**2018 NATIONAL HIV TESTING DAY (NHTD) EVALUATION FORM**

New Jersey Department of Health, Division of HIV, STD and TB Services

**EXPLANATION:** In order to evaluate the success of our 2018 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.

Please complete one form for each separate NHTD Event location, sending all completed NHTD Reporting Forms to the DHSTS by July 14.

<table>
<thead>
<tr>
<th>REPORTING DATE:</th>
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<tbody>
<tr>
<td>AGENCY NAME:</td>
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**DATE(S) OF NHTD EVENT (check appropriate)**

- ☐ June 27
- ☐ June 28
- ☐ June 29
- ☐ June 30
- ☐ Other____________

**TESTING LOCATION (check appropriate):**

- ☐ Agency
- ☐ Community Setting
- ☐ Walgreens Pharmacy
- ☐ Other:

**ADDRESS OF EVENT:**

**PERSON COMPLETING THIS FORM:**

**CONTACT TELEPHONE:**

<table>
<thead>
<tr>
<th>TOTAL # OF HIV TESTS COMPLETED: _____</th>
<th>TOTAL # OF HIV-POSITIVE TEST RESULTS: _____</th>
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<tr>
<td>TOTAL # OF HIV-POSITIVE TEST CLIENTS LINKED TO TREATMENT WITHIN 24 HOURS: _____</td>
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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 or comments regarding your agency’s participation in the NHTD initiative this year.

Please send this completed form electronically to Kulpreet Kaur at the DHSTS:

E-Mail: Kulpreet.Kaur@doh.nj.gov