Materials for PIP Kit’s Four Functions

No 1

Supporting Information for Future Form-Completion Appointment

Your PIP Appointment
(date, time, locations and advisor name)

Online Diary
(optional short URL of unique per-claimant form for submitting diary entries, if online method chosen)

Please Bring These
(for writing on names of documents, or sticking on the pre-prepared labels, which the claimant already possesses)

Bring These continued
(optional for extra existing items to bring)

Try to Get & Bring Too
(for writing on names of documents, or sticking on the prep-prepared labels, which the claimant agrees to try to obtain and bring)

Try to Get & Bring Too continued
(optional for extra additional items to obtain and bring)

Pre-Prepared Labels for Sticking on Previous 4 Sheets
(print on Avery J8551 38.1 x 21.17 mm - 65 per sheet)
O Your PIP Appointment

Let us know if this is no longer convenient.

Date & time

Location

Ask for

O Online Diary

Your personal diary address is shown below.

bit.ly/
O Please Bring These

We have discussed what documents and other information you already have. They are listed below and on the next card.

Please bring them to the PIP appointment.

O Bring These continued...

...
O Try to Get & Bring Too

There are other things you do not have which would also help complete the PIP form. They are listed below and on the next card.

Can you try to obtain them and bring them?

O Try to Get & Bring Too continued...
<table>
<thead>
<tr>
<th>PIP2 Form and Return Envelope</th>
<th>Previous PIP Claim or Review Form</th>
<th>Previous PIP Decision/Award</th>
<th>Relative or Friend</th>
<th>Carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant’s Name &amp; Address</td>
<td>GP’s Name &amp; Address</td>
<td>Therapist’s Name &amp; Address</td>
<td>Nurse’s Name &amp; Address</td>
<td>Support Worker’s Name &amp; Address</td>
</tr>
<tr>
<td>Social Worker’s Name &amp; Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Letters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary Patient Record from GP</td>
<td>Prescription List</td>
<td>Care/Therapy Plan</td>
<td>Exercise Plan</td>
<td>Treatment Plan</td>
</tr>
<tr>
<td>Test/Assessment Results</td>
<td>Nutrition Plan</td>
<td>Medical Diary</td>
<td>Appointment Letters</td>
<td>Actual Aids</td>
</tr>
<tr>
<td>Certificate of Vision Impairment</td>
<td>Hospital Discharge Notes/Forms</td>
<td>Actual Medications and Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement from Carer</td>
<td>Claimant’s Personal Statement</td>
<td>Statement from Other Professional</td>
<td>Statement from GP</td>
<td>Statement from Relative or Friend</td>
</tr>
<tr>
<td>Claimant’s Diary or Journal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#ADVISOR# #NAME#</td>
<td>#ADVISOR# #NAME#</td>
<td>#APPOINTMENT# LOCATION# ADDRESS#</td>
<td>#APPOINTMENT# LOCATION# ADDRESS#</td>
<td>#APPOINTMENT# ENQUIRY# PHONENUMBER#</td>
</tr>
</tbody>
</table>
Materials for PIP Kit’s Four Functions

No 2

Daily Diary Record-Keeping Modules

(i) Good and Bad Days
(ii) Going Out
(iii) Toilet Problems
(iv) Washing/Bathing Problems
(v) Falls, Fits, Seizures, Harm
(vi) Medications/Treatments
(vii) Eating Problems

Each available in three technology modes:

Online App
  MODE 1
  Online web form submitted daily

Paper card
  MODE 2
  Cumulative attaching sticky dots (weekly rows)
  MODE 3
  Each day Yes/No photographed using camera
MODE 1
Online form submitted daily
Did you have a good day?
Did you go out today?
Did you manage going to and using the toilet today?
Did you manage to wash or bath today?
Did you avoid any falls, fits, blackouts or seizures today?
Did you take all your medications?
Did you eat properly today?
Paper card
  MODE 2
  Cumulative attaching sticky dots (weekly rows)
## Good and Bad Days

Put one dot for each good or bad day.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Good</th>
<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>Good</td>
<td>Bad</td>
</tr>
<tr>
<td>Week 3</td>
<td>Good</td>
<td>Bad</td>
</tr>
</tbody>
</table>

## Going Out

Put one dot for each day you went out, or not.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Went Out</th>
<th>Did Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>Went Out</td>
<td>Did Not</td>
</tr>
<tr>
<td>Week 3</td>
<td>Went Out</td>
<td>Did Not</td>
</tr>
</tbody>
</table>
### O Toilet Problems

Put one dot for each day, to note if you had a problem in some way.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>None</th>
<th>Had A Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>None</td>
<td>Had A Problem</td>
</tr>
<tr>
<td>Week 3</td>
<td>None</td>
<td>Had A Problem</td>
</tr>
</tbody>
</table>

### O Washing/Bathing Problems

Put one dot for each day, to note if you had a problem in some way.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>None</th>
<th>Had A Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>None</td>
<td>Had A Problem</td>
</tr>
<tr>
<td>Week 3</td>
<td>None</td>
<td>Had A Problem</td>
</tr>
</tbody>
</table>
## Falls, Fits, Seizures, Harm
Put one dot for each day, to note if you had a problem like a fall, fit, seizure or other injury.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>None</th>
<th>Had A Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>None</td>
<td>Had A Problem</td>
</tr>
<tr>
<td>Week 3</td>
<td>None</td>
<td>Had A Problem</td>
</tr>
</tbody>
</table>

