

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### Hospital, clinic or special treatment like dialysis or rehabilitation treatment

Use this section to tell us about any:

- hospital or clinic treatment you are having
- hospital or clinic treatment you expect to have in the near future
- special treatment you are having such as dialysis or rehabilitation treatment.

Please also tell us about any special treatment you have which you may not go to a hospital or clinic for.

#### Tell us about all your hospital, clinic or special treatment.

For example

- what treatment you are having
- where you go to get the treatment
- how often you go for the treatment.

If you are expecting to have treatment in the near future, tell us

- what the treatment will be
- the date it's due to start.

If you need more space, use the space on **page 21** or a separate sheet of paper.

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#### Are you having or waiting for any treatment which needs you to stay somewhere overnight or longer?

- |     |                                       |
|-----|---------------------------------------|
| No  | Go to <b>Part 1</b> on the next page. |
| Yes | Tell us about this below.             |

If you need more space, use the space on **page 21** or a separate sheet of paper.

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#### Are you in, or due to start a residential rehabilitation scheme?

- |     |   |
|-----|---|
| No  | Go to <b>Part 1</b> on the next page.   |
| Yes | Tell us the name of the organisation running your scheme, when your treatment began, or is due to begin, and when you expect it to end. |

If you need more space, use the space on **page 21** or a separate sheet of paper.

# How your conditions affect you

**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.

## Part 1: Physical functions

**Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.**

### 1. Moving around and using steps

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

**Please tick this box if you can move around and use steps without difficulty.**

**How far can you move safely and repeatedly on level ground without needing to stop?**

For example, because of tiredness, pain, breathlessness or lack of balance.

Now go to **question 2** on the next page.

50 metres – this is about the length of 5 double-decker buses, or twice the length of an average public swimming pool.

100 metres – this is about the length of a football pitch.

200 metres or more

It varies

Use this space to tell us:

- how far you can move and why you might have to stop
- 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.

### 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 – now go to **question 2** on the next page.

It varies

If you have answered **No** or **It varies** use this space to tell us more about using steps.



## Part 1: Physical functions continued

Only answer **Yes** to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

### 2. Standing and sitting

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

Now go to **question 3** below.

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

No

Yes

It varies

While you are standing or sitting (or a combination of the two) how long can you stay in one place and be pain free without the help of another person?

Less than 30 minutes.

30 minutes to one hour.

More than one hour.

It varies

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

If you have answered **No** or **It varies** use this space to tell us more about standing and sitting and why this might be difficult for you.

Please include:

- how long you can sit for
- how long you can stand for
- what might make sitting and standing difficult for you.

### 3. Reaching

Please tick this box if you can reach up with either of your arms without difficulty.

Now go to **question 4** on the next page.

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?

No

Yes

It varies

If you have answered **No** or **It varies** use this space to tell us:

- why you might not be able to reach up
- does this affect both arms.

Only answer **Yes** to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

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

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

Now go to **question 5** below.

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

No  
Yes  
It varies

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

No  
Yes  
It varies

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

For example, from one surface to another at waist height.

No  
Yes  
It varies

If you have answered **No** or **It varies** use this space to tell us:

- more about picking things up and moving them
- why you might not be able to pick things up.

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### 5. Manual dexterity (using your hands)

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

Now go to **question 6** on the next page.

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?

Some of these things.  
None of these things.  
It varies

Use this space to tell us:

- which of these things you have problems with and why
- if it varies, tell us how.

## Part 1: Physical functions continued

Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

### 6. Communicating – speaking, writing and typing

By *communicating*, we don't mean communicating in another language.

This section asks about how you can communicate with other people.

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

Now go to **question 7** below.

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

No  
Yes  
It varies

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

If you have answered **No** or **It varies** use this space to tell us:

- how you communicate
- why you might not be able to communicate with other people.  
For example, difficulties with speech, writing or typing.

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### 7. Communicating – hearing and reading

This section asks about your ability to hear other people and read printed information.

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

Now go to **question 8** on the next page.

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

No  
Yes  
It varies

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?**

No  
Yes  
It varies

If you have answered **No** or **It varies** use this space to tell us if you need to communicate in another way or use aids, such as a hearing aid.

**Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.**

## 8. Getting around safely

This section asks about problems with your vision. 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 well 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** below.

**Can you see to cross the road safely on your own?**

No  
Yes  
It varies

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

No  
Yes  
It varies

If you have answered **No** or **It varies** use this space to tell us

- about your eyesight
- any problems you have finding your way around safely.

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## 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** on the next page.

