



INCAPACITY BENEFIT CHECK LIST FOR PEOPLE WITH ME

benefits service for people with me/cfs

NOTES for filling in these sheets.

These checklists are based on Incapacity Benefit (IB), and Income Support (when paid because of incapacity), and the test for this, the Personal Capability Assessment (PCA). This checklist will 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.

The assessment for incapacity for work assesses physical and mental health. Each category of illness is sub-divided into activities, called **descriptors**.

The assessment should take the following matters into account: the **length of time taken to complete** an activity; whether it will result in **discomfort or fatigue, or cause fatigue** to a point where the activity **cannot be repeated in a reasonable space of time**; whether you need somebody to help with an activity; if you have difficulty in **motivating yourself to start or complete an activity**.

If one or more of the above factors affects your ability to complete a particular activity, for **most of the time** (even though for a minority of the time you might be able to do it) then you should consider that that you **“cannot do”** that activity. The idea of whether you can or cannot do something is important when you come to fill in the PCA form.

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.

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 EFFECTS OF ALL THE ILLNESSES YOU HAVE, NOT JUST ME/CFS

NAME		Date of birth
PHYSICAL HEALTH		
ACTIVITY (Descriptor)		REASONS for any difficulties or restrictions you have with this activity, most of the time, and any help you need or actually receive.
How far can you WALK ON LEVEL GROUND ?	a few steps 50 metres <i>(55 yards)</i> 100 metres <i>(110 yards)</i> 400 metres <i>(440 yards)</i> (delete as appropriate)	
Are you restricted in WALKING UP AND DOWN STAIRS	yes / no (delete as appropriate)	

Do you have difficulty SITTING UPRIGHT IN AN ARMCHAIR WITH A BACK BUT NO ARMS? How long can you sit in this type of chair?	yes / no (delete as appropriate)	
Do you have difficulty STANDING WITHOUT THE SUPPORT OF ANOTHER PERSON OR AID, EXCEPT A WALKING STICK? How long can you stand?	yes / no (delete as appropriate)	
Do you have difficulty ISING FROM SITTING IN A CHAIR WITH UPRIGHT BACK BUT NO ARMS?	yes / no (delete as appropriate)	
Do you have difficulty BENDING AND/OR KNEELING as if to pick something up from the floor?	yes / no (delete as appropriate)	
Do you have difficulty USING YOUR HANDS ? (eg gripping things, holding, or picking up coins.)	yes / no (delete as appropriate)	
Do you have difficulty LIFTING AND CARRYING ? (eg how much can you lift, and move from kitchen table to countertop.)	yes / no (delete as appropriate)	
Do you have difficulty REACHING ? (eg, above shoulders, above head, behind your back.)	yes / no (delete as appropriate)	
Are you restricted in SPEAKING , and if so, how frequently and for how long?	yes / no (delete as appropriate)	
Do you have difficulty with HEARING , and if so, how frequently and for how long?	yes / no (delete as appropriate)	

NAME		Date of birth
Are you restricted in SEEING , and if so, how frequently and for how long?	yes / no (delete as appropriate)	
Are you affected by (IN) CONTINENCE , and if so how frequently?	yes / no (delete as appropriate)	

MENTAL HEALTH

ACTIVITY (descriptor) <i>please delete the activities that do not apply to you</i>	REASONS for any difficulties or restrictions you have with this activity, most of the time , and any help you need or actually receive.
COMPLETION OF TASKS: are you able to answer the telephone?	
do you sit for hours doing nothing?	
are you able to read / watch TV ?	
are you unable to pursue hobbies and interests because of your mental health?	
does poor concentration cause risks?	
has agitation, confusion, or forgetfulness caused potentially dangerous accidents in last 3 months?	
can your concentration only sustained by prompting?	
DAILY LIVING: do you need encouragement to get up and dress?	
do you need alcohol before midday?	

are you frequently upset and distressed?	
do you find it difficult to look after your appearance?	
do you have problems with sleep, night and day?	
COPING WITH PRESSURE: was mental stress a reason for stopping work?	
do you frequently feel scared or panicky?	
do you avoid routine activities?	
can you cope with changes to a routine?	
do you give up on doing things because of fatigue, apathy or disinterest?	
are you scared that work will bring on or worsen illness?	
INTERACTION: do you need help from others to look after yourself?	
do mental problems impair your ability to communicate?	
are you irritated by things that would not have been a problem before you were ill?	
do you prefer to be alone for 6 hours or more each day?	
are you too frightened to go out alone?	

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:
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