

Current level of ability		Daily EDDM Activity Promotion - examples
<b>Eat</b>	<b>0</b>	<input type="checkbox"/> Manage my feed as I do at home <input type="checkbox"/> Other 'free text' option
	<b>1</b>	<input type="checkbox"/> Choose my [snack/meal] from a menu <input type="checkbox"/> [Knife/fork/spoon] + hand over hand assistance to eat <input type="checkbox"/> Eat in day room <input type="checkbox"/> Attend lunch club <input type="checkbox"/> Have a [morning/afternoon/evening] snack <input type="checkbox"/> Other 'free text' option
	<b>2</b>	<input type="checkbox"/> Choose my [snack/meal] from a menu <input type="checkbox"/> Use adaptive [knife/fork/spoon] to eat <input type="checkbox"/> Cut my own food <input type="checkbox"/> Butter my own toast <input type="checkbox"/> Pour own milk on my cereal <input type="checkbox"/> Open packets independently <input type="checkbox"/> Eat in day room <input type="checkbox"/> Attend lunch club <input type="checkbox"/> Have a [morning/afternoon/evening] snack <input type="checkbox"/> Other 'free text' option
<b>Drink</b>	<b>0</b>	<input type="checkbox"/> Manage my fluids as I do at home <input type="checkbox"/> Mouth rinse/sponge of water to manage thirst <input type="checkbox"/> Other 'free text' option
	<b>1</b>	<input type="checkbox"/> Cup + hand over hand assistance to drink <input type="checkbox"/> Ask staff to refill my cup with fluid when empty <input type="checkbox"/> Other 'free text' option
	<b>2</b>	<input type="checkbox"/> Prepare my own drink from trolley once a day <input type="checkbox"/> Refill my own cup with fluid when empty <input type="checkbox"/> Visit canteen / costa for a drink <input type="checkbox"/> Other 'free text' option
<b>Dress (incl. grooming)</b>	<b>0</b>	<input type="checkbox"/> Choose what to wear <input type="checkbox"/> Wear my [hearing aids/glasses/dentures] <input type="checkbox"/> Dress in pyjamas not gown <input type="checkbox"/> Dress in own clothes <input type="checkbox"/> Other 'free text' option
	<b>1</b>	<input type="checkbox"/> Choose what to wear <input type="checkbox"/> Wear my [hearing aids/glasses/dentures] <input type="checkbox"/> Dress in pyjamas not gown <input type="checkbox"/> Dress in own clothes <input type="checkbox"/> Shower [top half/bottom half] independently <input type="checkbox"/> Dress [top half/bottom half] independently <input type="checkbox"/> Wash face [independently/with assistance] <input type="checkbox"/> Comb hair [independently/with assistance] <input type="checkbox"/> Shave [independently/with assistance] <input type="checkbox"/> Brush teeth twice a day [independently/with assistance] <input type="checkbox"/> Put on own slippers or socks independently <input type="checkbox"/> Put on my make up in front of bathroom mirror [independently/with assistance] <input type="checkbox"/> Apply cream to my face and body [independently/with assistance] <input type="checkbox"/> Other 'free text' option
	<b>2</b>	<input type="checkbox"/> Choose what to wear <input type="checkbox"/> Wear my [hearing aids/glasses/dentures] <input type="checkbox"/> Dress in pyjamas not gown <input type="checkbox"/> Dress in own clothes <input type="checkbox"/> Place my clothes in order of how I usually dress <input type="checkbox"/> Wear my dentures and clean them after meals <input type="checkbox"/> Shower [top half/bottom half] independently in bathroom <input type="checkbox"/> Dress [top half/bottom half/whole self] independently

## The EDDM Programme Tools

		<input type="checkbox"/> Wash face independently <input type="checkbox"/> Comb my hair independently <input type="checkbox"/> Shave independently in bathroom <input type="checkbox"/> Brush my teeth twice a day over the sink independently <input type="checkbox"/> Put on own [slippers/socks] <input type="checkbox"/> Put on my make up in front of bathroom mirror <input type="checkbox"/> Apply cream to my face and body independently <input type="checkbox"/> Other 'free text' option
Current level of ability		<b>Daily EDDM Activity Promotion - examples</b>
<b>Move</b>	<b>0</b>	<input type="checkbox"/> Use bed controls to sit upright for meals <input type="checkbox"/> Complete my bed exercises <input type="checkbox"/> [Wash face/comb hair/shave/brush teeth] in bed <input type="checkbox"/> Engage in [activities/singing medicine] in bay <input type="checkbox"/> Other 'free text' option
	<b>1</b>	<input type="checkbox"/> Sit on edge of bed for meals <input type="checkbox"/> [Wash face/comb hair/shave/brush teeth] sat on edge of bed <input type="checkbox"/> Complete Motormed exercises <input type="checkbox"/> Complete my exercises sat on edge of bed <input type="checkbox"/> Engage in [activities/singing medicine] in bay <input type="checkbox"/> Other 'free text' option
	<b>2</b>	<input type="checkbox"/> Sit out in chair for [X] hours today <input type="checkbox"/> [Wash face/comb hair/shave/brush teeth] in chair <input type="checkbox"/> Complete my bed and chair exercises <input type="checkbox"/> Engage in [activities/singing medicine] in bay <input type="checkbox"/> Other 'free text' option
	<b>3</b>	<input type="checkbox"/> Stand for [X] seconds/minutes [one/two/three] times today <input type="checkbox"/> Sit out in chair for [X] hours <input type="checkbox"/> [Wash face/comb hair/shave/brush teeth] in chair <input type="checkbox"/> Complete my bed and chair exercises <input type="checkbox"/> Engage in [activities/singing medicine] in bay <input type="checkbox"/> Other 'free text' option
	<b>4</b>	<input type="checkbox"/> Sit in chair for three meals a day <input type="checkbox"/> [Wash face/comb hair/shave/brush teeth] in chair <input type="checkbox"/> Complete my bed and chair exercises <input type="checkbox"/> Stand and march on the spot three times a day <input type="checkbox"/> Engage in [activities/singing medicine] in bay, day room or off ward <input type="checkbox"/> Other 'free text' option
	<b>5</b>	<input type="checkbox"/> Mobilise to the [snack/hydration] station twice a day <input type="checkbox"/> [Wash face/comb hair/shave/brush teeth] whilst standing <input type="checkbox"/> Make my own bed <input type="checkbox"/> Eat meals in day room <input type="checkbox"/> Complete standing exercises <input type="checkbox"/> Other 'free text' option
	<b>6</b>	<input type="checkbox"/> Mobilise to the [snack/hydration] station three times a day <input type="checkbox"/> ADLs in bathroom <input type="checkbox"/> Make my own bed <input type="checkbox"/> Eat meals in day room <input type="checkbox"/> Walk to the window and back <input type="checkbox"/> Walk down the corridor and back <input type="checkbox"/> Complete standing exercises <input type="checkbox"/> Other 'free text' option
	<b>7</b>	<input type="checkbox"/> Collect meal from dinner trolley <input type="checkbox"/> ADLs in bathroom

## The EDDM Programme Tools

		<ul style="list-style-type: none"><li><input type="checkbox"/> Mobilise to the [snack/hydration] station three times a day</li><li><input type="checkbox"/> Make my own bed</li><li><input type="checkbox"/> Eat meals in day room</li><li><input type="checkbox"/> Walk off ward – [canteen / costa / outdoors]</li><li><input type="checkbox"/> Walk to the window and back</li><li><input type="checkbox"/> Walk down the corridor and back</li><li><input type="checkbox"/> Other 'free text' option</li></ul>
--	--	--