



**THIS BOOKLET APPLIES TO PEOPLE WHO MADE THEIR FIRST CLAIM FOR A 'LIMITED CAPACITY FOR WORK BENEFIT' (ESA) ON OR AFTER 27<sup>TH</sup> OCTOBER 2008,  
AND  
TO THOSE WHO ARE NOW IN THE PROCESS OF BEING TRANSFERRED FROM OTHER 'INCAPACITY' BENEFITS (IB, SDA, IS) ON TO ESA**

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## **LIMITED CAPACITY FOR WORK QUESTIONNAIRE**

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*Note: This booklet is based on the Limited Capacity for Work Questionnaire – Coded: ESA50 03/11*

### **Introduction**

This pack is intended to help with filling in the ESA50 questionnaire which is sent to most people who are claiming benefit because they have 'limited capacity for work' (i.e. when claiming Employment and Support Allowance or National Insurance Credits).

**THE QUESTIONNAIRE IS VERY IMPORTANT** because the Jobcentre Plus will use it to decide whether you still have limited capacity for work. Even if you are asked later to go for assessment, the health professional you see will only ask you about what you have already put on the form.

NB: If you have already filled in this questionnaire before or been seen by a Jobcentre Plus health professional, you should not assume that the Jobcentre Plus will therefore know all about you. You need to assume that they know nothing and give full details every time.

Many people are wrongly found to be fit for work because they do not fill in the form accurately and so give the Jobcentre Plus a false impression of their condition.

### **What should you do now?**

Use this information pack to fill in the form or, if you prefer, go to one of the advice agencies listed later for help. **It is important to get advice with filling in this form.**

### **What this pack contains**

This pack is made up of separate sections to cover the different parts of the form. They may not all apply to you. Decide which of them you need to look at. There is also a section about the face-to-face assessment in case you are asked to go for one.

## Some general guidance

1. Make sure that what you write on the form can be read easily.
2. Read the notes on page 1 about how to complete the questionnaire and any other notes on each page as you go through the form to see exactly what they want.
3. Take time to make notes and plan your answers on scrap paper before you put them on the form.
4. If you run out of space, use extra paper but make sure each sheet has your name and National Insurance number on it, and indicate on the form that there are extra sheets attached.
5. Mention if doing any of the activities causes you pain, fatigue, breathlessness, dizziness etc, or if you have been advised by your doctor not to do them.

**NB:** Don't exaggerate but don't understate your difficulties either. If your condition varies, explain about this.

6. If you can, get someone who knows you well to read through the form when you have finished and check that you have given a clear picture of how your illness or disability affects you on a daily basis.
7. Photocopy the form before you send it in and keep the copy somewhere safe. The work capability assessment can be applied as often as the Jobcentre Plus feel is necessary. Thus - even if you pass it this time, you are likely to be sent the form again in the future, so you should also keep this information pack for future use.

## General Sections of the Form

The first part of the form, 'About you', asks for general information and must be completed by all claimants, whatever their illness may be.

The end of the form also applies to everyone.

This section is about these two parts.

### The first part of the form: About You

#### **Name, address etc.**

**Page 1**

This is straightforward but remember to use BLOCK CAPITALS and it is better to use black ink throughout the form.

You are quite likely to be asked to attend for assessment by a healthcare professional and if you fail to attend without good reason, your benefit can be stopped so it is important to give full details here of any problems you may have.

If you are unable to provide them with a telephone number, explain why not and ask if there is some other way they can contact you.

**Your illnesses or disabilities****Page 3****About your illnesses or disabilities:**

Include ALL of your illnesses or disabilities, not just the one which you think makes you unfit for work. They may not seem relevant to you but it is the overall picture which counts so make sure you put everything down.

Make sure you tell them, as they ask you to, about any special aids or adaptations you have to use because of your disabilities as this helps to give them a fuller picture of your condition.

**About medication, care, support and treatment****Pages 4 – 5****Medication:**

List ALL of your medicines. If any of your medicines cause side effects, put that down as well. If you are unable to take stronger medication because of side effects, explain why.

Give the name of your doctor and of your hospital consultant. If you have more than one consultant, list them all. Also list any other treatment you have (e.g. physiotherapy) and give the names of people treating you.

