


A GUIDE TO COMPLETING THE ESA 50

Limited capability for work questionnaire



Part of the Department
for Work and Pensions

We need you to fill in this questionnaire if you have claimed or are getting benefits or National Insurance credits.

Please send this questionnaire back by the date given on the enclosed letter. If you are sending the questionnaire in late we need to know why. You can use the space on **page 18** to explain.

If we are able to get enough information about you from this questionnaire, your doctor or the person treating you, we may not need to ask you to attend a face-to-face assessment.

If you have any medical reports from your doctor, consultant or health care professional, or any other information you wish us to see, please send them with this questionnaire.

How to fill in this questionnaire

This questionnaire asks questions about your physical and mental health. The answers you give in this questionnaire will tell us how your illness or disability affects your ability to work.

This questionnaire may seem long, but do not be put off. Every question has instructions to take you step-by-step to the end of the questionnaire.

You may wish to fill in this questionnaire a bit at a time as it may take some time to complete.

Please use the boxes after each question to tell us in your own words how your illness or disability affects you in doing day-to-day things.

If you want help filling in this questionnaire or any part of it

Ask a friend, relative or representative to help you, or get in touch with Jobcentre Plus. The person from Jobcentre Plus will have a copy of the questionnaire and they will go through the questions you are having trouble with over the phone.

Sometimes they may be able to fill in a questionnaire for you. If they do this, they will send the questionnaire to you. You can then check, sign and send it back.

They can send you a questionnaire in braille or large print. This questionnaire is also available to download to your computer to fill in. But you must post it back in the envelope we have sent you.

For information about benefits and services visit www.direct.gov.uk/benefits. Or call us. Our phone number is at the top of the letter we sent you with this questionnaire.

About you

Surname

Other names

Title

Address

Postcode

Date of birth

National Insurance (NI) number

Letters	Numbers	Letter
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ESA50 03/11

This **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. See last page for more information. This guide aims to assist you by including the whole test alongside the form's questions. *If you have a support worker/social worker/nurse etc, see if they will help you with the form.*

If you have received this form and you are on Incapacity Benefit; Income Support or Severe Disablement Allowance you need to fill it in as all claimants are being re-assessed for transfer to ESA and put through this test: **nobody** is automatically exempt.

About you continued

Face-to-face assessment

You may be asked to attend a face-to-face assessment with a qualified healthcare professional. Atos Healthcare would like to telephone you between 9.00am and 8.30pm on Monday to Friday, or between 9.00am and 5.00pm on Saturday to arrange a suitable date and time. To do this we need you to give us at least one up-to-date telephone number so that we can contact you.

Daytime phone number

Code Number

Mobile phone number

It is ok to say 'in writing please'

Any other number

Code Number

If you do not understand English, or cannot talk easily in English, do you need an interpreter?

No ☐

Yes ☐

What language do you want to use?

You can bring your own interpreter to the assessment, but they must be over 16.

Tell us about any help you would need if you have to go for a face-to-face assessment.

Tell us if

- you cannot get up and down stairs
- have difficulty travelling or using public transport
- you need a British Sign Language signer.

Tell us about any other help you might need.

It is ok to say: "X does not/cannot deal with correspondence due to mental health problems/learning difficulties/ etc (give detail). Please contact Z instead." Give contact details.

Make sure a contact is given. Non attendance at medicals 'without good cause' leads to 'fit for work decision' and ESA stops. This decision can be appealed - write to say you are appealing because there was 'good cause' for non-attendance. ESA is NOT paid in these cases. Client will USUALLY need to claim JSA and be actively seeking and available for work but there may be exceptions: get advice.

Tell us about any times or dates in the next 3 months when you cannot go to a face-to-face assessment.

If there are problems attending a medical at Grove House, Alexandra Road, 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.

- 2 If you have problems going out or coping with social situations, and prefer not to go out alone, you can take someone with you; if no one is available to go with you, you should **inform medical services** that you have to cancel the appointment. This is better than making yourself ill by going alone especially as the decision maker may not be aware of the difficulties you had getting there or how it affected your health. **Your benefit will stop if you don't turn up for the medical. You must notify medical services if you need to cancel and re-**

! No-one has to give out their number.
It is important **not to** if you have difficulty coping on the phone or will have any difficulty remembering what is said.

When ESA claimants go for a medical at Grove House, a 'Healthcare Professional assesses' whether they have limited capacity for work.

There is a legal test and guidance which the assessors should follow. We give you the legal tests and guidance as this form does not properly reflect the test and it is therefore easy to leave relevant information out.

About you continued

About your illnesses or disabilities

We will ask you how your illnesses or disabilities affect how you do day-to-day things in the rest of this questionnaire.

Please use the space below to tell us

- what is your disability, illness, or condition, and
- how does it affects you?

Please also tell us about

- any aids you use, such as a wheelchair or hearing aid
- if you have had a heart attack, stroke, accident or something similar. Please tell us when this happened.
- anything else you think we should know about your illness or disabilities.