**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.

No  
Yes – weekly  
Yes – monthly  
Yes – less than monthly  
Yes – but only if I cannot reach a toilet quickly

Use this space to tell us

- about controlling your bowels and bladder or managing your collecting device
- if you experience problems if you cannot reach a toilet quickly
- how often you need to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device.

## Part 1: Physical functions continued

Only answer **Yes** to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

### 10. Staying conscious when awake

By *staying conscious* we do not mean falling asleep just because you are tired.

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

**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 in this space.

Now go to **Part 2** on the next page.

Daily

Weekly

Monthly

Less than monthly

You have now completed the section about your physical functions.

## Part 2: Mental, cognitive and intellectual capabilities

In this part we ask how your mental health, cognitive or intellectual problems affect how you can do things on a daily basis. By this we mean problems you may have from mental illnesses like schizophrenia, depression and anxiety, or conditions like autism, learning difficulties, the effects of head injuries and brain or neurological conditions.

If you have difficulties filling in this section, you can ask a friend, relative, carer or support worker to help you. You can call Jobcentre Plus on **0345 608 8545** who will talk you through the questions over the phone. For online help, visit **www.chdauk.co.uk**

If you would like any additional information to be considered, for example from your doctor, community psychiatric nurse, occupational therapist, counsellor, psychotherapist, cognitive therapist, social worker, support worker or carer please send it with this form. This includes information that tells us how your disability, illness or health condition affects your ability to do things on a daily basis and information about how this affects you when you are most unwell.

**Only send us copies of medical or other information if you already have them. Don't ask or pay for new information or send us original documents.** Please write your national insurance number on each piece of information you send to us.

**Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.**

### 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** on the next page.

**Can you learn how to do an everyday 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

If you have answered **No** or **It varies** use this space to tell us:

- about any difficulties you have learning to do tasks
- why you find it difficult.

If you need more space you can use the box on **page 21** or a blank piece of paper.

Only answer **Yes** to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

### 12. Awareness of hazards or danger

Please tick this box if you can stay safe when doing everyday tasks such as boiling water or using sharp objects.

Now go to **question 13** below.

Do you need someone to stay with you for most of the time to stay safe?

No  
Yes  
It varies

If you have answered **Yes** or **It varies** use this space to tell us

- how you cope with danger
- what problems you have with doing things safely.

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### 13. Starting and finishing tasks

This section asks about whether you can manage to start and complete daily routines and tasks like cooking a meal or going shopping.

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

Now go to **question 14** on the next page.

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
- what might make it difficult for you and how often you need other people to help you
- if it varies, tell us how.

Only answer **Yes** to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

#### 14. Coping with changes

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

Now go to **question 15** below.

**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.

No  
Yes  
It varies

**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.

No  
Yes  
It varies

If you have answered **No** or **It varies** use this space to tell us more about how you cope with change. Explain your problems, and give examples if you can.

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#### 15. Going out

This question is about your ability to cope *mentally* or *emotionally* with going out. If you have *physical* problems which mean you can't go out, you should tell us about them in **Part 1** (Physical functions) of this form.

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

Now go to **question 16** on the next page.

**Can you leave home and go out to places you know?**

No  
Yes, if someone goes with me  
It varies

**Can you leave home and go to places you don't know?**

No  
Yes, if someone goes with me  
It varies

If you have answered **No** or **It varies** use this space to tell us

- why you cannot always get to places
- if you need someone to go with you.

Explain your problems, and give examples if you can.



**Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.**

### 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 without feeling too anxious or scared.**

Now go to **question 17** below.

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

No  
Yes  
It varies

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

No  
Yes  
It varies

If you have answered **No** or **It varies** use this space to tell us

- why you find it distressing to meet other people
- what makes it difficult
- how often you feel like this.

Explain your problems, and give examples if you can.

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### 17. Behaving appropriately

This section asks about whether your behaviour upsets other people. By this we do not mean minor arguments between couples.

**Please tick this box if your behaviour does not upset other people.**

Now go to **question 18** on the next page.

**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.

Every day  
Frequently  
Occasionally  
It varies

Use this space to tell us or provide examples of how your behaviour upsets other people and how often this happens. Explain your problems, and give examples if you can. If it varies, tell us how.

## Part 3: Eating or drinking

Only answer **Yes** to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

### 18. Eating or drinking

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

No  
Yes  
It varies

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

No  
Yes  
It varies

If you have answered **No** or **It varies** use this space to tell us about how you eat or drink, and why you might need help.

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## Face-to-face assessment

You may be asked to attend a face-to-face assessment with a qualified Healthcare Professional who works for the Health Assessment Advisory Service. They will send you a letter with details of your appointment and a leaflet that explains what happens at an assessment and who you can take with you.

