

A GUIDE TO COMPLETING THE ESA 50

The ESA50 form is your chance to tell the DWP how your illness or disability affects your ability to work. You're being asked to show why Employment and Support Allowance (ESA) is the right benefit for you.

This is a long form, and it can be hard work to fill it in - take a break whenever you need to.

The ESA50 form is part of the Work Capability Assessment, to decide whether capacity for work is limited enough to qualify for Employment and Support Allowance (ESA). It does not include everything used to score points on the test. This guide aims to assist you by including the whole test alongside the form's questions. The questions all bear some resemblance to the descriptors but don't reflect them exactly. You need, then, to consider what the test REALLY is for each section and to try to frame your answers to address that as well as the simplified and misleading versions on the forms. This is especially important as wrong decisions on whether people have limited capability for work and entitlement to ESA are regularly made and if the form shows how you meet the test this may assist you should you need to appeal. If you have a support worker/social worker/nurse etc, see if they will help you with the form.

You will be sent the form to complete; alternatively you can complete the PDF form available on <https://www.gov.uk/government/publications/capability-for-work-questionnaire>

Print out a copy and return it in the envelope enclosed with the copy of the form you have been sent by the date given in the accompanying letter.

Further help and support with the completion of the form can be found at

<https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/employment-and-support-allowance/help-with-your-esa-claim/fill-in-form/>

Capability for Work questionnaire

If you would like this questionnaire in Braille, large print or audio, please call Jobcentre Plus on **0800 169 0310** or textphone **0800 169 0314** and tell us which you need.

If you live in Wales and want this questionnaire in Welsh please call us on **0800 328 1744**.

Calls to 0800 numbers are free from landlines and mobiles.

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 in the enclosed letter.
- || Read this questionnaire carefully and make sure you answer all the questions in full.
- || Write in **black ink** and use CAPITAL LETTERS. 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 using the enclosed envelope. It doesn't need a stamp. **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 **0800 169 0310** 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.

jobcentreplus

Department for
Work and Pensions

About you

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

Surname

Other names

Title

Other title

Address

Postcode

Date of birth

Letters Numbers Letter

National Insurance (NI) number

A phone number we can contact you on

Email address, if you have one.

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.

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?

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.

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:

You have to send your form back within 28 days of getting it. You can find the date you need to return it by on the letter that came with the form.

If you don't, the DWP will usually decide you're fit for work and will stop your claim.

If you're late sending back the form you must still fill it in and send it as soon as you can. If you have a good reason for the form being late, the DWP might decide to accept it.

Fill in the box and explain why you're sending the form back late. Include as much detail as you can about why the form's late, for example if:

- you've been in hospital
- you had an emergency at home
- you had a bereavement

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

If you see more than one GP, put the one who best understands your problems, who you have found the most sympathetic, or who you feel most comfortable with.

Their phone number

Postcode

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

Postcode

Include details of anyone who knows how your health problems affect you, they could be support worker, home care worker, speech therapist etc. Include more than one person if relevant.

You don't need permission to include their details but it's a good idea to let them know in case they are asked for information.

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

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.

This includes ALL kinds of chemotherapy or radiotherapy. It is very important to tick yes and give details if you will have it within the NEXT 6 MONTHS or if it has finished and you are still recovering - if in doubt tick yes and explain. Because you will be treated as having capability for work and/or limited capability for work related activity given your condition and treatment it is better **NOT** to complete the rest of the form—**just remember to get page 24 completed.**

About your disabilities, illnesses or health conditions

We will ask you specific questions about your ability to do things on page 24.

Please tell us

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

Please tell us about any aids you use, such as a wheelchair or hearing aids 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.

You should:

- make a list of your health problems, illnesses and disabilities - even if you didn't have them when you first made your ESA claim
- say when they started (try to estimate the month and the year)
- say when you were diagnosed (if you have a diagnosis)
- include health problems, illnesses and disabilities even if you don't have a diagnosis or proof from a doctor

It's also a good idea to write on the form:

- about anything you can't do that you could do before, for example you used to go jogging but now you can't
- how medication affects you, for example whether it's given you any side effects
- whether you had to give up work because of your health, and why (for example you can't predict when you'll feel ill, so your employer couldn't plan your shifts)
- about your good and bad days, for example if you find it difficult to cope 4 days out of 7 - you have 3 good days a week but the other days are written off as you need to just rest

It's really important to tell the DWP how your illness or disability varies over time.