If at any point you need more space, use the space on **page 18**.

There is room to give more detail further on so you can be brief here. But mention all conditions and the aids used. Give a brief explanation of how the condition affects you. E.g. anxiety - 'this makes me confused and I can't think, I can't breathe properly or deal with anything without help. Anxiety stops me going out'.

It's important to list all conditions and treatments because some conditions automatically lead to you being treated as passing the test. E.g. :

- Receiving, recovering from (or due to have within 6 months) intravenous, intraperitoneal or intrathecal chemotherapy.
- An inpatient, recovering from inpatient care (including residential drug rehab).
- Having or been in contact with an infectious disease so given notice not to work .
- Suffering from a life threatening uncontrolled disease
- Pregnant and 6 weeks before your baby is born, or up to 2 weeks after birth.
- Pregnant and there would be a serious risk to your or the baby's health if you were found capable of work
- Are terminally ill (this means death could be possible within 6 months)

There are other treatments and situations such as certain types of radiotherapy, plasmapheresis or Haemodialysis - put all the details down and get advice if this applies

Explain if there would be a serious risk to your mental or physical health, or that of others, if you were found capable of work; if you had to cope with signing on for JSA or had to do a job . E.g. :

- If you are attending a twelve step treatment programme for substance misuse and could not follow the programme if you were working (which could cause a relapse and damage your health or the well-being of family members).

About you continued

Details of tablets, medication or special treatment

Please also tell us about any tablets, medication or special treatment you are taking or will be taking, including any side effects you have.

Special treatment could include things like radiotherapy or chemotherapy.

If you will be having chemotherapy, tell us the dates if you know them.

Put everything down, whether prescribed or not, even if you regularly buy it yourself - such as painkillers.

If you have side effects from any medication mention it here.

Explain if you are having chemotherapy, or due to within the next 6 months.

About your GP

Name of your GP

Address of your GP

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.

Postcode

GP's phone number

Code

Number

Does anyone else provide you with care, support or treatment?

Please tell us who they are.

For example:

- physiotherapist
- community psychiatric nurse
- social worker
- occupational therapist
- support worker
- hospital consultant.

You could put a friend or relative - ask them first.

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.

Their address

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.

Postcode

Their phone number

Code

Number

Other number

Code

Number

When was your most recent appointment?

Put 'Approx' date if you can't remember exactly

If you need more space, please use the box on page 18.

About you continued

Hospital or clinic treatment

Use this section to tell us about

- any hospital or clinic treatment you are having as an in-patient or out-patient
- any in-patient treatment you have had in the **past 3 months**
- any in-patient treatment you expect to have in the **next 3 months**.

Are you having or awaiting any hospital or clinic treatment?

No ☐

Yes ☐

Were you an in-patient or an out-patient?

In-patient ☐

Out-patient ☐

Are you awaiting chemotherapy treatment?

No ☐

Yes ☐

Were you an in-patient or an out-patient?

In-patient ☐

Out-patient ☐

Tell us when you were or will be in hospital, how often and what for. Please tell us about all your hospital visits here.

If you are waiting for treatment say when you expect to have it. Give a rough date if you don't know for sure. If treatment has recently finished, say when it finished and what it was. If you are attending more than one clinic or hospital, put them all down, including attending asthma clinic, CDAT, attending hospital for regular blood tests etc.

IF THERE'S NOT ENOUGH ROOM IN **ANY** BOX , WRITE OUTSIDE IT OR ADD AN EXTRA PAGE : write your name & National Insurance number on extra pages.

Are you pregnant?

No ☐

Yes ☐

Say if work would place your baby's health at risk

When is the baby due?

IMPORTANT: Part 1 and Part 2 are coming next. READ THIS FIRST.

Don't just answer the questions — many relevant points are not even asked about on this form which means the decision maker won't have all the information they need to assess you under the legal test. We've included the actual test for this reason. Look at the questions in the box marked **'Test'** Try to give information relevant to the test questions. If there is no room in the box you can write outside it or attach extra pages—put your name and NI number on additional pages. See last page for more information about the **'descriptors'** or test questions

About you continued

Drugs, alcohol or other substances

Do you think any of your health problems are linked to drug or alcohol misuse, or misuse of any other substance? No ☐ Now go to Part 1.
Yes ☐

If you have answered **Yes**, use this space to tell us more about these problems and how they affect your health. By *drugs* we mean drugs you get from your doctor and other drugs.

If drug/alcohol use has led to mental or physical problems, give details. E.g. circulation problems/thrombosis. Put down anything connected to substance use.

For a lot of people *not getting support for mental health problems* has been the reasons for drug/alcohol use. Make sure you include details about this.

If you are having treatment/seeing a counsellor/on a waiting list give details.

Are you in a residential rehabilitation scheme? No ☐
Yes ☐

Tell us where you attend and the dates of your course of treatment.

