

**2017 WORLD AIDS DAY EVALUATIONFORM**

NEW JERSEY DEPARTMENT OF HEALTH

DIVISION OF HIV, STD AND TB SERVICES

**EXPLANATION:** *In order to evaluate the success of our 2016 WAD efforts, the DHSTS asks that you complete this form to help us prepare for future WAD 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 WAD Reporting Forms to the DHSTS by December 16.** Send completed WAD Reporting forms to Fred Vasapolli at the NJDOH, DHSTS: Alfred.Vasapolli@doh.state.nj.us Thank You.

**REPORTING DATE AGENCY** **NAME**

**DATE(S) OF WAD EVENT** *(circle appropriate)*  **Dec1; Dec 2; Dec 3; Dec 4; Dec 5:** **Other**\_\_\_\_\_\_\_\_\_\_\_\_\_

**TESTING LOCATION *(****circle appropriate)*: **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 WAD initiative this year.***

**Please send this completed form electronically or by FAX to Fred Vasapolli at the DHSTS:**

**E-Mail:** alfred.vasapolli@doh.nj.gov

**FAX: (609) 292-6009**