



2016 NATIONAL HIV TESTING DAY (NHTD) EVALUATION FORM

EXPLANATION: *In order to evaluate the success of our 2015 NHTD efforts, the DHSTS asks that you complete this form to help us prepare for future NHTD commemorations. Be sure to include feedback comments regarding what worked for your agency during this year's NHTD event, as well as what your agency learned from this year's event. Our goal is to maximize our effort to both test people at risk for HIV and to move people with HIV-positive test results into treatment as soon as possible. Thanks for your assistance in this project*

DIRECTIONS: Please complete one form for each separate NHTD Event location, sending all completed NHTD Reporting Forms to the DHSTS by July 15. Send completed NHTD Reporting forms to Fred Vasapolli at the NJDOH, DHSTS: Alfred.Vasapolli@doh.state.nj.us Thank You.

REPORTING DATE	AGENCY NAME		
DATE(S) OF NHTD EVENT <i>(circle as appropriate)</i>	June 27;	June 28;	June 29; June 30; Other _____
TESTING LOCATION <i>(circle appropriate):</i>	Agency	Community Setting	Walgreens Pharmacy
ADDRESS OF EVENT _____			
PERSON COMPLETING THIS FORM _____		CONTACT TELEPHONE _____	

TOTAL # OF HIV TESTS COMPLETED	___	TOTAL # OF HIV-POSITIVE TEST RESULTS	___
TOTAL # OF HIV-POSTIVE TEST CLIENTS LINKED TO TREATMENT WITHIN 24 HOURS	___		
Was the targeted population consistent with DHSTS' high risk populations?	YES	NO	UNCERTAIN
Was the targeted location of the NHTD event in an area frequented by people at high-risk?	YES	NO	UNCERTAIN

FEEDBACK COMMENTS: *In the space below, provide feedback comments regarding your agency's participation in the NHTD initiative this year.*