If you are attending a residential programme of rehabilitation for drug or alcohol dependence, you are treated as having limited capability for work so it is important to give details.

Part 1 – Physical functions

1. Moving around and using steps

By *moving* we mean including the use of aids such as a manual wheelchair, crutches or a walking stick, if you usually use one, 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.

Can you move at least 50 metres (about 54 yards) before you need to stop?
To give you an idea about distances: A double-decker bus is about 11 metres long.

No ☐
Yes ☐
It varies ☐

Can you move at least 200 metres (about 220 yards) before you need to stop?
To give you an idea about distances: A double-decker bus is about 11 metres long.

No ☐
Yes ☐
It varies ☐

TEST

Cannot, on level ground, without EITHER stopping to avoid significant discomfort or exhaustion OR unable to repeat distance within a reasonable timescale because of significant discomfort or exhaustion:

- A) Mobilise more than 50 metres
- B) Mobilise more than 100 metres
- C) Mobilise more than 200 metres

Part 1 – Physical functions continued

Use this space to tell us how far you can move and why you might have to stop. For example tiredness or discomfort. If it varies, tell us how. Tell us if you usually use a walking stick, crutches, a wheelchair or anything else to help you, and tell us how it affects the way you move around.

The questions ask if you 'can' or 'cannot' do a task. 'Cannot' doesn't mean it is impossible - it means it is too difficult, or too painful for you to do it reliably and repeatedly. **'It varies'** does not really answer the question

They are interested in how you are "MOST OF THE TIME". The decision maker may only have time to read ticks, so do tick 'No' if that is true most of the time. You can explain in the box that you have better days when you 'Can' but make sure you stress that this is not the norm. Think about the distance before severe discomfort arises, not the distance you may push yourself to go. You might be able to walk 200 hundred metres but if severe discomfort starts at 25 metres, then that's how far you can walk **without** severe discomfort. **Remember** 'mobilise' includes moving yourself in a manual wheelchair if you usually use one—consider how far you can do this without stopping or severe discomfort. Could you repeat that distance and after how long?

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 ☐

It varies ☐

Now go to question 2.

Use this space to tell us more about using steps. If it varies, tell us how.

TEST: Cannot mount or descend 2 steps unaided by another person even with the support of a handrail = 9 points
Remember: points are only counted for your highest-scoring answer in section 1.

Can you do this safely, reliably and repeatedly without undue pain? If you have tried and had problems give examples here. Mention any difficulties like pain, dizziness, breathlessness, numbness in feet and legs etc.

At the medical you will be asked how you got to Grove House, so explain your journey and any problems or help you had. Did you get dropped off directly outside while your friend went to park the car? Did you have to stop due to pain walking from the bus stop? If so, how many times?

2. Standing and sitting

Please tick this box if you can stand and sit without difficulty.

☐

Now go to question 3.

Can you move from one seat to another right next to it without help from someone else?

No ☐

Yes ☐

It varies ☐

Can you stay in one place, either standing or sitting, for at least an hour without help from another person?

This does not mean standing completely still. It includes being able to change position.

No ☐

Yes ☐

It varies ☐

TEST

A) Cannot move from one seat to the next seat without physical assistance from someone

Cannot, for the majority of the time, remain at a workstation either sitting (in adjustable chair) or standing (free to move around) before needing to move away to avoid significant discomfort or exhaustion for more than:

B) 30 minutes

C) 1 hour

Part 1 – Physical functions continued

Use this space to tell us more about standing and sitting and why this might be difficult for you. Tell us how long you can sit for and how long you can stand for. Tell us what might make it difficult for you, such as pain, discomfort or tiredness. If it varies, tell us how.

'it varies' is confusing. Is the answer 'yes' or 'no' for *'Most of the time'*? Explain variations in the box, rather than tick 'it varies'

Explain why this is difficult. Have you fallen or got stuck trying to move? Do you seize up after sitting for short periods, so you usually need help to move? Are you in pain? Where? Remember, not having help available doesn't alter the fact that you **NEED** help.

The second question was about whether you could stay at a 'work station', like a desk or a check-out till, without needing to have a break. This could mean *alternating* between sitting and standing. If it is difficult to get from standing to sitting or sitting to standing say this **HERE** and explain why.

The question asks about 'an hour'. If the time is shorter for you, **SAY SO**. Higher points are awarded for 30 minutes, so you need to make your own limits clear, eg 'I could not even do this for 20 minutes'.

3. Reaching

Please tick this box if you can reach up with your arms without difficulty.

☐

Now go to question 4.

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 to reach for something?

No

☐

Yes

☐

It varies

☐

TEST

Cannot raise **EITHER** arm as if to:

A) Put something in top pocket of a coat

B) Put on a hat

C) Above head height as if to reach for something

Use this space to tell us more. Tell us why you might not be able to reach up, and whether it affects both arms. If it varies, tell us how.

Avoid 'it varies'! Think about 'most of the time'. If you cannot put on a hat with either hand say this here - it is in the test but not on the form.

