

**Surname**

Mr/Mrs/Miss/Ms

## Other names

National Insurance Number

**Date of birth**

**Time examination and interview started**

**Time examination and interview ended**

**Time report completed**

Date of examination

### Place of examination

**Healthcare Professional's name**

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List all diagnoses, either previously diagnosed or found during the assessment and any other conditions reported by the client

Conditions medically identified

Other conditions reported

1	1
2	2
3	3
4	4

Medication (including reason for use)

2

Side effects due to medication (including comment on functional relevance) 3

## Description of functional ability

*Having considered whether the condition is likely to vary during the average week and if the function can be carried out regularly and repeatedly taking into account fluctuation, pain, stiffness, breathlessness, balance problems etc, the description of functional ability is as follows:*

History of Conditions (relevant clinical and functional history) including hospital treatment and tests carried out in the past 12 months, and any specific therapy for mental health problems received in the past 3 months.

4

Social and occupational history  
(including reason for leaving work)

4

## Description of functional ability - continued

Record here the client's description of a typical day including the effects of the medical condition(s) on daily living. Please highlight the impact of bad days on impairment of functional ability and level of severity and variability, taking into account fluctuation, pain, fatigue, stiffness, breathlessness, balance problems etc.

4

## Description of functional ability - continued

Typical day continued

4

## Medical Opinion – Physical

**Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used**

(Activity 1)

*Tick the first box that applies.*

**W<sub>a</sub> Cannot either**

- (i) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion or ☐
- (ii) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion

**W<sub>b</sub> Cannot mount or descend two steps unaided by another person even with the support of a handrail** ☐

**W<sub>c</sub> Cannot either**

- (i) mobilise more than 100 metres on level ground without stopping in order to avoid significant discomfort or exhaustion or ☐
- (ii) repeatedly mobilise 100 metres within a reasonable timescale because of significant discomfort or exhaustion

**W<sub>d</sub> Cannot either**

- (i) mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion or ☐
- (ii) repeatedly mobilise 200 metres within a reasonable timescale because of significant discomfort or exhaustion

**W<sub>e</sub> None of the above apply** ☐

## Standing and sitting

(Activity 2)

*Tick the first box that applies.*

- S<sub>a</sub> Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person ☐
- S<sub>b</sub> Cannot, for the majority of the time, remain at a workstation, either:  
(i) standing unassisted by another person (even if free to move around) or;  
(ii) sitting (even in an adjustable chair)  
for more than 30 minutes, before needing to move away in order to avoid significant discomfort or exhaustion ☐
- S<sub>c</sub> Cannot, for the majority of the time, remain at a workstation, either:  
(i) standing unassisted by another person (even if free to move around) or;  
(ii) sitting (even in an adjustable chair)  
for more than an hour before needing to move away in order to avoid significant discomfort or exhaustion ☐
- S<sub>d</sub> None of the above apply ☐
-

## Lower Limb – Activities 1 and 2

Medical evidence used to support your choice of activity outcomes

Prominent features of functional ability relevant to daily living

5

Behaviour observed during assessment

6

Relevant features of clinical examination

7



## Reaching

(Activity 3)

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*Tick the first box that applies.*

- |                |  |                          |
|----------------|--|--------------------------|
| R <sub>a</sub> | Cannot raise either arm as if to put something in the top pocket of a coat or jacket | <input type="checkbox"/> |
| R <sub>b</sub> | Cannot raise either arm to top of head as if to put on a hat                         | <input type="checkbox"/> |
| R <sub>c</sub> | Cannot raise either arm above head height as if to reach for something               | <input type="checkbox"/> |
| R <sub>d</sub> | None of the above apply  | <input type="checkbox"/> |
-

## **Picking up and moving or transferring by the use of the upper body and arms**

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(Activity 4)

