Thank you for participating in this year’s NHAAD event. Please take a few moments to complete the following National HIV/AIDS and Aging Awareness Day Post Event Evaluation Form. Please fax the completed form to Aging Events at 813-258-5939. The results will assist in our future planning efforts for NHAAD. For more information, please visit http://www.NHAAD.org.

### Organization Information

1. Name of Organization or Group
2. Name of Event Organizer(s)
3. Title/Position/Volunteer
4. Email Address
5. Address
6. City, State, Zip Code
7. Phone Number (XXX) XXX-XXXX
8. Organization’s Website
9. Partnering Organizations, if applicable

### Event Information

1. Actual Date of NHAAD Event
2. Event Address
3. City, State, Zip Code
4. Title of Event
5. Type of Event (HIV testing event, community health fair, media outreach, billboard campaign, awareness or marketing campaign, etc.)
6. Target Audience: Who was the actual audience who attended the event? If there was a secondary audience, please indicate it in the "Other" field. (Examples of secondary audiences include: churches, senior centers, assisted living facilities, grandparents and grandchildren. Circle all that apply)
   a. Person with HIV/AIDS who is aging with the disease or already over 50 at the time of their initial diagnosis.
   b. Increasing percentage of the population that needs to protect itself from acquiring HIV, including the growing baby boomer population.
   c. Increasing number of grandparents becoming the primary guardians for children who have lost their parent(s) to HIV/AIDS.
   d. Other, please list____________________
7. Actual # of Attendees
8. Demographic breakdown, if applicable:
   a. Female________
   b. Male________
   c. Transgender____
9. Age of Attendees
   a. Under 18_______
   b. 19-29__________
   c. 30-39__________
   d. 40-49__________
   e. 50-59__________
   f. 60 or older_____

### HIV Testing

1. Was onsite HIV Testing provided?
   a. YES
   b. NO
2. If so, what type of HIV Testing was offered?
   a. Blood draw
   b. Finger stick
   c. Oral screening
   d. Other________________
3. What was the # of testing staff onsite?
4. How many people were tested for HIV?
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>How many individuals received their results?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>How many individuals were referred for services?</td>
<td></td>
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<tr>
<td>7</td>
<td>How many individuals tested POSITIVE for HIV?</td>
<td></td>
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<tr>
<td>8</td>
<td>How many individuals who tested POSITIVE received their results?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>How many individuals who tested POSITIVE were referred for services?</td>
<td></td>
</tr>
</tbody>
</table>
| 10| Did you have to turn people away?                                                                                                                                                              | a. YES  
   b. NO   |
| 11| Did you offer bilingual services? If so, what type?                                                                                                                                              | a. YES  
   b. NO  
   c. ___________________________ |
| 12| Did you offer incentives at your event?                                                                                                                                                         | a. YES  
   b. NO   |
| 13| If so, what type of incentive was offered?                                                                                                                                                      |                |
|   | Media/Marketing                                                                                                                                                                                  |                |
| 1 | Did you use any of the following to plan or promote your NHAAD event (circle all that apply).                                                                                                 | a. NHAAD Fact Sheet  
   b. NHAAD Poster(s)  
   c. NHAAD Logo  
   d. NHAAD Infographic(s)  
   e. NHAAD Social Media Guide  
   f. NHAAD Event Evaluation Form(s)  
   g. NHAAD Sample Press Release |
| 2 | Please feel free to add additional comments as they relate to your experience using any of the components of the NHAAD toolkit.                                                                |                |
| 3 | From your perspective, what can we do from a national level to make NHAAD more effective/successful?                                                                                           |                |
| 4 | Can you share three strengths or best practices that occurred from your NHAAD event?                                                                                                           |                |
| 5 | Can you provide the following:                                                                                                                                                    |                |
|   | a. Identify three challenges in the planning of your NHAAD event?                                                                                                                          |                |
|   | b. Identify three challenges to the implementation of your NHAAD event?                                                                                                                     |                |
| 6 | Can you share 1 positive comment or story shared by someone who participated in your event?                                                                                        |                |
| 7 | Can you share 1 area of improvement suggested by someone at your event?                                                                                                                      |                |
| 8 | Will you pledge your commitment to participate in next year’s NHAAD?                                                                                                                         | a. Yes         |
| 9 | How did you hear about NHAAD? (Colleague, The AIDS Institute or NHAAD website, email distribution list, HIV.gov, CDC.gov, Awareness Days website, etc.)                                            |                |
| 10| Please include any additional information about your event.                                                                                                                                |                |

Thank you for taking the time to complete this evaluation. If you need additional space, feel free to add pages to this form.

We are interested in collecting photos from NHAAD activities or events and sharing them on www.NHAAD.org. If you would like to submit photos of your event please contact Michelle Scavnicky at MScavnicky@aimail.org