Remember 'cannot' does not mean you couldn't do it if your life depended on - it means it would cause you undue pain or discomfort, or maybe you could do it without too much problem once but could not do it again without a long break first, or that you **usually** cannot do it.

Give examples if you can, to explain why you have difficulty raising your arms; again you must be able to do it safely, reliably and repeatedly. Describe problems in both arms. If you only have problems with one arm you will not get points. E.g. 'due to the lymphoedema following treatment for breast cancer I have been told not to reach above my head for anything'. Explain if reaching causes you severe shoulder or elbow pain.

Part 1 – Physical functions continued

4. Picking up and moving things

Please tick this box if you can pick things up and move them without difficulty.

☐

Now go to question 5.

Picking up things using your upper body and either arm

Can you pick up and move a half-litre (one pint) carton full of liquid?

No ☐

Yes ☐

It varies ☐

Can you pick up and move a litre (two pint) carton full of liquid?

No ☐

Yes ☐

It varies ☐

Can you pick up and move a large, light object like an empty cardboard box?

No ☐

Yes ☐

It varies ☐

TEST:

- A) Cannot pick up and move a 0.5 litre/1 pint carton of milk with either hand
- B) Cannot pick up and move a 1 litre/2 pint carton of milk with either hand
- C) Cannot pick up and move a light bulky object requiring use of both hands

Use this space to tell us more about picking things up and moving them. Tell us why you might not be able to pick things up. If it varies, tell us how.

It is very important to explain all your problems with this. For example, if you only have the use of one arm you will have to explain if you cannot use your other arm to do this either. The test expects claimants to use their upper body as well as their arms - for example, holding an empty box against your side with one arm. If there is a reason why this could not be done reliably (you may drop it) and repeatedly (because it is tiring or painful) say so HERE, even though the form doesn't ask you to.

Include details of how lack of co-ordination, limited movement, pain, tremors etc affect your ability to pick up and move these things.

Picking up and moving an empty cardboard box involves the co-ordination of both arms, so explain problems which affect this. It involves the use of both hands, arms and shoulders so people who have problems on just one side, such as weakness on one side following a stroke, will normally have difficulty. Explain this.

Any problems with hands, fingers, shoulders, neck are all relevant here - include them.

Remember: add an extra sheet (include your name and NI number) if needed.

Part 1 – Physical functions continued

5. Manual Dexterity (Using your hands)

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

☐

Now go to question 6.

Can you use either hand to do things like:

- 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 computer keyboard or computer mouse?

Some of them

☐

None of them

☐

It varies

☐

Use this space to tell us more. Tell us which of these things you have problems with and why. If it varies, tell us how.

If you answer 'some of them', say which ones.

If you cannot pick up a £1 coin or similar object with either hand, make this clear.

If your ability to do this varies, decide whether you can or cannot MOST OF THE TIME. If most of the time you can't, then you should say that you can't. Do not tick 'It varies' if this is the case.

Pain and stiffness is relevant - mention it if it applies to you.

Think about whether you could continue to do any of the actions throughout the day. Being able to do it once or twice or only being able to do it sometimes means you can't do it reliably. If you can do it a couple of times but you are then in pain for a long time afterwards and couldn't attempt to do it again, write this on the form.

TEST

- A. Cannot, with either hand, either:
Press a button, such as a telephone key pad OR Turn the pages of a book
- B. Cannot pick up £1 coin with either hand
- C. Cannot use pen or pencil to make a meaningful mark
- D) Cannot physically use a suitable keyboard or mouse

6. Communicating with people

This section looks at how you communicate using speech, writing and typing.

Please tick this box if you can communicate with other people without any difficulty.

☐

Now go to question 7.

Can you communicate with someone you don't know by speaking, writing, typing or any other means without the help of another person?

No

☐

Yes

☐

It varies

☐

TEST

- A) Cannot convey a simple message such as the presence of a hazard
- B) Has significant difficulty conveying a simple message to strangers
- C) Has some difficulty conveying a simple message to strangers

Part 1 – Physical functions continued

Use this space to tell us more about how you communicate and why you might not be able to communicate with other people. For example, difficulties with speech, writing or typing. If it varies, tell us how.

Could you let another person know *reliably* if there was a hazard, or not? Think about other examples too, like telling someone that a) somebody rang to speak to them, b) how much something costs, c) where the toilets are. Can you ask someone for something you need from them? Think about *speech, writing, typing*: someone else must be able to understand it. This isn't about language barriers- you won't pass the test just because you can't understand English. Communication is no good if it you can only manage it sometimes! If that's the case, explain HERE.

7. Other people communicating with you

This section looks at how you understand other people by hearing and reading.

Please tick this box if you can understand other people without any difficulty.

☐

Now go to question 8.

Can you understand other people – by hearing, lip reading, reading or using a hearing aid – without the help of another person?

