

Berkeley Free Clinic HIV Prevention Services

HIV Counseling and Testing Evaluation

1. Who was your test counselor? _____
2. Are you here for your
 HIV test
 HIV test results?
3. Do you now have a better sense of the behaviors that put **you** most at risk for being exposed to HIV.
 learned nothing new
 learned a little
 learned a lot
4. Did your Counselor help you identify these behaviors?
 not at all
 somewhat
 yes, I have a better sense of my risks
5. Did you discuss steps **you** can take to reduce your exposure to the virus?
 not at all
 somewhat
 yes, I have a better sense of what I can do to stay safe
6. Did your Counselor offer you any referrals for other services.
 no
 offered, but none needed
 yes, gave me a referral sheet
7. Did your Counselor answer your questions in an easy to understand fashion?
 no
 somewhat
 very clear
8. Would you recommend this clinic to your friends?
 no
 yes

9. Comments and Suggestions _____

Thanks for completing this evaluation. Please put it in the red donations box at the switchboard (front desk).

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