

# **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.

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Date & time

Location

Ask for

## **O Online Diary**

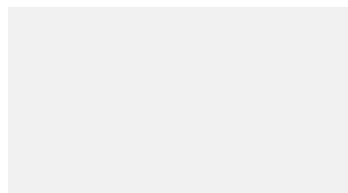
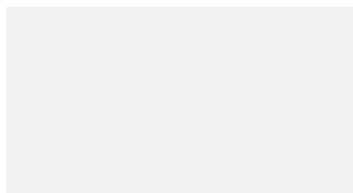
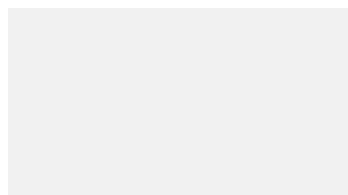
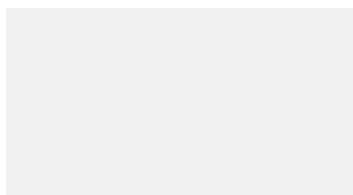
Your personal diary address is shown below.

**bit.ly/**

## **O Please Bring These**

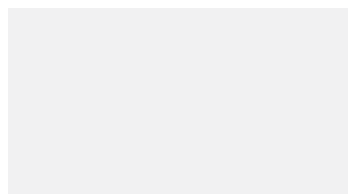
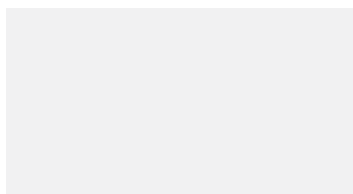
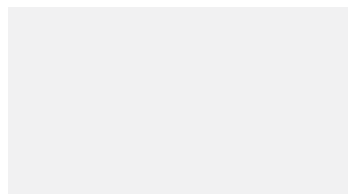
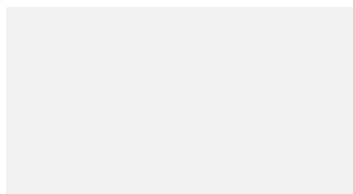
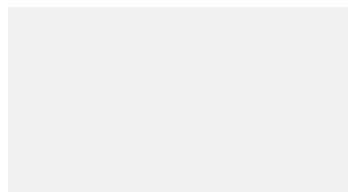
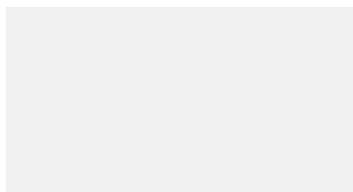
We have discussed what documents and other information you already have. They are listed below and on the next card.

Please bring them to the PIP appointment.



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## **O Bring These** continued...

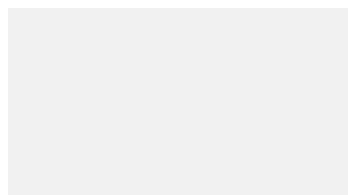
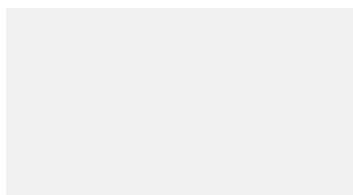


## **O Try to Get & Bring Too**

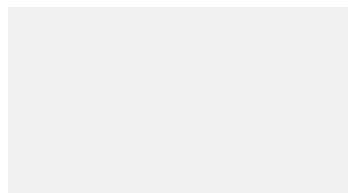
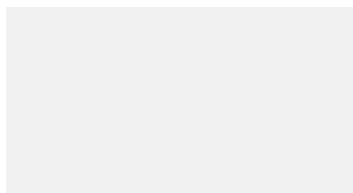
There are other things you do not have which would also help complete the PIP form. They are listed below and on the next card.

Can you try to obtain them and bring them?