No

☐

Yes

☐

It varies

☐

Use this space to tell us more. Tell us if you can hear, lip read, read or understand people in another way, or why you might not be able to. Tell us about any aids you use, such as a hearing aid. If it varies, tell us how.

TEST

Due to sensory impairment:

- A) Cannot understand simple message, such as location of a fire escape
- B) Has significant difficulty understanding a simple message from strangers
- C) Has some difficulty understanding a simple message from strangers

This is about understanding a simple message through the written or spoken word looking at problems with hearing and seeing. If you have partial sight **or** hearing, explain any problems you may have understanding fully. This is about *your ability*, while using your *usual* aids. If your aids cause a problem e.g. ear infections, pain, headaches or have limited use, then explain. If something doesn't seem like a huge problem and you 'manage', still include it. Give examples of times when you have misunderstood something written down or said, and any problem this has caused for you. If you can see a written message but not hear it/lip read or visa versa this should still count—**you don't have to have problems with both to score points.**

8. Getting around safely

This section looks at visual problems. 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 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.

Can you see to cross the road on your own?

No

☐

Yes

☐

It varies

☐

TEST

Due to sensory impairment cannot without being accompanied by another person:

- A) Navigate around familiar surroundings
- B) Safely complete a potentially hazardous task such as crossing the road
- C) Navigate around unfamiliar surroundings

11

Questions 7 & 8 are about sensory impairment not learning difficulties or mental health— Clearly someone who can't read at all would not be able to read a simple message, and a very anxious person may have trouble getting around safely—if the problems are **not** to do with hearing or seeing see if questions 11 and 15 further on apply to you.

Part 1 – Physical functions continued

Can you get around a place that you haven't been to before without help?

No ☐

Yes ☐

It varies ☐

Use this space to tell us more about any problems with your eyesight and how they stop you finding your way around safely.

Do you need another person with you to be safe outside because of a sight or a hearing problem? (For mental health problems only, there are different questions later.)

Explain problems in *familiar* places if you have them, as well as in *unfamiliar* places where you do not know what to expect or what might be in the way.

Do you have problems crossing roads, e.g. due to a lack of peripheral vision, or problems judging distances? Give examples of difficult or dangerous things that have happened when out and about. If you have difficulty in unfamiliar places this will include roads; not all roads have safe crossings, so explain this. Explain why having another person makes it possible (or less risky) for you to be outside - describe what they do that makes you safer while out and about.

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.

TEST

- A) At least once a month lose control of bladder or bowel or have substantial leakage of collecting device sufficient to require cleaning and change of clothes
- B) At risk of loss of control of bladder or bowel, sufficient to require cleaning and change of clothes, if not able to reach toilet quickly enough

Do you have to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device?

Weekly

☐

Monthly

☐

Less often

☐

A collecting device is also known as a *stoma*.

Use this space to tell us more about controlling your bowels and bladder and managing your collecting device. Tell us how often you might need to change your clothes or wash because of soiling, wetting or leakages.

This is a very personal question, but it is important to go into detail. If it is 'less often' say how often roughly. If you are at risk of losing control if you are not able to reach the toilet quickly enough, make this clear. Say if there is no way of knowing when this will happen and remember that you are talking about your bowel AND/OR bladder. Explain why you might lose bowel or bladder control. If, for example, you have epileptic fits and are unconscious there may be a risk of losing control. Mobility problems may make you unable to reach the toilet quickly enough.

Many people might want to wash after losing control of their bowel or bladder even if it's only partial. If this applies to you then explain why - for example, if not washing after leakages causes soreness, or if you worry about smell.

! This does not include bedwetting, but bedwetting does indicate that you may also have control problems during the day.

Part 1 – Physical functions continued

10. Staying conscious when awake

Please tick this box if you do not have any problems staying conscious while awake.

☐

Now go to question 11 in Part 2.

While you are awake, how often do you have fits or blackouts?

This includes epileptic fits and absences, and diabetic hypos.

Weekly

☐

Monthly

☐

Less than monthly

☐

Use this space to tell us more.

TEST

Have an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration:

- A) At least once a week
- B) At least once a month

Less than once a month is not considered a significant enough problem!

Remember 'Absences' count, too. You may not have a full fit - your eyes may be open and it may only last for a few seconds, but if it affects your concentration enough for it to cause you a problem, explain this. If you have had any accidents or near-misses because of this, you should detail what they are. For example, if you've been outside and had a fit or an absence, have you been unable to concentrate on traffic? Have you been cooking when this has happened? Explain how disorientated you feel and how long it takes to recover afterwards as this will continue to disrupt awareness and concentration even after you have regained consciousness. Remember having enough warning to sit down in your own house does not mean the episode has not caused significantly disrupted awareness or left you unable to function while you recover. Ask your family and friends if they have noticed absences that you are not aware of.

Part 2 – Mental, cognitive and intellectual functions

By *mental, cognitive and intellectual functions* we mean things like mental illness, learning difficulties and the effects of head injuries.