*Tick the first box that applies.*

- |                |   |                          |
|----------------|---|--------------------------|
| P <sub>a</sub> | Cannot pick up and move a 0.5 litre carton full of liquid               | <input type="checkbox"/> |
| P <sub>b</sub> | Cannot pick up and move a one litre carton full of liquid               | <input type="checkbox"/> |
| P <sub>c</sub> | Cannot transfer a light but bulky object such as an empty cardboard box | <input type="checkbox"/> |
| P <sub>d</sub> | None of the above apply   | <input type="checkbox"/> |
-

## Manual dexterity

(Activity 5)

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*Tick the first box that applies.*

M<sub>a</sub> Cannot either:

(i) press a button, such as a telephone keypad or;

(ii) turn the pages of a book

with either hand

☐

M<sub>b</sub> Cannot pick up a £1 coin or equivalent with either hand

☐

M<sub>c</sub> Cannot use a pen or pencil to make a meaningful mark

☐

M<sub>d</sub> Cannot use a suitable keyboard or mouse

☐

M<sub>e</sub> None of the above apply

☐

## Upper Limb – Activities 3, 4 and 5

### Medical evidence used to support your choice of activity outcomes

Prominent features of functional ability relevant to daily living

8

Behaviour observed during assessment

9

Relevant features of clinical examination

10

## Navigation and maintaining safety, using a guide dog or other aid if normally used (Activity 8)

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*Tick the first box that applies.*

- |                |   |                          |
|----------------|---|--------------------------|
| V <sub>a</sub> | Unable to navigate around familiar surroundings, without being accompanied by another person, due to sensory impairment                               | <input type="checkbox"/> |
| V <sub>b</sub> | Cannot safely complete a potentially hazardous task such as crossing the road, without being accompanied by another person, due to sensory impairment | <input type="checkbox"/> |
| V <sub>c</sub> | Unable to navigate around unfamiliar surroundings, without being accompanied by another person, due to sensory impairment                             | <input type="checkbox"/> |
| V <sub>d</sub> | None of the above apply   | <input type="checkbox"/> |
-

**Making self understood through speaking, writing, typing,  
or other means normally used; unaided by another person**

(Activity 6)

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*Tick the first box that applies.*

SP<sub>a</sub> Cannot convey a simple message, such as the presence of a hazard

☐

SP<sub>b</sub> Has significant difficulty conveying a simple message to strangers

☐

SP<sub>c</sub> Has some difficulty conveying a simple message to strangers

☐

SP<sub>d</sub> None of the above apply

☐

**Understanding communication by both verbal means (such as hearing or lip reading) and non-verbal means (such as reading 16 point print) using any aid it is reasonable to expect them to use; unaided by another person** (Activity 7)

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*Tick the first box that applies.*

- |                |   |                          |
|----------------|---|--------------------------|
| H <sub>a</sub> | Cannot understand a simple message due to sensory impairment, such as the location of a fire escape | <input type="checkbox"/> |
| H <sub>b</sub> | Has significant difficulty understanding a simple message from a stranger due to sensory impairment | <input type="checkbox"/> |
| H <sub>c</sub> | Has some difficulty understanding a simple message from a stranger due to sensory impairment        | <input type="checkbox"/> |
| H <sub>d</sub> | None of the above apply   | <input type="checkbox"/> |
-

## **Vision, Speech and Hearing – Activities 8, 6 and 7**

### **Medical evidence used to support your choice of activity outcomes**

Prominent features of functional ability relevant to daily living

11

Behaviour observed during assessment

12

Relevant features of clinical examination

13



**Absence or loss of control leading to extensive evacuation of the bowel and/or bladder, other than enuresis (bed-wetting) despite the presence of any aids or adaptations normally used**

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(Activity 9)

*Tick the first box that applies.*

C<sub>a</sub> At least once a month experiences

(i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or

☐

(ii) substantial leakage of the contents of a collecting device; sufficient to require cleaning and a change in clothing

C<sub>b</sub> At risk of loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder, sufficient to require cleaning and a change in clothing, if not able to reach a toilet quickly

☐

C<sub>c</sub> None of the above apply

☐

## Continence – Activity 9

Medical evidence used to support your choice of activity outcome

Prominent features of functional ability relevant to daily living

14

Relevant features of clinical examination

15

## Consciousness during waking moments

(Activity 10)

