8. Do you normally live in Great Britain?
   Great Britain is England, Scotland and Wales.
   
   For more information please read page 7 of the notes
   
   Yes ☑ Please continue below.  No ☐ Go to question 9.
   
   If you live in Wales and would like us to contact you in Welsh in future, tick this box.
   
9. Have you been abroad for more than 4 weeks at a time in the last 3 years?
   Abroad means out of Great Britain.
   
   Yes ☐ Please continue below.  No ☑ Go to question 10.
   
   Please tell us when you went abroad.
   
   From ___ / ___ / ___  To ___ / ___ / ___
   
   Tell us where you went.
   
   ____________________________________________________________
   
   Tell us why you went.
   
   ____________________________________________________________
   
   If you have been abroad more than once in the last 3 years, please tell us the dates you went, where you went and why you went at question 50 Extra information.
   
10. Entitlement to other benefits from another European Economic Area (EEA) state or Switzerland
   Are you, your wife, husband or civil partner receiving any pensions or benefits from another EEA state or Switzerland?
   
   No ☑ Go to question 11.  Yes ☐ We will contact you about this.
   
   Don’t know ☐ We will contact you about this.
   
11. Entitlement to other benefits from another EEA state or Switzerland
   Are you, your wife, husband or civil partner working in or paying insurance to another EEA state or Switzerland? By insurance we mean connected to work, like UK National Insurance.
   
   No ☑ Go to question 12.  Yes ☐ We will contact you about this.
   
   Don’t know ☐ We will contact you about this.
Signing the form for someone else continued

I'm an appointee, appointed by the Department for Work and Pensions

I hold power of attorney

I'm a Deputy

I'm a Tutor (under Scottish law)

I'm a curator bonis or judicial factor (under Scottish law)

I'm a Corporate Acting Body or Corporate Appointee Please tell us the name of your organisation.

For example, an organisation appointed to act on behalf of the person the benefit is for, such as a local authority or firm of solicitors.

Unless we've already seen this authority we'll need to see it before we can process the claim. Please send us your power of attorney or the relevant documents with this claim. You can send the original or a certified copy.

I want to be appointed to act on their behalf. Tick this box if:

• the person you're claiming for is too ill or disabled to claim for themselves and you want to be appointed to handle their benefit affairs, or
• you're in the process of becoming a legally appointed representative. We'll contact you about this.

Your name

National Insurance number

Date of birth (day/month/year)

Your full address

Daytime phone number, including the dialling code

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15 Apart from your GP, in the last 12 months have you seen anyone about your illnesses or disabilities?

For example, a hospital doctor or consultant, district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist or social worker.

Yes □ Please continue below. No □ Go to question 16.

Their name (Mr, Mrs, Miss, Ms, Dr)

Specialists Name

Their profession or specialist area

The Stroke Clinic

The full address where you see them

For example, the address of the health centre or hospital

Clinics Address

Postcode

Clinics Phone Number

Your hospital record number

You can find this on your appointment card or letter.

Which of your illnesses or disabilities do you see them about?

Scans & results Medication reviews

How often do you usually see them because of your illnesses or disabilities?

3 Monthly

When did you last see them because of your illnesses or disabilities?

If you have seen more than one professional, please tell us their contact details, what they treat you for and when you last saw them at question 50 Extra information.
About your illnesses or disabilities and the treatment or help you receive continued

Consent

For more information please read page 9 of the notes

We may want to contact your GP, or the people or organisations involved with you, for information about your claim. This may include medical information. You do not have to agree to us contacting these people or organisations, but if you don't agree, we may be unable to make sure you are entitled to the benefit you are claiming.

We, or any health care professional working for an organisation approved by the Secretary of State, may ask any person or organisation to give them or us any information, including medical information, which we need to deal with:

• this claim for benefit, or
• any appeal or other request to reconsider a decision about this claim.

Please tick one of the consent options then sign and date below.

I agree to you contacting the people or organisations described in the statement above.