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.

Can you learn how to do a simple 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

☐

TEST

- A) Cannot learn how to complete a simple task such as setting an alarm clock
- B) Cannot learn anything beyond a simple task such as setting an alarm clock
- C) Cannot learn anything beyond a moderately complex task such as the steps involved in using a washing machine

! Ticking 'it varies' does not answer the question.

Part 2 – Mental, cognitive and intellectual functions continued

Use this space to tell us about any difficulties you have learning to do tasks, and why you find it difficult.

The *Medical Services Handbook (MSH)* says this is mainly about learning difficulties or brain disorders such as brain injury or stroke, but also consider any condition that affects the ability to learn, concentrate and remember. Depression can cause problems with memory and concentration, so learning how to do a new task, e.g. working a new mobile, becomes difficult.

What is meant by 'BEYOND a moderately complex task'? The *MSH* says a simple task involves 1 or 2 steps and a moderately complex task involves 3 or 4 steps – this is only a guide. Use examples. What have you have struggled to take in and learn to do? If you have learned how to do something one day but are unable to remember how to do it the next day, you have NOT learned how to do the task.

The length of time it takes to learn a NEW task is also important, you should be able to learn how to do something in a *reasonable* length of time, not *eventually*, after intensive input.

12. Awareness of hazard or danger

Please tick this box if you can keep yourself safe when doing everyday tasks such as cooking.

☐

Now go to question 13.

TEST

Do you need supervision
(someone to stay with you) to
keep yourself safe?

Usually

☐

Sometimes

☐

It varies

☐

Reduced awareness of everyday hazards leads to a significant risk of either injury to self or other or damage to property or possessions such as to require supervision to maintain safety:

- A) The majority of the time
- B) Frequently
- C) Occasionally

Use this space to tell us how you cope with danger. Please give us examples of problems you have with doing things safely.

Give details of anything that causes reduced awareness or puts you at any risk, including leaving the oven on due to lapses in concentration. This could be caused by learning difficulties, conditions affecting concentration (including effects of medication), brain damage, neurological conditions that affect awareness eg dementia. It could also include people with severe depression and psychotic disorders that reduce attention and concentration—or other things.

If it varies explain why e.g. when in manic phase of manic depression you have no concept of risk.

(The Medical Services Handbook states that '**the majority of the time**' means needing daily supervision, and '**frequently**' means several times a week – **this is guidance only**)

Part 2 – Mental, cognitive and intellectual functions continued

13. Initiating actions

This section is about whether you can manage to start and complete daily routines and tasks like getting up, washing and dressing, cooking a meal or going shopping.

Please tick this box if you manage to do daily tasks without difficulty.

☐

Now go to question 14.

Can you manage to plan, start and finish daily tasks?

Never

☐

Sometimes

☐

It varies

☐

Use this space to tell us what difficulties you have doing your daily routines. For example, remembering to do things, planning and organising how to do them, and concentrating to finish them. Tell us what might make it difficult for you and how often you need other people to help you.

TEST

Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions:

- A) Never
- B) Majority of the time
- C) Frequently

This is both starting and successfully completing at least 2 tasks in a row, in a logical order, such as getting up, washed and dressed—without be prompted by someone else. If you can only do things with encouragement, then the answer is 'never' - use the box to explain about the encouragement you need.

The *Medical Services Handbook* says this applies to people with conditions such as psychosis, Obsessive Compulsive Disorder (OCD), autism, learning disability, severe depression or abnormal levels of fatigue. Remember this is guidance only and if it affects you in any way, write it down. Even 'mild' depression can result in you being unable to get started on anything without encouragement, so should be included.

If you suffer from OCD and would not be able to finish a task in a reasonable time, you should not be considered to have successfully finished. Explain what rituals you have to do and how long everything takes.

14. Coping with change

Please tick this box if you can cope with change to your daily routine.

☐

Now go to question 15.

Can you cope with small changes to your routine if you know about them before they happen?

No

☐

Yes

☐

For example, things like having a meal earlier or later than usual.

It varies

☐

Can you cope with small changes to your routine if they are unexpected?

No

☐

Yes

☐

This means things like appointments being cancelled, or your bus or train not running on time.

It varies

☐

TEST

- A) Cannot cope with any change to the extent that day to day life cannot be managed
- B) Cannot cope with minor planned change to the extent that overall day to day life is made significantly more difficult
- C) Cannot cope with minor unplanned change to the extent that overall day to day life is made significantly more difficult

Part 2 – Mental, cognitive and intellectual functions continued

Use this space to tell us more about how you cope with change.
Explain your problems, and give examples if you can.

This is not about disliking change, but the inability to cope with it, resulting in, for example, not being able to do anything for the rest of the day, anxiety / panic attack, angry outbursts, collapsing in a heap crying etc.

Explain how you have coped when your support worker has had to change the time of an appointment or the bus didn't come. If you cannot cope with change *most of the time* tick **NO** rather than **It varies** and then explain.

