

Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Survey of Sexually Transmitted Disease (STD) Provider Practices
in the United States

Attachment 3

SURVEY OF STD PROVIDER POLICIES AND PRACTICES

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Specialty Areas

We have just a few questions about your areas of specialization.

1. What is your primary specialty?
 - General/Family Medicine
 - Internal Medicine
 - Obstetrics/Gynecology
 - Pediatrics
 - Emergency Medicine
 - Other [Please specify _____]
 - Unsure
2. Do you consider yourself to be a specialist in infectious diseases? Yes
 - diseases? Yes
 - No
 - Unsure
3. Do you consider yourself to be a specialist in adolescent medicine? Yes
 - medicine? Yes
 - No
 - Unsure
4. On average, how many TOTAL hours per week do you spend on direct patient care in all of your clinical settings? Please include on call hours only if you provide direct care, either in person, on the phone, or via email or text.
_____ Hours
 - Unsure

Primary Practice Setting

This section asks about the primary setting where you spend most of your direct patient care time. There is no need to review your records—your best guess is all we need.

5. What best describes your primary practice?
 - Family planning/Planned Parenthood
 - Federally Qualified Health Center (FQHC)
 - Other government clinic (state/local health department clinic)
 - Hospital emergency department/urgent care
 - Hospital (inpatient)
 - Hospital-affiliated clinic
 - Private practice (solo, group, HMO)
 - Other [Please specify: _____]
 - Unsure
6. Is your primary practice site in a...?
 - Public (government funded) setting, or
 - Private setting
 - Unsure

7. Is your primary practice site affiliated with an academic institution? Yes
- No
- Unsure
8. In what state is your primary practice located? _____
- 8A. What is the county where your primary practice is located? _____
9. Does your primary practice use an electronic health record (EHR) or electronic medical record (EMR)? Please do not include billing record systems.
- Yes [Please answer the next question]
- No [Please skip to Q11]
- Unsure [Please skip to Q11]
10. Does your EMR/EHR system provide prompts, flags, or alerts for Chlamydia screening for female patients aged 15-24 years who do not have additional risk factors?
- Yes
- No
- Unsure
11. In your primary practice, are prescriptions used to treat STDs sent electronically to the pharmacy? Yes, used routinely
- Yes, but not used routinely
- Capability exists but is turned off or not used No
- Unsure
12. Does your primary practice set time aside for same day appointments?
- Yes [Please answer the next question]
- No [Please skip to Q14]
- N/A, this is an inpatient or emergency/urgent care setting [Please skip to Q14]
- Unsure [Please skip to Q14]
13. Roughly what percent of **your** daily visits are same day appointments? _____
- Unsure

Primary Practice Policies

Thinking still about your primary practice, we have a few questions about general policies as well as what, if any, STD-related policies and practices exist at your primary practice setting. We understand that you may provide care regardless of practice policies; however, we want to know about the **written policies or standard operating procedures (SOPs)**.

14. Does your primary practice setting have any **written policies** or standard operating procedures (SOPs) that recommend routine STD testing for any asymptomatic patients—that is, testing in the absence of additional risk factors?
- Yes
- No
- Unsure

15. If a patient tests positive for an STD, does your primary practice setting have a **written policy** or standard operating procedures (SOPs) that recommends giving patients medication or prescriptions for their sex partner(s) (i.e., expedited partner therapy)?
- Yes
 - No
 - Unsure
16. Which statement best describes your primary practice setting's **policy about** delivering sexual and reproductive health services to patients 15 to 17 years of age?
- Parental **consent** is not required
 - Parental **consent** is required
 - Do not see patients 15 to 17 years of age
 - Unsure
17. Which statement best describes your primary practice setting's **policy after** delivering sexual and reproductive health services to patients 15 to 17 years of age?
- Parental **notification** is not required
 - Parental **notification** is required
 - Do not see patients 15 to 17 years of age
 - age Unsure
18. Please indicate which of the following diagnostics your primary practice setting uses onsite in the clinic or department for **STD testing** of patients? It's OK if you are unfamiliar with a test or are unsure which tests are used by your practice.

	Use	Do not use	Unsure
Wet mount microscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other point of care trichomonas test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gram stain microscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapid syphilis test, RPR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Does your primary practice have the following vaccinations available onsite to give to patients?

	Yes	No	Unsure
Human Papillomavirus (HPV) vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis A vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Does your primary practice setting have non-occupational post-exposure prophylaxis for HIV (nPEP), starter packets taken for 3-5 days, available onsite to give to patients?
- YES
 - NO
 - Unsure
21. How much do you agree with this statement? Partner services are primarily the responsibility of the health department.
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Unsure

Patient Demographics

Please provide some information about the patients at your primary practice.

22. On average, how many patient encounters do **you** have in a typical week in your primary practice setting? We are interested only in the number of encounters you, yourself have.

Unsure

23. At your primary care setting, approximately what percent of **your** patients are...?

	0-10%	11-25%	26-50%	51-75%	76-100%	Unsure
Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Do **you** currently accept Medicaid patients?

Yes
 No
 Unsure

25. At your primary practice setting, please indicate if **you** have provided direct patient care to any of the following types of patients in the past month. Direct patient care includes seeing patients, reviewing tests, and providing other related patient care services.

