2024 NATIONAL HIV TESTING DAY ACTIVATION

WESHIV Walgreens

Activity Report

Instructions: Please use this form to track your NHTD event activity for each Walgreens store. If your organization is providing testing on multiple days or locations, please record data for each date and store separately to ensure accurate reporting on the full evaluation.

Your Walgreens store manager will ask for your event data after your NHTD event is complete.

Walgreens Store Inf	•
Date	
Testing Hours	
Organization Name	
Organization Point of Contact (Name and Email)	
Walgreens Store #	
Walgreens Address	
Required	#
# of HIV Tests Completed	
# of Positive HIV Test Results	
Of Those Who Tested Positive, # Referred / Linked to HIV (E.g., scheduling or attending a follow-up appointment with an HIV he	
Of Those Who Tested Negative, # Referred to PrEP Service (E.g., scheduling an appointment with a PrEP provider or being linked	
	o a PrEP navigator.)
(E.g., scheduling an appointment with a PrEP provider or being linked # of Individual Interactions of Any Kind (Approximate)	o a PrEP navigator.)
(E.g., scheduling an appointment with a PrEP provider or being linked # of Individual Interactions of Any Kind (Approximate)	o a PrEP navigator.)
# of Individual Interactions of Any Kind (Approximate) (This may include individuals your team spoke with, provided informate)	on to, as well as directly tested.)
# of Individual Interactions of Any Kind (Approximate) (This may include individuals your team spoke with, provided informate) If Applicable	on to, as well as directly tested.)
# of Individual Interactions of Any Kind (Approximate) (This may include individuals your team spoke with, provided informate) If Applicable # of Hepatitis C Tests Completed	on to, as well as directly tested.)
# of Individual Interactions of Any Kind (Approximate) (This may include individuals your team spoke with, provided informate) If Applicable # of Positive Hepatitis C Results	on to, as well as directly tested.)
# of Individual Interactions of Any Kind (Approximate) (This may include individuals your team spoke with, provided informate) If Applicable # of Positive Hepatitis C Results # of Syphilis Tests Completed	on to, as well as directly tested.)
# of Individual Interactions of Any Kind (Approximate) (This may include individuals your team spoke with, provided informate) If Applicable # of Positive Hepatitis C Results # of Positive Syphilis Results	on to, as well as directly tested.)

Reach out to community@kff.org with any questions.