

## Evaluation Survey at \_\_\_\_\_

### Targeted Testing Sites Implementation Support

As you are aware, your site recently implemented revised practice and processes for HIV testing. The STOP project would like to get your opinion on your experience including an assessment of the HIV education and support you received during the implementation of HIV testing at your site. Your feedback will help us improve the experience for future groups who implement HIV testing.

All responses are confidential.

**Section 1: Context:** Questions 1 and 2 are being asked to provide context to the answers provided in the rest of the survey:

1. Approximately, how many HIV lab tests have you ordered in the past month?
2. Approximately, how many POC tests have you performed in the past month?

**Section 2: Tools:** Tools that have been provided to you at various points in your training and implementation are listed below.

3. Please rate each tool for its usefulness to support HIV testing on the following scale:  
(Check one box for each tool)

Tool	Poor	Fair	Good	Very Good	Excellent	I am not familiar with this tool
Clinical Practice Document for HIV Testing in Vancouver Community Youth Clinics						
Summary of CPD (2 pager including lab vs POC)						
Log Sheet for Non-Nominal and HIV POC tests						
HIV POC pocket guide						
HIV POC poster for testing						
Patient Handout on HIV Testing						
HIV Testing Document (in youth assessment on Paris)						
Handling Non-Negative POC HIV Test Results						
Video on POC testing						

Comments:

### Section 3: Process

Please rate your comfort level with the following: (Check one box for each activity)

Activity	Very uncomfortable	Somewhat uncomfortable	Somewhat comfortable	Very comfortable	I do not perform this activity in my current role
Offering an HIV test					
Pre test discussion					
Performing an HIV lab test					
Performing an HIV POC test					
Post test discussion for HIV negative result					
Post test discussion for HIV positive result					
Linking HIV positive patients to care and support					

Comments:

4. Overall, how do you rate the support provided by the STOP team during the HIV testing education/implementation process? (Check one box)

	Poor	Fair	Good	Very Good	Excellent
<b>Overall Satisfaction</b>					

5. If you have not done any HIV testing, what barriers are you facing?

6. What further supports would help you do additional HIV testing?