	Yes	No	Unsure
Adolescents ages 15-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men who have sex with men (MSM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People living with HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. When providing care to patients 15 to 17 years of age, do you typically ask a parent, relative or guardian to leave the room to spend any time alone with your patient?

Yes
 No
 Do not see minor patients
 Unsure

STD Testing and Diagnosis

Next, we would like to know how often you diagnose STDs and what STD tests you may provide.

27. Please indicate if you do or do not routinely ask patients 15 years of age or older about each of the following on at least an annual basis. If you work in an inpatient or emergency/urgent care setting, please think about each patient encounter.

	Yes	No	Not applicable to my practice
If a patient has sex with men, women, or both men and women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If a patient has vaginal, anal or oral sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of sex partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior STD history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. When was the last time that **you** diagnosed a new case of...?

	Never	Within the past month	More than 1 month ago, but less than 6 months ago	More than 6 months ago, but less than 1 year ago	More than 1 year ago, but less than 5 years ago	More than 5 years ago	Unsure
Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. When was the last time that **you** diagnosed a new case of...?

	Never	Within the past 6 months	More than 6 months ago, but less than 1 year ago	More than 1 year, but less than 5 years ago	More than 5 years, but less than 10 years ago	10 or more years ago	Unsure
Human Immunodeficiency Virus (HIV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Please indicate which asymptomatic patients you routinely (at least annually) test for each of the following STDs, in the absence of additional risk factors. If you work in an emergency/urgent care setting, please

think about each patient encounter. Think about each STD and each type of patients, and bubble in those that you routinely screen in the absence of additional risk factors.

	Do not see these patients	Chlamydia	Gonorrhea	HIV	Syphilis
Men who have sex with men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other males (ages 15 to 24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-pregnant females 15 to 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-pregnant females > 25 old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnant females in 1 st trimester	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnant females in 3 rd trimester	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnant females at delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STD Care and Treatment

31. Below is a list of actions that you might take after diagnosing an STD. Please indicate how often you take each action for each STD listed below, by writing in 1, 2, or 3 to indicate if you Never, Sometimes, or Always do each action. Write "4" if the action is not applicable to your practice. Each cell should have a number. Please include when others in your practice do these behaviors on your behalf.

1 = Never

2 = Sometimes

3 = Always

4 = N/A

	Chlamydia	Gonorrhea	Syphilis	HIV
Write a prescription for the patient				
Follow-up to see if the patient picked up their prescription				
Give medication to the patient during the office visit.				
Give (or write a prescription for) medication for the patient to give to sex partner(s) (i.e., expedited partner therapy)	1			
Talk to the patient about the importance of partner treatment				
Follow-up with the patient to inquire whether they referred their sex partner(s) for treatment				

Please answer Question 32 if the cell above with a bold black border is "1" indicating you "Never" give or write a prescription for medication for the patient to give to sex partner(s) (i.e., expedited partner therapy) when a patient has chlamydia.

32. When the patient has chlamydia, what is the **MAIN** reason that you do not give medications or prescriptions for their sex partner(s)? We realize that you can have more than one reason, but please select the most important one.

Please check here if you do offer expedited partner therapy -- medications or prescriptions for sex partners of patients that are diagnosed with chlamydia.

- Unable to obtain medical or allergy history for partners
- May result in incomplete care for partners
- Concern for malpractice or liability
- Practice is illegal or not supported by state medical board
- Expedited partner therapy not reimbursed by insurance programs
- Patient refuses to name partner(s)
- Patient refused to give medication to partner
- Other [Please specify _____]
- Unsure

33. Does your primary practice provide the following injectable antibiotics onsite for same-day treatment?

	Yes	No	Unsure
Ceftriaxone 250 mg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzathine penicillin G (Bicillin-LA) 2.4 million units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other injectable cephalosporin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Which of the following best describes **your** experience with Pre-exposure Prophylaxis for HIV (PrEP)? PrEP is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day.
- I have prescribed PrEP to one or more of my patients
 - I have discussed PrEP with one or more of my patients, but I have not prescribed it I have not discussed or prescribed PrEP with any of my patients
 - I had not heard of PrEP

35. If you wanted to look up information on STD treatments for a patient you saw today, please indicate which of the following sources you would use.

	Yes	No	Unsure
CDC STD treatment guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UpToDate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red Book	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sanford Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medscape/Emedicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search engines like Google or Bing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Have you used the CDC STD Treatment Guidelines App to treat patients for STDs?
- Yes
 - No
 - Have not heard of it prior to this survey
 - Unsure

Demographics

We have just a few questions regarding your background.

37. What is your age?
_____Years
38. Are you...?
 Male
 Female
39. Are you Hispanic, Latino/a, or of Spanish origin?
 No, not Hispanic/Latino/Spanish origin
 Yes, Hispanic/Latino/Spanish origin
40. What is your race or racial background? You can select more than one race.
- White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or other Pacific Islander
 - Something else [Please specify _____]

41. Since graduating from medical school, how many years have you been providing direct care to patients?
Please round up or down to the nearest whole year.

42. Since completing medical education and training, please indicate if you have received any of the following types of training in treating STDs? Please select all that apply.

- CDC Sponsored training
- Training at a conference or seminar
- State or local health department
- Continuing Education (CE) course
- None of these
- Unsure

You have completed the survey. Thank you very much for your time and cooperation.