The Medical Services Handbook says this would probably not apply to anyone who has managed to attend their medical alone, so if you do feel the need to take someone with you, make sure the assessor is made aware.

15. Going out

Please tick this box if you can go out on your own.

☐

Now go to question 16.

Can you leave home and go out to places you know if someone goes with you?

No

☐

Yes

☐

It varies

☐

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

Usually

☐

Not very often

☐

It varies

☐

TEST

- A) Cannot get to any specified place that is familiar to you
- B) Unable to get to a specified place that is familiar to you without being accompanied
- C) Unable to get to a specified place that is unfamiliar to you without being accompanied

Use this space to tell us why you cannot always get to places.
Tell us whether you need someone to go with you.

The *Medical Services Handbook* lists disorientation, agoraphobia and learning difficulties as relevant here, and says evidence of severe anxiety (not lesser degrees of anxiety) is needed. However, lesser degrees of general anxiety could result in not being able to cope going to an unfamiliar place, so explain how you are affected and what symptoms of anxiety or panic you experience.

Consider safety issues and disorientation. For example if you experience panic attacks, do you run across roads to get away? Do you become disorientated and need help to get where you were going? If memory problems mean you get lost in either familiar or unfamiliar places, explain this. At the medical, make sure the healthcare professional is aware that you did not make it to the appointment on your own, or they will consider that you don't have a problem in this area.

Part 2 – Mental, cognitive and intellectual functions continued

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.

Can you meet with people you know without feeling too anxious or scared?

No ☐

Yes ☐

It varies ☐

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

No ☐

Yes ☐

It varies ☐

Now go to question 17.

TEST

- A) Engagement in social contact is always precluded due to difficulty relating to others or would cause you to experience significant distress
- B) Engagement in social contact with someone unfamiliar is always precluded due to difficulty relating to others or would cause you to experience significant distress
- C) Engagement in social contact with someone unfamiliar is not possible for the majority of the time due to difficulty relating to others or would cause you to experience significant distress

Use this space to tell us why you find it distressing to meet other people and what makes it difficult. Tell us how often you feel like this.

The MSH says this may apply to people with severe anxiety, autism, psychosis or learning disabilities, with higher levels of anxiety than 'fleeting moments of anxiety such as any person might experience from time to time'. The guidance wrongly suggests that being able to attend the medical alone and not showing signs of anxiety at the medical means this descriptor should not be met—this is a snapshot view of what could be a good day and distress is not always visible - **remember** you have a right to be accompanied and you should not make yourself ill by trying to attend medicals alone—**cancel and rearrange** if you need someone to go with you. If you have struggled to get there alone the assessor needs to know about the problems you had and how it affected you. **Do not** fail to attend or your benefit will stop—make sure to contact medical services to cancel.

If you are a support worker, describe how your client reacted when they first met you, whether they have not been able to attend or cope at any events you have arranged, how socially isolated they are, how anxiety affects them etc.

17. Behaving appropriately with other people

This section looks at whether your behaviour upsets other people.

Please tick this box if your behaviour does not upset other people.

☐

Please go the **Other Information** section.

How often do you behave in a way which upsets other people?

For example, this might be because you are aggressive or act in an unusual way.

Every day

☐

Often

☐

Occasionally

☐

TEST

Has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace:

- A) On a daily basis
- B) Frequently
- C) Occasionally

Part 2 – Mental, cognitive and intellectual functions continued

Use this space to tell us why your behaviour upsets other people and how often this happens.

The MSH says this section is for people with psychotic illnesses, brain damage, autistic spectrum disorders. This list is not exhaustive. Disinhibited behaviour can occur in conditions such as manic depression/ bi-polar disorder or schizophrenia. If controlled by medication, how often does forgotten or overlooked medication cause an episode?

No definition is given for how often 'frequently' is compared to 'occasionally' and as yet there is no caselaw to provide any answer to this – use your judgement.

Describe instances of physical or verbal aggression, any behaviour viewed by others as strange, and how your behaviour can affect other people. Behaviour that may be acceptable at home or in a Daycentre may **not** be acceptable in a workplace.

Answer in relation to a work environment

Other information

If you need more space to answer questions, please use the space below.

Support group descriptors:

As well as the test assessing whether you qualify for ESA due to having limited capability for work, there is a test to see whether you have limited capability for *Work Related Activity*. If you pass this test you'll be in the Support Group, not the Work Related Activity Group.