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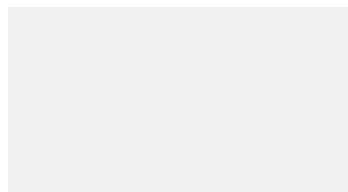
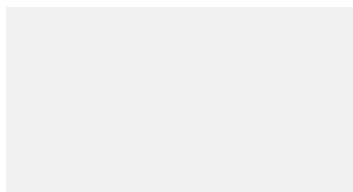


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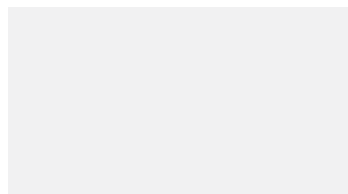
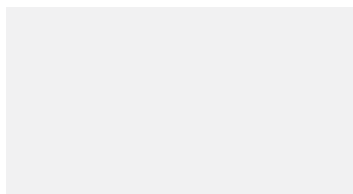


## **O Try to Get & Bring Too** continued...

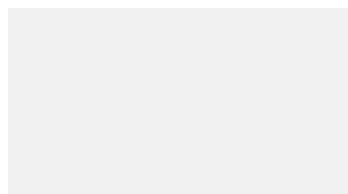
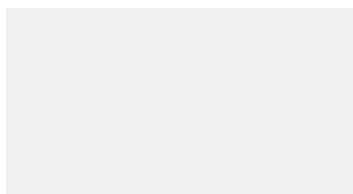
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PIP2 Form and Return Envelope	Previous PIP Claim or Review Form	Previous PIP Decision/Award	Relative or Friend	Carer
Consultant's Name & Address	GP's Name & Address	Therapist's Name & Address	Nurse's Name & Address	Support Worker's Name & Address
Social Worker's Name & Address				
Hospital Letters				
Summary Patient Record from GP	Prescription List	Care/Therapy Plan	Exercise Plan	Treatment Plan
Test/Assessment Results	Nutrition Plan	Medical Diary	Appointment Letters	Actual Aids
Certificate of Vision Impairment	Hospital Discharge Notes/Forms	Actual Medications and Equipment		
Statement from Carer	Claimant's Personal Statement	Statement from Other Professional	Statement from GP	Statement from Relative or Friend
Claimant's Diary or Journal				
				#APPOINTMENT# #ENQUIRY# #PHONENUMBER#
#ADVISOR# #NAME#	#ADVISOR# #NAME#	#APPOINTMENT# #LOCATION# #ADDRESS#	#APPOINTMENT# #LOCATION# #ADDRESS#	#APPOINTMENT# #ENQUIRY# #PHONENUMBER#

# **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)

## O Good and Bad Days

Put one dot for each good or bad day.

Week 1	Good	Bad
Week 2	Good	Bad
Week 3	Good	Bad

## O Going Out

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

Week 1	Went Out	Did Not
Week 2	Went Out	Did Not
Week 3	Went Out	Did Not

## O Toilet Problems

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

Week 1	None	Had A Problem
Week 2	None	Had A Problem
Week 3	None	Had A Problem

## O Washing/Bathing Problems

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

Week 1	None	Had A Problem
Week 2	None	Had A Problem
Week 3	None	Had A Problem

## O 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.

Week 1

None

Had A  
Problem

Week 2

None

Had A  
Problem

Week 3

None

Had A  
Problem

## O Medications/Treatments

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

Week 1

All  
OK

Missed  
Some

Week 2

All  
OK

Missed  
Some

Week 3

All  
OK

Missed  
Some

## O Eating Problems

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

Week 1

None

Had A  
Problem

Week 2

None

Had A  
Problem

Week 3

None

Had A  
Problem

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

---

## O How was today?

Did you....



Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

# **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.

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## ON/OFF

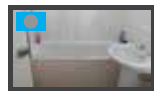


Press and hold the ON/OFF button for 3-4 seconds and let go. The camera will turn on.

When the camera turns on it is in video mode, indicated by a yellow circle on the display.



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.



Point camera, whilst looking at the display.

## CLICK

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.

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## 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.

A screenshot of a diary card titled 'How was today?'. It asks 'Did you....' and has three questions with corresponding 'Yes' or 'No' labels. The first question is 'Have any falls, fits, blackouts or seizures?' with a green 'Yes' label. The second question is 'Go out?' with a label that says 'Yes means went out'. The third question is 'Manage to wash or bathe?' with a red 'No' label.