Yes ☑   No ☐

Signature ____________________________ Date ____________________________

Dont forget to sign

Please make sure you also sign and date the declaration at question 50.

If you are claiming under the special rules, please go to question 45.
You do not have to answer any more questions until then.

Do you have any reports about your illnesses or disabilities?

These may be from a person who treats you, for example, an occupational therapist, hospital doctor or counsellor. It may be an assessment report, a care plan or something like this.

Yes ☐ Please send us a copy if you have one.   No ☑ Go to question 20.

Do not worry if you do not have any reports. Just send in your claim form.
About your illnesses or disabilities and the treatment or help you receive continued

23 Where is there a toilet in your home?
   Upstairs ✓  Downstairs ✓  Other □
   Tell us where.

24 Where do you sleep in your home?
   Upstairs ✓  Downstairs ✓  Other □
   Tell us where.

25 Please list any aids or adaptations you use.
   Put a tick in the second box against those that have been prescribed by a health care professional, for example, an occupational therapist.
   If you have difficulty using any aids or adaptations or you need help from another person to use them, tell us in the table below.

For more information please read page 9 of the notes.

<table>
<thead>
<tr>
<th>Aids and adaptations</th>
<th>How does this help you?</th>
<th>What difficulty do you have using this aid or adaptation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example Magnifier</td>
<td>Helps me to see the print in the newspaper.</td>
<td>None</td>
</tr>
<tr>
<td>Example Stairlift</td>
<td>I can get up and down stairs</td>
<td>I need help to get in and out of the chair.</td>
</tr>
<tr>
<td>Walking Frame</td>
<td>Helps me to stand and helps prevent falls when walking from room to room</td>
<td>very tiring and extremely slow moving</td>
</tr>
<tr>
<td>Commode</td>
<td>Helps with toileting</td>
<td>Need help to get on and off. Need help with cleaning of commode</td>
</tr>
</tbody>
</table>

If you need more space to tell us about your aids or adaptations, please continue at question 50 Extra information.
Help with your care needs during the day continued

Is there anything else you want to tell us about the difficulty you have or the help you need getting in or out of bed?
For example, you may go back to bed during the day or stay in bed all day.

Yes ☑ Tell us in the box below. No □ Go to question 28.

When I wake I am confused and disoriented. I have to wait to gather my bearings for at least half an hour. Due to left sided paralysis I need help to get to the edge of the bed and to stand. I am very unsteady. I need a helping hand to get into bed and to lift my legs onto the bed.

Do you usually have difficulty or do you need help with your toilet needs?
This means things like getting to the toilet, or using the toilet, commode, bedpan or bottle. It also means using or changing incontinence aids, or a catheter or cleaning yourself.

Yes ☑ Please continue below. No □ Go to question 29.

Please tell us what help you need and how often you need this help.

<table>
<thead>
<tr>
<th>For example</th>
<th>How often each day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have difficulty:</td>
<td></td>
</tr>
<tr>
<td>• with my toilet needs</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I have difficulty:</th>
<th>How often each day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• with my toilet needs</td>
<td>6 to 8</td>
</tr>
<tr>
<td>• with my incontinence needs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I need help:</th>
<th>How often each day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• with my toilet needs</td>
<td>6 to 8</td>
</tr>
<tr>
<td>• with my incontinence needs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I have difficulty concentrating or motivating myself and need:</th>
<th>How often each day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• encouraging with my toilet needs</td>
<td></td>
</tr>
<tr>
<td>• encouraging with my incontinence needs</td>
<td></td>
</tr>
</tbody>
</table>
Help with your care needs during the day (continued)

I have difficulty concentrating or motivating myself and need:

- encouraging to look after my appearance  
  How often each day? 1 to 2

- encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene  
  How often each day? 1 to 2

Is there anything else you want to tell us about the difficulty you have or the help you need washing, bathing, showering or looking after your appearance or personal hygiene?

Yes ☑ Tell us in the box below.  
No  
Go to question 30.

