



**PARTICIPATION SURVEY**  
ONE SURVEY FOR EACH FACILITY  
*Please submit no later than February 25, 2008.*

Facility name: \_\_\_\_\_

1. Is your facility participating in the Inaugural National Healthcare Decisions Day (NHDD) on April 16, 2008?      **Yes**       **No**

2. What types of promotions are you planning? (*check all that apply*)

*Internal:*

- |  |  |
|--|--|
| <input type="checkbox"/> E-mail to Colleagues        | <input type="checkbox"/> CHE webinar (April 16 at noon)              |
| <input type="checkbox"/> Intranet/internal messaging | <input type="checkbox"/> Distribute Advance Directives to Colleagues |

*External:*

- |  |  |
|--|--|
| <input type="checkbox"/> Distribute materials at events        | <input type="checkbox"/> Public Service Announcement           |
| <input type="checkbox"/> Website link to NHDD website          | <input type="checkbox"/> Community event                       |
| <input type="checkbox"/> Create on-hold message                | <input type="checkbox"/> Display/exhibit on April 16           |
| <input type="checkbox"/> Press release                         | <input type="checkbox"/> Awareness ribbons                     |
| <input type="checkbox"/> Op Ed                                 | <input type="checkbox"/> Distribute info to patients with meal |
| <input type="checkbox"/> Guest-speaker on radio or TV programs |  |

Other: \_\_\_\_\_

3. Who is your facility contact person for NHDD? (*Please enter contact name and information.*)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please return to: Maria Iaquinto, Communications Manager, CHE, at [miaquinto@che.org](mailto:miaquinto@che.org)*