**Drugs, alcohol etc****Page 6**

It is important to be honest here if any of your health problems are linked to any substance abuse and to give full details.

**The last part of the form:****Other information****Pages 18-19**

Use this box to give any extra facts which might help – for example if you get any other benefits such as Disability Living Allowance (tell them which components and at what level) or Industrial Injury Benefit or if you have a disabled parking badge.

You can also use it to give more information about yourself, for example:

- What was your previous work? Why did you have to stop?
- What hobbies did you have? Can you still do them?
- How has your daily routine changed to cope with your condition?
- Can you still manage your home, e.g. shopping, cooking, washing & dealing with paperwork?
- How has your illness affected your personal and family life?
- Can you still safely drive a car?

Try and give a picture of your daily life now and how it compares with before you became unfit for work.

If you have to go for assessment, you will be asked about this.

## **Declaration etc**

**Pages 19-20**

Make sure you read through the declaration before you sign the form. You are responsible for whatever is on the form so you should not sign until you are happy with everything that it contains.

## **Part 1 – Physical Functions**

### **1. MOVING AROUND AND USING STEPS**

#### **Moving around**

**Pages 6-7**

What is meant here is moving around on reasonably level ground, with the help of any aids you normally use such as a manual wheelchair, crutches or a stick but without help from anyone else. The distance you should give is the distance you can manage before it becomes so uncomfortable, or you become so tired, you would want to stop.

- Explain how you feel while moving around– do you have pain, problems breathing, get very tired?
- How do you feel after moving around? Do you need to rest?
- Give some idea of how much moving around you regularly do.

#### **Going up or down two steps**

**Page 7**

The test is getting up or down only two steps but even if you can manage this, you should tell them if you would have a problem with more steps to give a full picture. Can you walk (not crawl or bottom shuffle) both up and down stairs and do you need to hold on to something and/or rest half way?

- Do you always hold on to the handrail? Tell them if you have had an extra rail fitted
- Do you stop on the way up or down? Why?
- How often do you have to use the stairs?
- Would you have difficulty repeating the activity in a short space of time?

## 2. STANDING AND SITTING

### Standing and sitting

Pages 7-8

#### Moving from one seat to another

This question is likely to apply mainly to people who are unable to get to a standing position from sitting and who will also have difficulty getting from one seat to another. It will, therefore, particularly apply to wheelchair users.

#### Can you stay in one place

This is asking about standing or sitting in the same place by yourself. The question is how long you can do this before you need to sit down if standing, or get up if sitting. It is not about how long you can do either without changing your position.

- Explain why you cannot stand for long
  - How do you feel? Does it hurt? Where? Do you get dizzy? Do you get tired?
- Give examples
  - Can you queue at a supermarket till (without leaning on a trolley)?
  - Do you stand to cook a meal, or do ironing?

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- Explain exactly how sitting can affect you – where does it hurt?
  - Say when you would need to stand up and why – is it painful or do you get tired?
  - Do you normally eat meals sitting in a chair? If so, how long does it take? If not, why not?
  - If you do sit up at a table, do you rest your arms on the table to help?

### 3. REACHING

#### Reaching with your arms

Page 8

You need to explain whether both arms are involved or only one. Explain how high you can raise your arms and make it clear exactly what stops you getting them any higher.

- Do you have difficulty in:            dressing/undressing?  
    brushing and washing hair?  
    hanging out washing?  
    getting things off high shelves?
- Do you feel any after-effects following reaching, e.g. pain, tiredness, weakness?

### 4. PICKING UP AND MOVING THINGS

This question is not about bending to pick something up or carrying things for any distance (e.g. walking home with your shopping). It is looking at your ability to lift an object from table top height and carry it from there to another surface at the same level.

#### Picking up things using your upper body and either arm

Page 9

Note also that the things listed are quite low weights – just two different sizes of milk carton and a large but light box. Explain if the problem is with both hands/arms or only one and make it clear exactly what stops you from lifting things.

- Do you feel pain or numbness in arms, hands, fingers or neck?
- What effect does lifting have on you? Could you repeat the activity?
- Give examples – can you safely lift a kettle or saucepan?

### 5. MANUAL DEXTERITY

#### Using your hands

Page 10

The use of either hand is considered, so make it clear if you have a problem with only one or with both and if only one, which one. Remember to take into account pain and whether you can do things safely and regularly.