## Medications/Treatments
Put one dot for each day, whether you took all your medications and did the treatments.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>All OK</th>
<th>Missed Some</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>All OK</td>
<td>Missed Some</td>
</tr>
<tr>
<td>Week 3</td>
<td>All OK</td>
<td>Missed Some</td>
</tr>
</tbody>
</table>
O Eating Problems

Put one dot for each day, to note if you had a problem in some way.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>None</th>
<th>Had A Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>None</td>
<td>Had A Problem</td>
</tr>
<tr>
<td>Week 3</td>
<td>None</td>
<td>Had A Problem</td>
</tr>
</tbody>
</table>
Paper card
MODE 3
Each day Yes/No photographed using camera
O How was today?
Did you....

Have a good day?  Yes means a good day

Go out? Yes means went out

Manage going to and using the toilet? Yes means all okay

O How was today?
Did you....

Manage to wash or bathe? Yes means all okay

Avoid any falls, fits, blackouts or seizures? Yes means all okay

Take all your medications? Yes means all okay
O How was today?
Did you....

Eat properly? Yes means all okay
<table>
<thead>
<tr>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Materials for PIP Kit’s Four Functions

No 3

Photographic Evidence Gathering

Take Room Photos
(discuss what and write, but typically bathroom and kitchen)

Take Aid Photos
(discuss what and write e.g. cooking, eating, washing, dressing, medications, mobility)

Take Photos
(for anything else that is pertinent)
O Take Room Photos

Please take a photo of...

O Take Aid Photos

Please take a photo of...
O Take Photos

Please take a photo of...
Materials for PIP Kit’s Four Functions

No 4

Reminders

To Complete the Diary
To Take Photos
To Gather Supporting Evidence
To Confirm the Form-Filling Appointment
To Attend the Form-Filling Appointment
To Complete the Diary (daily or as requested)

#ORGANISATION# - Please remember to complete your PIP Kit diary today. If you have any questions, or you want to change the timing or cancel these reminders, you can phone #ORGANISATION# on #PHONENUMBER# and ask for #ADVISORNAME#.

To Take Photos (once or as requested)

#ORGANISATION# - Please remember to try to take photos of #PHOTOITEMS# before the next PIP appointment to help complete your form. If you have any questions, you can phone #ORGANISATION# on #PHONENUMBER# and ask for #ADVISORNAME#.

To Gather Supporting Evidence (once or as requested)

#ORGANISATION# - Please remember to try to obtain #EXTRAITEMS# before the next PIP appointment to help complete your form. If you have any questions, you can phone #ORGANISATION# on #PHONENUMBER# and ask for #ADVISORNAME#. 
To Confirm the Form-Filling Appointment (once)

#ORGANISATION# - booking confirmation -
#DAYNAME# #DAYNUMBER# #MONTH# #YEAR# at #TIME#hrs. [With|Ask for] #ADVISORNAME#. Please [bring|ensure you have|have ready] #LISTOFITEMS#. The appointment is [by telephone|at #ADDRESS#|at other]. Do not reply to this message. If necessary, you can phone #ORGANISATION# on #PHONENUMBER#. Map and directions at #LOCATIONMAP#

To Attend the Form-Filling Appointment (once, 2 days prior)

#ORGANISATION# - appointment reminder -
#DAYNAME# #DAYNUMBER# #MONTH# #YEAR# at #TIME#hrs. [With|Ask for] #ADVISORNAME#. Please [bring|ensure you have|have ready] #LISTOFITEMS#. The appointment is [by telephone|at #ADDRESS#|at other]. If you can no longer make the appointment, please phone #PHONENUMBER# #OPENINGDAYSHOURS# so that someone else can be offered the time. Map and directions at #LOCATIONMAP#
Additional Materials

Camera Guide Card
(for any claimant using the Vibe 1080p HD camera)

Using the Sticky Dots Card
(for daily diary MODE 2)

Using the Yes/No Labels
(for daily diary MODE 3)
## Camera Guide

You have been encouraged to take some photographs, before your next appointment.

| **ON/OFF** | Press and hold the ON/OFF button for 3-4 seconds and let go. The camera will turn on.  
|            | When the camera turns on it is in video mode, indicated by a yellow circle on the display.  
| ![ON/OFF](image) | Press the ON/OFF button once more briefly to change to photo mode, indicated by a light blue rectangle on the display. Pressing ON/OFF briefly cycles through Video-Photo-Playback-Settings.  
| **CLICK** | Point camera, whilst looking at the display.  
| ![CLICK](image) | In photo mode, press CLICK to take a picture (in video mode, this starts/stops recording).  
| **ON/OFF** | Press and hold ON/OFF for 3-4s and let go. The camera will turn off (it will also turn off automatically after a few minutes unused).  
| **POWER** | Use the charger provided, if necessary.  

Using the Sticky Dots

Complete your diary cards by adding a dot every day, on the left or right, depending upon your conditions.

Place one dot each day.

Each full week should have 7 dots on it.

Using the Yes/No Labels

Complete your diary every day by placing Yes or No next to each question on the card(s).

Take a photo of the card(s) every day as a record.