



**DISABILITY LIVING ALLOWANCE AND
ATTENDANCE ALLOWANCE CHECK LIST
FOR PEOPLE WITH ME**

benefits service for people with me/cfs

NOTE for filling in these sheets.

These checklists are based on the tests for Disability Living Allowance (DLA) and Attendance Allowance (AA). The checklists give an indication of how your day to day life is affected by illness. This information can be very helpful when applying for these benefits and useful to doctors and others if they are asked to write reports in support of your benefit claim.

DLA and AA benefits are assessed on basis of whether you need help with particular activities, called "bodily functions", **most of the time**. There are two parts to DLA, **mobility outdoors** and **care at home**. The AA benefit only assesses for care at home.

The assessment is based on **the effect of physical health, mental health or a combination** of these on "bodily functions". If carrying out particular "bodily functions" takes a **long time**, and/or they will result in **severe discomfort or fatigue**, or you **cannot do it at all because of discomfort or fatigue**, or you have difficulty in **motivating yourself to start or complete an activity**, this should be part of the record below.

Please remember that the statements of what you are able and not able to do should be based on how you are most of the time. This is an important idea when applying for benefits, because you will be assessed on how you are on the basis of a "typical day", or usual day, so you need to state confidently what you usually are able to do and not do. Do not consider your good days unless they occur for most of the time.

Please record any equipment or aids you use outside and inside your home.

When you have completed the tables, covering both your physical and mental health symptoms as appropriate, could you please copy the sheets, before handing them to your GP or anybody else.

PLEASE RECORD THE EFFECTS OF ALL THE ILLNESSES, NOT JUST ME/CFS

NAME		Date of birth
ACTIVITY (BODILY FUNCTIONS)		REASON for difficulties and any help you might need from others.
How far can you WALK on level ground? If you are restricted in walking, select the maximum distance in the next column you are able to usually walk, or give the usual distance you can manage in the far column.	a few steps up to 20 metres <i>(22 yards)</i> up to 50 metres <i>(55 yards)</i> up to 100 metres <i>(110 yards)</i> (delete as appropriate)	
Do you FALL OVER or STUMBLE when outdoors or indoors? How frequently?	yes / no (delete as appropriate)	

ACTIVITY (BODILY FUNCTIONS)		REASON for difficulties and any help you might need from others.
Do you NEED SOMEBODY WITH YOU WHEN OUTDOORS, for help with guidance or supervision?	yes / no (delete as appropriate)	
Do you have difficulty GETTING IN AND OUT OF BED?	yes / no (delete as appropriate)	
Do you have difficulty USING THE TOILET – DAY OR NIGHT?	yes / no (delete as appropriate)	
Do you have difficulties with WASHING, BATHING, SHOWERING, or LOOKING AFTER YOUR APPEARANCE?	yes / no (delete as appropriate)	
Do you have difficulties with DRESSING, UNDESSING?	yes / no (delete as appropriate)	
Do you have difficulties with MOVING ABOUT INDOORS?	yes / no (delete as appropriate)	
Do you have difficulty in MAKING a MAIN MEAL FOR ONE PERSON?	yes / no (delete as appropriate)	
Do you have any difficulties with EATING, or DRINKING?	yes / no (delete as appropriate)	

ACTIVITY (BODILY FUNCTIONS)		REASON for difficulties and any help you might need from others.
Do you have any difficulties in TAKING MEDICATION , or any side effects from treatment?	yes / no (delete as appropriate)	
Do you have any problems in COMMUNICATING WITH OTHERS ?	yes / no (delete as appropriate)	
Do you REQUIRE SUPERVISION DURING THE DAY OR NIGHT ?	yes / no (delete as appropriate)	
Do you need help with or have difficulty in MAKING yourself COMFORTABLE IN BED and TURNING OVER ?	yes / no (delete as appropriate)	
Are you SUBJECT TO DIZZY SPELLS or LOSS OF CONCIIOUSNESS ?	yes / no (delete as appropriate)	

Please make a copy of the completed checklist and keep one for yourself. A copy should be sent to your GP, Occupational Therapist, Social Worker, and consultant, if you are applying or renewing a benefit claim. They may be approached by the Department for Work and Pensions for evidence.

Rights for ME is a project set up by Morecambe Bay ME Group and Lancaster Citizens Advice Bureau for people with ME living in the Morecambe Bay area.

To contact the Rights for ME (**RfME**) project:
 referral line:
 tel. **01524 65842**
 or email to:
enquiries@lancastercab.org
 or
info@bayme.org