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*Tick the first box that applies.*

- F<sub>a</sub> At least once a week, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration ☐
- F<sub>b</sub> At least once a month, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration ☐
- F<sub>c</sub> None of the above apply ☐
-

## Consciousness during waking moments – Activity 10

Medical evidence used to support your choice of activity outcomes

Prominent features of functional ability relevant to daily living

16

Relevant features of clinical examination

17

## Mental, cognitive and intellectual function

**This part to be completed when a specific mental illness has been diagnosed, or when there is a condition, whether mental, physical, or sensory resulting in cognitive or intellectual impairment of mental function. If not applying the assessment give reasons below.**

Are you applying the mental function assessment? Yes ☐

No ☐

I have considered whether this client has a specific mental disease or disability affecting mental function. I have not applied the mental function assessment (as per the Limited Capability for Work legislation) because there is no recent history of a mental disease having been diagnosed or treated, and there is no medical or other evidence before me nor any findings that mental function is affected.

Evidence to support the decision not to apply the mental function part of the test

## Medical Opinion – Mental Function

### Understanding and Focus

#### Learning tasks

(Activity 11)

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*Tick the first box that applies.*

- |                 |  |                          |
|-----------------|--|--------------------------|
| LT <sub>a</sub> | Cannot learn how to complete a simple task, such as setting an alarm clock   | <input type="checkbox"/> |
| LT <sub>b</sub> | Cannot learn anything beyond a simple task, such as setting an alarm clock   | <input type="checkbox"/> |
| LT <sub>c</sub> | Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes | <input type="checkbox"/> |
| LT <sub>d</sub> | None of the above apply  | <input type="checkbox"/> |
-

## Awareness of everyday hazards (such as boiling water or sharp objects)

(Activity 12)

*Tick the first box that applies.*

AH<sub>a</sub> Reduced awareness of everyday hazards leads to a significant risk of:  
(i) injury to self or others; or  
(ii) damage to property or possessions,  
such that they require supervision for the majority of the time to maintain safety

☐

AH<sub>b</sub> Reduced awareness of everyday hazards leads to a significant risk of:  
(i) injury to self or others; or  
(ii) damage to property or possessions,  
such that they frequently require supervision to maintain safety

☐

AH<sub>c</sub> Reduced awareness of everyday hazards leads to a significant risk of:  
(i) injury to self or others; or  
(ii) damage to property or possessions,  
such that they occasionally require supervision to maintain safety

☐

AH<sub>d</sub> None of the above apply

☐

**Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks)**

(Activity 13)

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*Tick the first box that applies.*

- |                 |   |                          |
|-----------------|---|--------------------------|
| IA <sub>a</sub> | Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions                   | <input type="checkbox"/> |
| IA <sub>b</sub> | Cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions for the majority of the time | <input type="checkbox"/> |
| IA <sub>c</sub> | Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions                   | <input type="checkbox"/> |
| IA <sub>d</sub> | None of the above apply   | <input type="checkbox"/> |
-



## **Understanding and Focus – Activities 11, 12, and 13**

**Medical evidence used to support your choice of activity outcomes**

Prominent features of functional ability relevant to daily living

18

Relevant features of clinical examination

19

## Adapting to Change

### Coping with change

(Activity 14)

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*Tick the first box that applies.*

- |                 |  |                          |
|-----------------|--|--------------------------|
| CC <sub>a</sub> | Cannot cope with any change to the extent that day to day life cannot be managed   | <input type="checkbox"/> |
| CC <sub>b</sub> | Cannot cope with minor planned change (such as a pre-arranged change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult | <input type="checkbox"/> |
| CC <sub>c</sub> | Cannot cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult         | <input type="checkbox"/> |
| CC <sub>d</sub> | None of the above apply  | <input type="checkbox"/> |
-

## Getting about

(Activity 15)

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*Tick the first box that applies.*