I need prompting to take care of my personal hygiene. I need help with most aspects of washing and bathing. I need help to get in and out of a bath or shower. I am unable to open shampoo bottles or use soap dispensers. I need help to get washed and dried. I need help with foot care. I also need help to take care of my dental hygiene due to the effects of the stroke.

30 Do you usually have difficulty or do you need help with dressing or undressing?

Yes ☑ Please continue below.  
No  
Go to question 31.

Please tell us what help you need and how often you need this help.

I have difficulty:

- with putting on or fastening clothes or footwear  
  How often each day? 2 to 3

- with taking off clothes or footwear  
  How often each day? 2 to 3

- with choosing the appropriate clothes  
  How often each day? 2 to 3

I need help:

- with putting on or fastening clothes or footwear  
  How often each day? 2 to 3

- with taking off clothes or footwear  
  How often each day? 2 to 3

- with choosing the appropriate clothes  
  How often each day? 2 to 3
Help with your care needs during the day  continued

I have difficulty concentrating or motivating myself and need:
• encouraging or reminding to move around indoors  ✓

Is there anything else you want to tell us about the difficulty you have or the help you need with moving around indoors?
For example, you may hold on to furniture to get about or it may take you a long time.

Yes  ✓ Tell us in the box below.  No  Go to question 32.

Due to the effects of the stroke I need help to get up from a chair. I am very unsteady and suffer loss of balance. I need help to get from room to room. I need help to climb and descend stairs. I also need prompting to involve myself in normal daily activity. I tend to remain seated due to poor concept of time.

32
Do you fall or stumble because of your illnesses or disabilities?
For example, you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

Fall  ✓ Please continue below.  No  Go to question 33.
Stumble ✓ Please continue below.

What happens when you fall or stumble?
Tell us why you fall or stumble and if you hurt yourself.

I am very unsteady. Due to paralysis I cannot feel the floor under my foot. This causes me to trip. I also suffer sudden loss of balance and I have to take precautions to prevent falls.

Have you been referred to a Falls Clinic?

Yes  No  ✓
Help with your care needs during the day  continued

Is there anything else you want to tell us about the difficulty you have or the help you need with cutting up food, eating or drinking?

Yes  ✔ Tell us in the box below.  

No  ❌  Go to question 34.

Due to the paralysis I am unable to use a knife and fork. I can only manage to spoonfeed myself. My food needs to be cut up for me. Due to poor co-ordination I have a tendency to spill food from my plate. I also spill drinks.

34  Do you usually have difficulty or do you need help with taking your medicines or with your medical treatment?

This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, and help from mental-health services. It includes handling medicine and understanding which medicines to take, how much to take and when to take them.

Yes  ✔ Please continue below.  

No  ❌  Go to question 35.

Please tell us what help you need and how often you need this help.

I have difficulty:

• taking my medication

• with my treatment or therapy

How often each day?

I need help:

• taking my medication

• with my treatment or therapy

How often each day?

I have difficulty concentrating or motivating myself and need:

• encouraging or reminding to take my medication

• encouraging or reminding about my treatment or therapy

How often each day?
Help with your care needs during the day

I need help:
- understanding people I do not know well
- being understood by people who do not know me well
- concentrating or remembering things
- answering or using the phone
- reading letters, filling in forms, replying to mail
- asking for help when I need it

Is there anything else you want to tell us about the difficulty you have or the help you need from another person to communicate with other people? For example, you use BSL (British Sign Language).

Yes ☑ Tell us about your communication needs in the box below.
No ☐ Go to question 36.

My short term memory is very poor. I am unable to concentrate. I forget what I am saying mid sentence. I have problems recalling facts and details of events. I am unable to remember telephone numbers or use a mobile phone. I am unable to complete forms or write letters due to impaired grip

36 How many days a week do you have difficulty or need help with the care needs you have told us about on questions 26 to 34? 7 days
Help with your care needs during the day continued

38 Do you usually need someone to keep an eye on you?
For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need supervision.

Yes ☑ Please tick the boxes that apply to you. No ☐ Go to question 40.

Please tell us why you need supervision.