If you are not asked to go to a face-to-face assessment, Jobcentre Plus will write to you and explain what will happen with your claim. The Health Assessment Advisory Service will not write to you.

Please make sure you have put your telephone number and address details in the 'About 'You' section on **page 2**.

You must let the Health Assessment Advisory Service know as soon as you get your appointment letter if you need:

- a home visit. You will be asked for information from your medical professional to explain why you are not able to travel to an assessment centre
- your assessment to be recorded on tape or CD. Requests will be accepted where possible. More details about audio recording your assessment can be found at **www.gov.uk** and search for 'audio recording of face-to-face assessments'.

Please let the Health Assessment Advisory Service know at least **two working days** before your assessment if you need:

- an assessment on the ground floor if you cannot use stairs unaided in an emergency
- a sign-language interpreter. You are welcome to bring your own sign language interpreter but they must be 16 or over
- your face-to-face assessment with a Healthcare Professional of the **same gender as you**. For example, on cultural or religious grounds. The Health Assessment Advisory Service will try their best to provide one for you, but this may not always be possible.

If you want more information about the face-to-face assessment, please visit **www.chdauk.co.uk**

Tell us about any other help you might need in the space below.

## Face-to-face assessment continued

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

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

Tick this box if you will bring your own interpreter.

Would you like your telephone call in Welsh?

No

Yes

What language do you want to use?

Would you like your face-to-face assessment in Welsh?

No

Yes

No

Yes

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

For example, because of a hospital appointment.

Specimen

## Other information

If you need more space to answer any of the questions, please use the space below. If any of your carers, friends or relatives want to add any information, they can do it here. This may be because they know the effects your disability, illness or health condition have on how you can do things on a daily basis.

Please complete **page 4** with their contact details as we may contact them for more information to support your claim.

Specimen

If you need to give us more information on a separate sheet of paper, please put your name and National Insurance number on it.

# Declaration

You may find it helpful to make a photocopy of your reply for future reference.

- **I declare** that I have read and understand the notes at the front of this form, the information I have given on this form is correct and complete.
- **I understand** that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty. I will phone **0345 608 8545**, or write to the office that pays my benefit, to report any change in my circumstances.
- **If I give false** or incomplete information or fail to report changes in my circumstances promptly, I understand that my Employment and Support Allowance may be stopped or reduced and any overpayment may be recovered. In addition, I may be prosecuted or face a financial penalty.
- **I agree** that
  - the Department for Work and Pensions
  - any Healthcare Professional advising the Department
  - any organisation with which the Department has a contract for the provision of assessment services

may ask any of the people or organisations I have mentioned on this form for any information which is needed to deal with

- this claim for benefit
- any request for this claim to be looked at again and that the information may be given to that Healthcare 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 form yourself if you can, even if someone else has filled it in for you.**

Signature

Date

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## 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

A phone number we can contact you on

Please 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.

## 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 the questionnaire
- you send back the questionnaire by the date we've asked you to
- you return the completed questionnaire. **Do not send it or take this to your Jobcentre Plus office**
- you have provided any additional evidence or information that you feel will help us to understand how your disability, illness or health condition affects how you can do things on a daily basis.

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## How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- benefits and allowances
- child maintenance
- employment and training
- financial planning for retirement
- occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, contact any of our offices or visit our website at [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)

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## What happens next

Please post your completed form to the Health Assessment Advisory Service in the envelope enclosed. The Health Assessment Advisory Service may contact you to arrange a face-to-face appointment for you with a Healthcare Professional.

**Cancer treatment** – for completion by a Healthcare Professional which may include a GP, hospital doctor or clinical nurse who is aware of your condition.

The information you provide on this page is important as it will help us make a quick decision about your patient's Employment and Support Allowance claim.

This page concerns patients who are having, waiting for or recovering from chemotherapy or radiotherapy.

Please complete the rest of this page. If you want more information about Employment and Support Allowance, go to [www.gov.uk/employment-support-allowance](http://www.gov.uk/employment-support-allowance)

**Details of cancer diagnosis**

Include

- type and site
- stage
- any related diagnoses.

**Details of treatment**

Include

- regime
- expected duration.

**Is your patient:**

(Please tick as appropriate.)

awaiting or undergoing chemotherapy or radiotherapy?

recovering (post completion of treatment) from chemotherapy or radiotherapy?

**In your opinion, is it likely that the impact of the treatment has or will have work-limiting side effects?**

No  
Yes

In your opinion, are these side effects likely to limit all work?

No  
Yes

In your opinion, how long would you expect these side effects to last?

**Your details:**

Name

Surgery stamp, hospital stamp or address details:

Job title and qualifications

Signature

Date