If your illness or disability usually follows a pattern (for example you're bipolar, and you have a cycle of highs and lows that change weekly), you should write this down.

If your patterns are unpredictable, it can be difficult to explain. You could write something like this in the 'additional information' box under each question:

"I will explain how my condition affects me day to day under each question in the rest of the form."

If any of your illnesses or disabilities are linked to problems with alcohol or drugs it's important to write this down.

You should write down what help or treatment you're getting. If you're waiting for a referral, or you haven't been offered any help you should say so.

You should write down if you use things like:

- a walking stick or walking frame
- grab rails in the bath - say when you had them fitted
- a wheelchair
- hearing aids
- a raised toilet seat
- visual aids
- any equipment to help you get dressed

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.

You should list the tablets and any other medication you're taking. Make sure you include:

- anything you've been prescribed
- anything you buy yourself, such as painkillers like paracetamol

You should also include:

- the dosage (how much you take, for example 350mg) and how often you take it (such as 3 times a day)
- any side effects you have (for example if a particular pill makes you feel sick) - and what you do about them
- any tablets or other medication you're not taking yet, but will be taking in the future

Hospital, clinic or special treatment like dialysis or rehabilitation treatment

Use this section to tell us about:
• hospital or clinic treatment
• hospital or clinic treatment
• special treatment you have

Please also tell us about:

Tell us about all your hospital, clinic or special treatment

For example:

• what treatment you have
• where you go to get it
• how often you go for treatment

If you are expecting to have treatment in the near future:
• what the treatment will be
• the date it's due to start

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

Make sure you include:

- the treatment you're having, for example dialysis - include hospital and clinic treatment
- where you go for it, for example the name of the hospital
- how often you go, for example weekly
- if you're having treatment as an inpatient, how often you stay for

You should also include:

- any regular check-ups you have, and why you have them - for example to review your medication and possibly change the dosage
- any surgery you've had for the conditions causing you difficulty
- any injections you've needed
- any therapy you're having, for example cognitive behavioural therapy (CBT) or acupuncture
- how you've responded to treatment, the date of any future procedures or investigation - for example if you didn't respond well to a spine operation, so and you're due to have a scan in the next 2 weeks

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

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

No

Yes Go to **Part 1** on the next page.

Tell us about this below.

This is a simple question - tick yes if you're having or waiting for any treatment where you'll be staying somewhere overnight or longer

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

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

No

Yes Go to **Part 1** on the next page.

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.

This is a simple question - tick yes if you're in or due to start a residential rehabilitation scheme

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.

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

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

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

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

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

200 metres or more

You should explain in the box:

- how long it usually takes you to move 50 metres, 100 metres and 200 metres (or more) - if you can't move those distances, you should explain that
- whether moving causes you pain and roughly how long for
- whether it makes you out of breath
- if it makes you dizzy or unsteady on your feet
- whether you've fallen in the past - remember to say how often this happens, and whether you needed someone else to help you to get up
- whether you'd be able to move that distance again throughout the day
- if you have good and bad days, and what the differences are
- how you manage when you leave the house If you can only move around within your home

If you use something to help you get around (for example crutches or a walking stick), it's important to explain how and why you use it.

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 using steps would cause you pain, make you tired or breathless you should explain in the box:

- how bad the pain would be, for example so bad that you couldn't move
- the nature of the pain, for example throbbing, stomach pain or sharp pain
- how long you'd be in pain for, for example about 4 hours
- whether it'd stop you doing anything else and for how long, for example you'd have to lie down for the rest of the day
- how tired you'd be, for example whether you'd need to sit or lie down
- how long you'd be tired for (you can estimate this)
- whether being tired would stop you doing other things, and for how long
- how it'd affect the rest of your day. for example you'd be too tired to talk to someone

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.

You should explain things like:

- if it's difficult for you to change from standing up to sitting down, or from sitting to standing - and what makes it difficult for you
- if you'd need to do something after sitting or standing for too long, for example relieve the pain by laying down
- what problems you have when you sit or stand for too long - such as feeling sick, tiredness, trouble breathing, muscle pain or joint pain
- why you have problems, for example your bad back makes it hard to balance
- whether there are positions you can't sit in because they cause you pain

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

Use the blank box to explain what happens when you try to raise your arms. For example:

- if you always struggle, or if the way your condition affects you changes - for example 4 out of 7 days
- how it feels when you try to raise your arms
- if it causes you pain, how severe the pain is and how it affects you
- if you need help from someone else for certain things - like washing your hair
- how often you need help, and what you need help doing
- if you have good days and bad days, and how they differ
- what happens if you try to reach up on a bad day

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.