- Do you have problems with:    co-ordination?  
    pain?  
    numbness?  
    shaking?  
    lack of grip?  
    clumsiness?

- Do you have difficulty in:
  - using a pen or knife and fork?
  - writing letters?
  - using a keyboard?
  - doing up buttons?
  - using taps, kitchen implements etc?

## **6. COMMUNICATING WITH OTHER PEOPLE**

### **Speaking, writing, typing**

**Pages 10-11**

The question here is whether your communication with other people is affected by a speech impediment, illness or disability. It looks at whether you can communicate using speech or sign language or writing or typing. [It will not count if the problem is due to language difficulties.]

- Do you stumble over, mispronounce or muddle words?
- Do you have difficulty finding the right words?
- Do you stammer or stutter?
- Give examples, e.g. problems in shops
- Can you use a typewriter – if not, why not?
- Do you find it difficult to say what you mean in writing – why?

## **7. OTHER PEOPLE COMMUNICATING WITH YOU**

### **Understanding other people by hearing and reading**

**Page 11**

This is about what you are able to understand by: hearing [with a hearing aid if you normally use one] or lip reading or reading. If you can understand family/friends, but not strangers, say so.

- Do you get confused during conversations because you mis-hear?
- Do you often need people to repeat things?
- Do you have problems following a conversation if there is background noise
- Do you get tinnitus or your ears “popping”?
- Do you need people to turn towards you so you can lip read?
- Do you have difficulties reading messages – why?

## **8. GETTING AROUND SAFELY**

### **Visual problems**

**Pages 11-12**

What is being asked about is whether your ability to get around is affected by visual problems. The question is whether you can see well enough to get around safely, using glasses or contact lenses if you usually wear them [If you do, you should give details of what has been prescribed. You should also tell them if you have ever seen an eye specialist] or with the aid of a guide dog.

- When answering the question about crossing the road, mention if you have any problems seeing vehicles approaching and, as they ask, whether the type of light affects this
- Give examples of problems. Can you drive or does your eyesight prevent this?
- If you have difficulty reading road signs tell them. (NB: this is not about being able to read, or literate). If straining to see very quickly gives you headaches, dizziness or blurred vision etc., make sure you tell them.
- If you have a guide dog, does that solve all of your problems getting around – even in strange places?
- What about looking after the dog, including exercising it, – can you do this without any help?
- There are two issues here – one is your ability to get around in places you know and the other is whether you can do this in unfamiliar places.

## **9. CONTROLLING YOUR BOWELS AND BLADDER AND USING A COLLECTING DEVICE**

### **Controlling your bowels or bladder**

**Page 12**

Because this is an area which causes some people embarrassment, you may not want to fill in these pages even though they apply to you. Indeed, you may even not have mentioned the problem to your doctor.

If you do have difficulties fully emptying your bladder and/or your bowels, you should fill in this page.

What they are asking about is whether you ever lose control. However, if you need to go very often and very urgently this can be seen as lacking control. If you take medication which affects your bladder or bowels, you should mention this.

- Explain exactly what difficulties you have.
- It is important to give details of how often you have problems as this affects the “score”.
- Give examples of any incidents.
- Remember to mention if you use pads or anything else to help deal with the problem, or if you have to use a ‘stoma’ or collecting device.

**NB:** Please don't feel embarrassed. Many people will have similar problems and it is important that you give the Jobcentre Plus an accurate picture of all your symptoms.

## 10. STAYING CONSCIOUS WHEN AWAKE

**NB:** Although this question is specifically about fits and blackouts, dizzy spells, vertigo, giddiness and fainting can count if they are severe enough to alter your consciousness so that you are not aware of your surroundings. Fainting, for example, could involve an actual loss of consciousness. So mention anything like this on the form and explain how you are affected. You will need to have medical evidence to show that you have a condition which causes the blackouts, fits or other similar attacks.

- Try and give dates of any episodes over the past six months.
- Try to describe exactly how you feel before, during and after an attack.
- Where do they happen?
- Can you tell when you are about to have one?
- Have you hurt yourself during an attack?

## **Part 2 – Mental, cognitive and intellectual functions**

As it says, this section of the form is for people who are affected by mental illness or by learning disabilities or by head injuries.