- |                 |   |                          |
|-----------------|---|--------------------------|
| GA <sub>a</sub> | Cannot get to any specified place with which the claimant is familiar   | <input type="checkbox"/> |
| GA <sub>b</sub> | Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person  | <input type="checkbox"/> |
| GA <sub>c</sub> | Is unable to get to a specified place with which the claimant is unfamiliar without being accompanied by another person | <input type="checkbox"/> |
| GA <sub>d</sub> | None of the above apply   | <input type="checkbox"/> |
-

## **Adapting to Change – Activities 14 and 15**

**Medical evidence used to support your choice of activity outcomes**

Prominent features of functional ability relevant to daily living	20
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Relevant features of clinical examination	21
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## Social Interaction

### Coping with social engagement due to cognitive impairment or mental disorder

(Activity 16)

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*Tick the first box that applies.*

- |                 |  |                          |
|-----------------|--|--------------------------|
| CS <sub>a</sub> | Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual  | <input type="checkbox"/> |
| CS <sub>b</sub> | Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by the individual                          | <input type="checkbox"/> |
| CS <sub>c</sub> | Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the individual | <input type="checkbox"/> |
| CS <sub>d</sub> | None of the above apply  | <input type="checkbox"/> |
-

## Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder (Activity 17)

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*Tick the first box that applies.*

- |                 |  |                          |
|-----------------|--|--------------------------|
| IB <sub>a</sub> | Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace | <input type="checkbox"/> |
| IB <sub>b</sub> | Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace         | <input type="checkbox"/> |
| IB <sub>c</sub> | Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace       | <input type="checkbox"/> |
| IB <sub>d</sub> | None of the above apply  | <input type="checkbox"/> |
-

## **Social Interaction – Activities 16 and 17**

**Medical evidence used to support your choice of activity outcomes**

Prominent features of functional ability relevant to daily living

22

Relevant features of clinical examination

23

## Exceptional Circumstances (Non-functional descriptors)

My advice based on the Limited Capability for Work and Limited Capability for Work <sup>24</sup> Related Activity medical examination I have carried out as a healthcare professional approved by the Secretary of State, is that this person

- is suffering from a life threatening disease in relation to which-  
(a) there is medical evidence that the disease is uncontrollable, or  
uncontrolled, by a recognised therapeutic procedure, and  
(b) in the case of a disease that is uncontrolled, there is a  
reasonable cause for it not to be controlled by a recognised  
therapeutic procedure  

**No** ☐  
**Yes** ☐
- is suffering from some specific disease or bodily or mental disablement  
and, by reasons of such disease or disablement, there would be a  
substantial risk to the mental or physical health of any person if they  
were found not to have limited capability for work  
(If 'Yes,' please also complete an ESA85A)  

**No** ☐  
**Yes** ☐

**Please contact the CSD (Customer Service Desk) to confirm appropriate use of the NFD.**

**By checking this box you are confirming that you have contacted CSD and that they have approved the Non- Functional Descriptor (NFD) choice.** ☐

**I have discussed this NFD with .....**

Please justify the answers you have given above in relation to exceptional circumstances.

25



## Limited Capability for Work-Related Activity

Please justify if, in your opinion, the person does not meet any of the descriptors 26  
for limited capability for work-related activity.

Please provide evidence in support of your opinion for each area of functional activity.

**I advise that work could be considered within:**

28

Functional problems

Exceptional circumstances  
(where applicable)

3 months

☐  
☐  
☐  
☐☐  
☐  
☐  
☐

6 months

12 months

18 months

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**I advise that work is unlikely:**

Within 2 years

☐  
☐☐  
☐

In the longer term

**Justification for the above advice**

29

***This form has been completed by a healthcare professional approved by the Secretary of State for Work and Pensions.***

**I have completed this form in accordance with the current guidance to ESA examining healthcare professionals as issued by the Department for Work and Pensions.**

**I can confirm that there is no harmful information in the report other than indicated.**

**Signature**

**Name in Capital Letters**

**Approved Disability Analyst**

**Date**

**Registered Medical Practitioner**

☐

**Registered Nurse**

☐

**Registered Occupational Therapist**

☐

**Registered Physiotherapist**

☐

**Harmful Information – not to be copied to the client**