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.

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

Now go to **question 5** below.

- 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

You should explain in the box:

- how you usually pick up and move things
- whether picking up or moving things causes you pain or discomfort - for example in your hands, fingers, shoulders or neck
- how long the pain lasts, and how severe it is (if picking up and moving things causes you pain)
- whether picking up and moving things causes you to be short of breath, feel dizzy or tired

You should also think about (and explain):

- what happens if you pick up and move things more than once, not just as a one-off
- what happens on good and bad days
- whether you drop things - you could give an example, and say what happened after you dropped something (eg you had to go to A&E)
- if you have problems moving things smoothly, and how this affects whether you pick things up

5. Manual dexterity (using your hands)

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

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?

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

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

You should explain if, for example:

- somebody else has to fill in forms for you because you can't grip a pen
- it takes you a long time to get dressed because it's hard for you to fasten zips, buttons or shoelaces
- using your hands, for example to open a jar lid or your front door with a key causes you pain
- you drop things because you can't grip or pinch them
- you can't drive because of your condition, for example if you can't grip the steering wheel or use a gear stick

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.

Give as much information as you can about your difficulties communicating with people. For example, explain:

- if people don't understand you - give examples if you can
- how it makes you feel if when someone can't understand you
- if you avoid communicating because it's hard, takes too long, or frustrates you
- whether someone helps you to communicate, and how they help you
- how often you have difficulties
- whether you have good days and bad days, and what the differences are

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 use any aids to help you understand other people, or to help you read then give the details in the box.

Examples of aids you could use:

- Braille, large print or audio formats
- special lights to help you read
- a hearing aid or an electro larynx
- a text telephone or amplification equipment to help you hear

As well as writing about aids that help you, it's important to explain things like:

- if it takes you a long time to read something, or to understand someone
- if you use a sign language interpreter, and what would happen if you didn't have one
- if someone reads things for you, or explains what others have said
- how not being able to read something or hear someone has caused you problems
- how you feel when you can't understand what is said or written

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.

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?

- No
 Yes

It's important to explain things like:

- what would stop you from crossing the road on your own
- whether you've fallen in the past
- if you have good and bad days (for example, if you have migraines) - and what it's like for you on different days
- whether you can use public transport to get around - for example you can't see the number on the bus, so don't know if it's the right route
- if you can get around a supermarket to find what you're looking for
- if you can focus on things when you need to - for example road signs

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

You should explain things like:

- what happens if you can't reach a toilet quickly
- how often you need to wash or change your clothes because of difficulty controlling your bladder or bowels
- whether you carry spare clothes around in case of emergencies
- if you take medication to control your bladder or bowels, and whether it works
- the problems you have if you want to go out - for example if you need to stay close to a toilet to avoid accidents
- how often you have flare-ups, for example if your Crohn's disease is usually well controlled with medication, but you get severe diarrhoea once every 6 months

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.

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

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.

Daily

Weekly

Monthly

Less than monthly

Tell us more about your fainting, fits

You should explain:

- if you have any warning that you're about to have a fit or seizure
- if you've been taken to hospital - say how many times this has happened
- how long it takes you to recover
- if you're afraid to go out in case you have a fit or seizure
- if you've injured yourself or had an accident during a fit or seizure, for example if you've hit your head
- if your medication gives you side effects - say what they are and what you do about them
- if you've lost your driving licence (or you've never had one) because of your illness or disability

Write down if, after losing consciousness, you:

- need to take time to recover, such as going to bed
- don't know how you'll feel - you may become aggressive or unpredictable
- are unaware of what's going on around you
- need someone to care for you

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 **0800 169 0310** 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

It's important you tell the DWP more by explaining your situation in the box - you should give more details on whether you can learn how to do both simple and more complex tasks.