Many people have both physical and mental conditions. For example, it is not unusual for people with long term physical illnesses to also suffer from depression.

If you are taking medication or having any other kind of treatment (e.g. counselling) for anxiety, depression or any other mental illness, make sure your doctor includes it in the medical certificate you get from her/him and complete this section.

### **11. LEARNING HOW TO DO TASKS**

#### **Learning**

**Pages 13-14**

This page is about whether you can understand and remember how to carry out ordinary, everyday activities. You need to make clear any problems you may have both with learning how to do things and with remembering them later. You should try and explain why you have difficulties with this.

- Can you understand how to do things if you are told or only if shown?
- Do you remember this the next day?
- Give examples of any problems you have had

### **12. AWARENESS OF HAZARD OR DANGER**

#### **Can you manage your daily life safely?**

**Page 14**

You should use this page to give details of any times when your mental condition has caused you or anyone else to be at risk.

- Are you safe at home – do you leave fires or cookers on?
- Have you hurt yourself because you were not properly aware of risks?
- Do you check use-by dates on food?
- Could you let a stranger into your home without checking who s/he is?

## 13. INITIATING ACTIONS

### Organising yourself with routine jobs

Page 15

This question is partly about motivation and whether you can get on with your life by yourself or whether you need prompting and encouragement from other people to carry out routine daily activities.

- Give details of any help you are getting from other people – family, friends, CPN, social worker etc. – in organising your life.
- Make it clear how often you need this help - NB: not just how often it is available!
- Would you keep up a normal daily routine without this help?
- Have there been times when you missed appointments or failed to pay bills etc?
- Do you always take care of personal hygiene on your own?
- Do you get dressed appropriately?
- Do you wear clothes appropriate to the season, or for the workplace?
- Do you shop for and cook your own food?
- Do you eat sensibly?

## 14. COPING WITH CHANGE

### Coping with small changes to routine

Page 15-16

The first part of this question is asking if you can cope with a minor change in your normal life if you know about it in advance. If you cannot, explain why not and how it affects you.

- Do you get anxious or agitated if you know you are going to need to do something different?
- Do you start worrying about it?
- Does it affect your sleep?

The second part of the question is about unexpected changes. Because you would not know about these beforehand, you would not worry in advance but might be even more upset when they actually happen.

- How does that make you feel – do you panic, get short of breath?
- Give details of any examples of this happening to you

## 15. GOING OUT

### Getting about on your own

Page 16

This page is not about any physical problems you may have going out but about whether you are confident enough to go out by yourself. The first part asks if you could go to places you know on your own and the second part asks about going to places you don't already know. If you are not able to do this, explain why.

- Are you afraid you will not remember how to get there and might get lost?
- Do you feel unsafe dealing with traffic etc?
- Do you find it difficult to deal with other people in the streets?
- Do you get panic attacks when you are outside your own home?

## 16. COPING WITH SOCIAL SITUATIONS

### Meeting new people, going to appointments etc

Page 17

This question is about how you get on when you have to meet people. The first part asks about meeting people you already know and the second part asks about meeting new people or going to a new place. If this is something you find difficult, you need to explain why.

- Do you feel threatened by people, even if you know them?
- What about those you do not know?
- Are you worried about what they will think of you?
- Is it hard for you to be in a strange building or space?
- Give examples of any occasions when you have had problems

## 17. BEHAVING APPROPRIATELY WITH OTHER PEOPLE

### Behaving in a way that could upset other people

Page 17

For this question, you need to tell them if the way you behave can sometimes upset the people around you. If your condition means that you get upset yourself and because of this can sometimes react in an inappropriate way, you need to explain why this happens and how often and give some examples.

- Are you easily upset by small incidents, for example if someone bumps into you in the street?
- Do you sometimes shout at people instead of speaking normally?
- Can you lose your temper for no good reason?
- Are you ever either verbally or physically aggressive or even violent?

## HOW TO COPE WITH THE FACE-TO-FACE ASSESSMENT

Most people will be called for assessment by a health professional after they have sent in their ESA50 questionnaire. If this happens to you, DON'T PANIC!

