

National Native HIV/AIDS Awareness Day

POST-EVENT ACTIVITIES EVALUATION SURVEY

The National Native CBA Network (NNAAPC, CA7AE: HAPP, and ITCA) greatly appreciates the work that you did to organize a NNHAAD event in your community.

Please take a moment to let us know about your activities on this important day.

1. *Tribe or Organization Name:*

2. *Contact Information:*

3. *What activity or activities did you organize in your community? Please provide a brief description of your event.*

4. *How many people attended your event?*

5. *If HIV testing occurred, how many individuals received HIV counseling and testing services?*

6. *Did any media cover your event? If so, please provide an extra copy of the coverage for our Awareness Day files.*

7. *Do you have any photos of your event? If so, please provide an extra copy of the photos that we can have for our Awareness Day files. If you would like us to use your photos on any web sites or future materials, please provide a signed photo release of participants photographed.*

8. *Would you like to hold a similar event to observe NNHAAD next year?*

9. *What additional resources would be helpful for your event?*

10. *What could the National Native Capacity Building Assistance Network do to better assist you with planning your Awareness Day event next year?*