You should explain in the box:

- if there's anything that you couldn't learn to do (or struggled with) because you find it too difficult - for example using a dishwasher
- if you need to practice and repeat tasks regularly to learn them - and how long it'd take you
- whether medication you're taking has affected your ability to learn new tasks - try to compare what it was like before you started taking the medication
- whether you can focus on tasks
- if you have problems with your short-term memory
- if you have good and bad days - and what it's like for you on different days
- whether you'd be able to learn more than one new task in a day

Example

Domenico says: "My sister likes me to have my phone with me all the time but I can't remember how to get to the phone numbers. She showed me lots of times but I can't remember. I tried to call her once and I couldn't work out how to - I really panicked and got in a bit of a state. I couldn't look at that phone after that.

My sister got me a different phone and put her number in it so I only have to press one button to speak to her."

Part 2: Mental, cognitive and intellectual capabilities 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.

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

You should explain in the box (and give examples):

- if you're at risk of hurting yourself - for example you don't always notice when something is dangerous because of depression or anxiety
- if you sometimes act on impulse and only realise how dangerous it was afterwards - for example you have bipolar and take risks when you're on a high
- if you forget to be careful, behave irrationally or take sudden risks in an unpredictable way

Example

Ashley says: "I feel really low about 6 days out of 7. When I feel really low, 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 forgetting to eat and taking too many pills. I forgot to feed my cat and he got quite thin, so now my neighbour comes round every afternoon to give him some food."

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

It's important to explain whether:

- your condition makes it hard for you to concentrate
- you need to be reminded or encouraged
- you get confused
- you get distracted
- you forget what you're doing
- your medication affects how you complete tasks
- your condition makes you lack motivation
- your condition makes you lack energy or you get tired you have good days and bad days

Example

Subhi says: "I have bipolar disorder, and often find it hard to do simple things like pay my telephone bill. I spend all of my money on the wrong things, so I often can't pay for the things I really have to - and it gets me in trouble.

"I sometimes think about paying my bill, and even get my credit card details ready, but I just never do it as I've spent all my money on something else. I paid it really late and got fined last month, as by the time I'd got enough money together, it was overdue."

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.

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.

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.

You should explain things like:

- whether you have problems coping with planned changes to your day
- whether you can't cope with sudden changes
- whether your medication affects how you cope with change
- how you cope with change - use examples, if you can
- how your day would be affected if your routine changed, for example whether you'd be able to do what you'd planned
- how often you'd be affected by change in this way
- anything you avoid doing because of potential problems, for example you avoid meeting friends for a meal because you'd be upset if you couldn't sit in a window seat

Example

Jennifer says: "I find it really hard to cope with change. For example I was supposed to go to my friend Jane's house to see her, but my bus got cancelled - I was anxious for the rest of the day and couldn't eat, so my friend Jane had to come over to calm me down and cook for me."

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?

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

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.

You should explain things like:

- if a mental health condition causes you problems going out - what the condition is and what medication you take for it
- what would happen if you tried to go to a familiar or unfamiliar place on your own
- any difficulties you get into when you go out - for example panic attacks, getting lost or road accidents
- the difference it makes if you have someone with you
- if you have good and bad days, and what the differences are

Example

Karl says: "I have agoraphobia and can only deal with going to places I know, like my local doctor's surgery and my neighbour's house. I can't go to new places, even if my carer comes with me. I'd get severe anxiety if I had to go on public transport or to a different hospital to the one I normally go to."

Part 2: Mental, cognitive and intellectual capabilities 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.

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?

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

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.

Use the blank box to explain how you feel about spending time with other people. For example:

- how you feel when you have to meet and speak to people
- if you find it hard to relate to people - how they react to you, and how it makes you feel
- how often you avoid seeing or meeting people
- whether you find it easier to meet other people if someone you trust is with you
- whether you have good and bad days
- if you could cope with meeting or speaking to more than one person at a time
- whether it physically affects you, for example makes you feel hot, faint or dizzy

Example

Keisha says: "I can't make eye contact and talk to my friends - they're 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. I wouldn't be able to cope if my GP left and I got a new doctor - my pulse would race and I'd have a panic attack."

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?

Every day

Frequently

For example, this might be because your disability, illness or

Occasionally

You should explain if, for example:

- you've ever become violent towards someone - and say if you've been arrested because of it
- you've been barred from a shop, pub or other place
- your medication makes you behave in an inappropriate or unusual way
- you have a problem with drugs or alcohol that makes you aggressive or act inappropriately
- you know you upset people, but you can't control your actions
- you've been so upset that you can't calm down
- you won't go out because you're scared you'll do or say something that could affect other people

Example

Nigel says: "I have outbursts that I can't control when I hear voices in my head - and 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."