1. Cannot mobilise more than 50 metres, on level ground, without EITHER stopping to avoid significant discomfort or exhaustion OR do repeatedly within a reasonable time-scale because of significant discomfort or exhaustion.
2. Cannot move from one seat to the next seat without physical assistance from someone.
3. Cannot raise EITHER arm as if to put something in top pocket of a coat.
4. Cannot pick up and move a 0.5 litre/1 pint carton of milk with either hand .
5. Cannot, with either hand, either: press a button, such as a telephone key pad OR turn the pages of a book.
6. Cannot convey a simple message such as the presence of a hazard.
7. Cannot understand simple message, such as location of a fire escape.
8. At least once a WEEK lose control of bladder or bowel or have substantial leakage of collecting device sufficient to require cleaning and change of clothes.
9. Cannot learn how to complete a simple task such as setting an alarm clock.
10. Reduced awareness of everyday hazards leads to a significant risk of either injury to self or other or damage to property or possessions such as to require supervision to maintain safety for the majority of the time.
11. Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.
12. Cannot cope with any change to the extent that day to day life cannot be managed.
13. Engagement in social contact is always precluded due to difficulty relating to others or would cause you to experience significant distress.
14. Has on a daily basis uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace. **(Continued on p.19)**

If at least one of the 16 Support Group descriptors applies (make sure your answers in the corresponding part of the ESA50 form make this CLEAR), you should be placed in the Support Group. This means you won't need to meet the same conditions as those in the Work Related Activity Group, and you may get slightly more money (more info over on p.19).

Other information continued

If you are returning this questionnaire late, please tell us why below.

Support group descriptors continued:

15. Cannot convey food or drink to your mouth: i) Without physical assistance from someone; ii) Without repeatedly stopping, experiencing breathlessness or severe discomfort; iii) Without receiving regular prompting in your presence; iv) Due to a severe disorder of mood or behaviour fails to do so without physical assistance or regular prompting.
16. Cannot chew or swallow food or drink: i) At all; ii) Without repeatedly stopping, experiencing breathlessness or severe discomfort; iii) Without receiving regular prompting in your presence iv) Due to a severe disorder of mood or behaviour fails to do so without physical assistance or regular prompting.

No questions are asked about eating or drinking, so *use this space to explain* if it applies.

Those in the Support Group receive a higher rate, with an additional premium for people on income related ESA. Those placed in the Work Related Activity Group will have periodic Work Focussed interviews and will have to participate in the Work Programme and/or Work Choice Schemes there are more conditions placed on people in the Work Related Activity group, who face losing the work related component of their benefit if they fail to comply. Be clear if any of the 16 Support Group descriptors above apply to you.

Declaration

- **I declare** that the information I have given on this questionnaire is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
- **I agree** that
 - the Department for Work and Pensions
 - any health care professional advising the Department
 - any organisation with which the Department has a contract for the provision of medical servicesmay ask any of the people or organisations mentioned on this questionnaire for any information which is needed to deal with
 - this claim for benefit
 - any request for this claim to be looked at againand that the information may be given to that health care 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 questionnaire 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

Daytime phone number

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 problems.

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 this questionnaire
- you return the questionnaire in the envelope provided with the original paper form we sent you or to the address on the letter that came with the paper form.

Tick this box if you are including any medical reports. ☐

Would you like us to tell anyone else about this assessment?

For example, support worker, social worker, friends or family. Let us know who this is, their phone number and explain why you would prefer we contacted them instead of you.

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.

How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to protect against crime.

To find out more about how we use information, visit our website www.dwp.gov.uk/privacy-policy or contact any of our offices.

Can't return the form on time?

If the ESA50 form is not returned, and you cannot convince the DWP that you have reasonable good cause for not completing and returning it, you will be declared fit for work.

This decision can be appealed, but **in these circumstances** you can't claim ESA whilst waiting for the appeal to be heard. You'll need to claim Job Seekers Allowance instead, and to be actively seeking work— unless you are able to claim Income Support as a lone parent or carer.

The date the form should be returned by is shown on the letter accompanying the form. If the form is going to be returned late, ring the DWP *before the date* to agree an extension of the time limit.

What happens next?

People are usually asked to attend a medical assessment after the ESA50 has been completed and returned. The approved healthcare professional (doctor/nurse/other health professional) at the medical scores points for each 'descriptor'.

What is a 'descriptor'? A descriptor is the numbered question ie '**moving around**' (page 6). The test questions for each descriptor (which we have given in the boxes marked '**Test**') start at a high level of problem and get easier. The assessor has to decide which level applies to each 'descriptor' '**most of the time**'. More points are awarded the greater the degree of problem under each heading. Therefore if 'A' applies more points will be scored than for 'C'. The DWP decision maker *usually agrees* with the points awarded by the medical assessor, but it is their decision - you are quite likely to disagree! A high % of decisions are overturned at appeal but unfortunately very few people actually appeal.

If you fail the test and are found fit for work appeal if you disagree. The ESA50 will form part of the appeal submission, so make *sure it* contains the right details to help the Tribunal make their decision. Complete it carefully and thoroughly.

If you are appealing on the grounds that you did not score enough points to pass the Work Capability Assessment, you will get Employment and Support Allowance paid at the *assessment rate as long as you make the appeal and continue to* send in sick notes..

Ask your support worker to contact the Social Inclusion Unit's Welfare Rights Advice Line for help to prepare for an appeal.