

# **Incapacity Benefit Draft Tool**

Points: Physical

Points: Mental

<b><u>Physical</u></b>	<b><u>Descriptors</u></b>
Sitting	
Rising from sitting	
Bending and kneeling	
Walking	
Walking up and down stairs	
Standing	
Using your hands	
Reaching	
Lifting and carrying	
Seeing	
Speaking	
Hearing	
Fits or something similar	
Coping with toilet needs	

# Incapacity Benefit Draft Tool

Points: Physical

Points: Mental

<b>Mental</b>	<b>Descriptors</b>	
Completion of tasks	I cannot answer the telephone and reliably take a message	<input type="checkbox"/>
	I often sit for hours doing nothing	<input type="checkbox"/>
	I cannot concentrate to read a magazine article or follow a radio or television programme	<input type="checkbox"/>
	I cannot use a telephone book or other directory to find a number	<input type="checkbox"/>
	My mental condition prevents me from undertaking leisure activities that I previously enjoyed	<input type="checkbox"/>
	I overlook or forget the risk posed by domestic appliances or other common hazards due to poor concentration	<input type="checkbox"/>
	Agitation, confusion or forgetfulness has resulted in my having potentially dangerous accidents in the 3 months before the day the benefit is claimed for	<input type="checkbox"/>
	My concentration can only be sustained by prompting	<input type="checkbox"/>
Daily living	I need encouragement to get up and dress	<input type="checkbox"/>
	I need alcohol before midday	<input type="checkbox"/>
	I am frequently distressed at some time of the day due to fluctuation of mood	<input type="checkbox"/>
	I do not care about my appearance and living conditions	<input type="checkbox"/>
	Sleep problems interfere with my daytime activities	<input type="checkbox"/>
Coping with pressure	Mental stress was a factor in making me stop work	<input type="checkbox"/>
	I frequently feel scared or panicky for no obvious reason	<input type="checkbox"/>
	I avoid carrying out routine activities because I am convinced they will prove too tiring or stressful	<input type="checkbox"/>
	I am unable to cope with changes in my daily routine	<input type="checkbox"/>
	I frequently find there are so many things to do that I give up because of fatigue, apathy or disinterest	<input type="checkbox"/>
	I am scared or anxious that work would bring back or worsen my illness	<input type="checkbox"/>
Interaction with other people	I cannot look after myself without help from others	<input type="checkbox"/>
	I get upset by ordinary events and this results in disruptive behavioural problems	<input type="checkbox"/>
	My mental problems impair my ability to communicate with other people	<input type="checkbox"/>
	I get irritated by things that would not have bothered me before I became ill	<input type="checkbox"/>
	I prefer to be left alone for 6 hours or more each day	<input type="checkbox"/>
	I am too frightened to go out alone	<input type="checkbox"/>