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Here are some suggestions to help you:

- Read through your copy of the ESA50 before you go. Make some notes of things you want to mention – it is easy to forget on the day.
- Take with you all of the medication which your GP is prescribing for you. Make sure they are recent prescriptions. If you bring out-of-date medication, it might look as if you are no longer needing it. Also take any hospital appointment records and details of any treatments (e.g. physiotherapy). Remember to tell the health professional if you are waiting to have an operation or any other treatment.
- Check you know where to go and how to get there. You can take a relative or friend if you wish. You are entitled to claim your travel expenses for getting to the assessment. However, these are now paid after the assessment and directly into your bank account. If your only account is a Post Office card account, the Medical Services will not be able to make the payment into it. They should offer to send you a giro cheque instead which you can then pay in to the account.

**NB:** If you are too ill to get to them, they can come to you!

- Note that the assessment starts when the health professional first meets you. S/he will watch how you get out of the chair in the waiting room and walk along to the examination room.
- The assessment can take up to 45 minutes, most of which will be spent asking you questions. During this time the health professional will assess your level of disability and choose the appropriate descriptor for each activity. Make a note of the exact time your assessment starts and finishes.
- The health professional has to record evidence of your incapacity under the following headings:
  - variability and severity of the disability
  - history of the activities of daily living
  - behaviour observed during assessment
  - the medical assessment
- Tell the health professional how your symptoms (pain, stiffness, fatigue, breathlessness etc) affect you in carrying out the activities listed. S/he should look at how your illness affects you over time, not just on the day of the assessment. Tell her/him if your condition varies and whether you can predict the good and bad days.

- If you are asked to describe a typical or average day it is not helpful to say there's no such thing. Try and give examples of what you would do on both good and bad days. It might be useful to keep a diary for a few days and take this with you.
- When you are actually being assessed, remember to tell the health professional if you find it difficult or painful to do what s/he asks you to do.
- If, after the assessment, you are not happy with the way it was conducted, write to the Jobcentre Plus explaining exactly why. Don't wait until they have made the decision.

### **What if I cannot attend the assessment?**

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If you fail to attend an assessment without a good reason, you will be treated as if you have decided to withdraw your claim – as if you now think you are fit for work. It is **very** important therefore that you contact the assessment centre as soon as possible, giving your reasons for not being able to attend and asking for a new appointment.

You should then write to the Jobcentre Plus confirming your reasons afterwards.

Make sure that your benefit has not been stopped. If it has (i.e. they do not accept your reason for not attending) you should:

- appeal against that decision, and
- make a new claim at once.

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### **FINALLY**

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If, despite all this advice, you are taken off benefit, remember you can challenge the decision.

Contact your local advice centre or support worker at once for advice on how to do this.

You can continue to be paid ESA, albeit at the basic rate, whilst you wait for the appeal date if you do the following:

1. Notify the Office that pays you that you are appealing the decision, and
2. Fill in an Appeal form [GL24] and send it in straightaway, and
3. Make sure you have a current sick note.

You only have one month from the date on the decision letter to register your appeal. The advice agencies below can help you with your appeal form:

## **FOR ADVICE AND ASSISTANCE**

The following can help you with any benefit questions, and they can refer you to help with an appeal.

### **Rugby Citizens Advice Bureau**

1<sup>st</sup> Floor, Chestnut House  
North Street  
Rugby, CV21 2AQ

### **North Warwickshire CAB**

The Parish Rooms  
Welcome Street  
Atherstone, CV9 1DU

### **Bedworth & District CAB**

(Covers Nuneaton & Bedworth)  
25 Congreve Walk  
Bedworth, CV12 8LX

### **Warwick District CAB**

10 Hamilton Terrace  
Leamington Spa, CV32 4LY

To book an appointment in  
Nuneaton call 024 7635 1049

### **Stratford-upon-Avon CAB**

25 Meer Street  
Stratford-upon-Avon, CV37 6QB

Switchboard number for ALL CABx: 0844 855 2322

## **For Disabled people.....**

### **D.I.A.L.**

*(Nuneaton & Bedworth only)*  
New Ramsden Centre  
School Walk  
Attleborough  
Nuneaton, CV11 4PJ  
Tel: 024 7634 9954

### **The Rowan Organisation**

*(Whole County)*  
Eliot Park Innovation Centre  
Barling Way  
Nuneaton  
CV10 7RH  
Tel: 0800 783 1755

**The information in this fact sheet is correct as of April 2011**

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