- To prevent danger to myself or others. ☑
- I am not aware of common dangers. ☑
- I am at risk of neglecting myself. ☑
- I am at risk of harming myself. ☐
- I may wander. ☐
- To discourage antisocial or aggressive behaviour. ☐
- I may have fits, dizzy spells or blackouts. ☑
- I may get confused. ☑
- I may hear voices or experience thoughts that disrupt my thinking. ☐

How long can you be safely left for at a time? None

Is there anything else you want to tell us about the supervision you need from another person?

Yes ☐ Tell us in the box below. No ☐ Go to question 39.

Following the stroke I am at risk of self neglect.
I need prompting with all aspects of daily living.
Due to poor memory and concentration I am accident prone and I am not safe around gas or electrical appliances.
I suffer sudden bouts of dizziness that result in loss of balance.
I am at risk from falls.

39 How many days a week do you need someone to keep an eye on you? 7 days

22

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Help with your care needs during the night  continued

41 How many nights a week do you have difficulty or need help with your care needs?  

7 nights

42 Do you usually need someone to watch over you?  
For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need another person to be awake to watch over you.

Yes [ ] Please tick the boxes that apply to you.  

No ✔ Go to question 44.

Please tell us why you need watching over.

▪ To prevent danger to myself or others.  
▪ I am not aware of common dangers.  
▪ I am at risk of harming myself.  
▪ I may wander.  
▪ To discourage antisocial or aggressive behaviour.  
▪ I may get confused.  
▪ I may hear voices or experience thoughts that disrupt my thinking.

How many times a night does another person need to be awake to watch over you?  

How long on average does another person need to be awake to watch over you at night?  

Is there anything else you want to tell us about why you need someone to watch over you?  

Yes [ ] Tell us in the box below.  

No [ ] Go to question 43.

43 How many nights a week do you need someone to watch over you?  

nights
About time spent in hospital, a care home or a similar place

Are you in hospital, a care home or similar place now?
For example, a residential care home, nursing home, hospice or similar place.

For more information please read page 10 of the notes.

Yes [ ] Tell us when you went in. No [✓] Go to question 46.

/ / 

Please tell us the full name and address of the place where you are staying.

If you are in hospital, why did you go into hospital?

Does a local authority, health authority, education authority or a government department give you, or the place where you stay, any money towards the costs of your stay?

Yes [ ] If "Yes", which authority or government department pays? No [ ] Go to question 46.

Have you come out of hospital, a care home or similar place in the past 6 weeks?

Yes [ ] Tell us when you went in. No [✓] Go to question 47.

/ / 

Tell us when you came out.

/ / 

Please tell us the full name and address of the place where you were staying.

If you have been in hospital, why did you go into hospital?
Please note, this statement does not have to be filled in.
If you do want this statement to be filled in, the best person to do it is the one who is most involved with your treatment or care. This may be someone you have already told us about on this form.
If you are signing this form on behalf of the disabled person, please get someone else to fill in this section.

How often do you see the person this form is about?

Monthly

Please tell us what their illnesses and disabilities are, and how they are affected by them.

C.V.A. resulting in impaired memory and recall.
Poor balance, co-ordination.
Requires assistance with all aspects of daily living.

Tell us your job, profession or relationship to the person this form is about.

GP

Your full name
Dr's Name

Your full address
Surgery Address

Daytime phone number, where we can contact you or leave a message

Your signature
Doctor's Signature

Date
/ /
We cannot pay any benefit until you have signed the declaration, and returned the form to us. Please return the signed form straight away.

I declare that the information I have given on this form is correct and complete as far as I know and believe.

I understand that if I knowingly give false information, I may be liable to prosecution or other action.

I understand that I must promptly tell the office that pays my Attendance Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

I understand that the Department for Work and Pensions 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.

This is my claim for Attendance Allowance.

Signature [Box for signature]

Date [Box for date]

Dont forget to sign

Dont forget to print your name here

Have you signed and dated the consent question 18 on this claim form?

For information about how we collect and use information and help and advice about other benefits, see pages 10 and 11 of the notes.