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

Explain what problems you have eating and drinking, for example:

- if someone needs to remind or prompt you to eat or drink
- if it causes you pain to eat or drink, or makes you feel out of breath
- if it takes a long time for you to eat or drink because it's physically difficult for you, or you forget what you're doing
- if someone physically helps you to eat or drink, and how they help you
- if your condition means you forget to eat or don't want to eat, how this affects you

Example

Christine says: "I have anorexia - I won't eat unless someone is with me. My motivation and concentration is so bad that I often forget about eating for days at a time. I feel sick if I think about eating - it repulses me. I'll eat a little bit if there's someone I know with me, as I know people are worried about how it's affecting my health."

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.

It is ok to say: "X does not/cannot deal with correspondence due to mental health problems/learning difficulties/ etc (give details). Please contact Z instead." Give contact details.
Non-attendance at medicals 'without good cause' leads to 'a fit for work decision' and ESA stops. This decision can be challenged by means of a mandatory reconsideration and sometimes followed by an appeal - write to say you are asking for the decision to be looked at again because there was 'good cause' for non-attendance. ESA is NOT paid pending appeal in these cases. You will usually need to claim Jobseekers Allowance or Universal Credit and be actively seeking and available for work but there may be other options.

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.

No

Yes

What language do you want to use?

Would you like your telephone call in Welsh?

No

Yes

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

No

Yes

The face-to-face assessment is called a work capability assessment.

The assessment is with someone like a doctor, a nurse or a physiotherapist.

You're asked to give daytime and mobile phone numbers so that you can be called to arrange the face-to-face assessment. This is at the bottom of page 16 on the form.

Don't worry if you can't use the phone or don't like to. You can ask the DWP to:

- call your carer or someone else to arrange the assessment
- write to you rather than call you - you should include the words "in writing please" in the space that asks you for a phone number

If you can't easily speak or understand English or Welsh, you can have an interpreter with you at the assessment.

Tick the box on the form if you have your own interpreter, for example a family member - they must be at least 16 years old.

Make sure you tell the DWP if there are dates when you definitely can't go to an assessment, for example because of a hospital or doctor's appointment.

You should list them in the box at the top of page 17.

If you're taking an interpreter, make sure you check the dates when they're available too.

If you need a British Sign Language or Makaton signer, speech-to-text software or a deaf/blind manual, put this on the form.

You should also say if you might need any other help for the assessment, for example:

- getting to the assessment if you have to travel to an area you don't know
- going up and down stairs, if your assessment isn't on the ground floor or there's no lift
- getting out of a chair in a waiting room
- moving from room to room

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.

If there are problems attending a medical say why. "I need my support worker/someone else with me due to mental health problems /anxiety/learning disability/problems using transport alone/ I cannot attend because I am housebound". Give details, eg - agoraphobia/mobility problems.

Also include unavailable dates for anyone attending WITH the client.

Claimants with problems going out have a right to wait until someone can come with them rather than face the distress of trying to struggle there by themselves.

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.

If someone helped you fill in the ESA50 form, it's important to say this. Use the box to explain:

- who did it - for example a family member, a carer or adviser
- why you asked them for help
- how they helped you

If filling in the form caused you pain, it's important to tell the DWP. Use the box to explain the type of pain and how long it lasted.

You should also explain if filling in the form made you anxious or stressed.

If you're sending medical evidence, make sure you list the documents you're including.

Explain if someone else should be contacted to arrange a medical for you.

Put, "Please ring x instead" then explain why, e.g. "because I don't answer the phone to someone I don't know," or, "as because of memory loss I would not remember the appointment date" etc.

Make sure you include their phone number.

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 **0800 169 0310**, 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

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

Postcode

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.

It is important to explain if you are not capable of completing the form yourself and why you needed help. A standard entry on medical report following the medical is 'completed ESA50 without difficulty'. This can give the wrong impression of your health

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 in the enclosed letter
- ▮ you return the completed questionnaire using the enclosed envelope. It doesn't need a stamp. **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

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

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

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

Job title and qualifications

Signature

Surgery stamp, hospital stamp or address details:

Date