



Form Approved
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This survey seeks to understand your practices and opinions regarding sexually transmitted (STD) disease diagnosis, treatment, reporting and infection control practices. A number of organizations in the private and governmental sectors have guidelines for sexually transmitted disease practices. We feel that it is crucial that policy makers are informed of these practices and views as they will help prioritize clinical training, tools, and guidelines. ICF International, an independent health research company, has been asked by the Centers for Disease Control and Prevention to collect this information. All collected information will be treated in a confidential manner, and survey data will not contain personal identifiers. We appreciate your taking the time to complete this survey. The estimated time to complete this survey is 32 minutes.

Even if you see no or few STDs, please continue with the survey. Your answers are very important to our research.

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

What is your primary specialty?

- General/Family Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics
- Emergency Medicine
- Other
- Unsure

Do you consider yourself to be a specialist in infectious diseases?

- Yes
- No
- Unsure

Do you consider yourself to be a specialist in adolescent medicine?

- Yes
- No
- Unsure

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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.

ENTER RESPONSE

- I do not provide direct patient care in any clinical setting
- Unsure

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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.

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Is your primary practice site in a...?

- Public (government funded) setting, or
- Private setting
- Unsure

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Is your primary practice site affiliated with an academic institution?

- Yes
- No
- Unsure

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In what state is your primary practice located?

Unsure

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What is the county where your primary practice is located?

Unsure

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Does your primary practice use an electronic health record (EHR) or electronic medical record (EMR)? Please do not include billing record systems.

- Yes
- No
- Unsure

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(Q10) ASK IF Q9=1



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

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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

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Does your primary practice set time aside for same day appointments?

- Yes**
- No
- Not applicable, this is an inpatient or emergency/urgent care setting
- Unsure

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Roughly, what percent of your daily visits are same day appointments?

Enter Response

Unsure

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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).

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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

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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

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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

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
- Unsure

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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"/>

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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"/>

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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

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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

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

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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"/>

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Do **you** currently accept Medicaid patients?

- Yes
- No
- Unsure

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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"/>

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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

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

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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, and/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"/>

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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"/>

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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
Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

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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. If you do not see these patients, please check the box in the column "Do not see these patients."

	Do not see these patients	Chlamydia	Gonorrhea	Syphilis	HIV
Men who have sex with men	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Other males (ages 15 to 24)	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Non-pregnant females 15 to 24 yrs. Old	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Non-pregnant females > 25 yrs. Old	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Pregnant females in 1st trimester	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Pregnant females in 3rd trimester	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Pregnant females at delivery	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure

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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. Please include when others in your practice do these behaviors on your behalf.

	Chlamydia	Gonorrhea	Syphilis	HIV
Write a prescription for the patient	<input checked="" type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure
Follow-up to see if the patient picked up their prescription	<input checked="" type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure
Give medication to the patient during the office visit	<input checked="" type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure

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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. Please include when others in your practice do these behaviors on your behalf.

	Chlamydia	Gonorrhea	Syphilis	HIV
Give (or write a prescription for) medication for the patient to give to sex partner(s) (i.e., expedited partner therapy)	<input checked="" type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	
Talk to the patient about the importance of partner treatment	<input checked="" type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure
Follow-up with the patient to inquire whether they referred their sex partner(s) for treatment	<input checked="" type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Unsure

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Ask if R answers “Never” for Chlamydia, Give (or write a prescription for) medication for the patient to give to sex partner(s), (i.e. expedited partner therapy):

You answered that, when a patient has chlamydia, you “Never” give medications or prescriptions to the patient for their sex partner. 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.

- 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 is not reimbursed by insurance programs
- Patient refuses to name partner(s)
- Patient refuses to give medication to partner
- Other
- Unsure

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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"/>

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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.

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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
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"/>
CDC STD treatment guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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

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We have just a few questions regarding your background.

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What is your age?

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Are you...?

- Male
- Female

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Are you Hispanic, Latino/a, or of Spanish origin?

- Yes, Hispanic/Latino/Spanish origin
- No, not Hispanic/Latino/Spanish origin

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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

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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.

ENTER RESPONSE

Unsure

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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

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

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About the Division of STD Prevention



Mission Statement

The mission of the Division of STD Prevention (DSTDP) at the Centers for Disease Control and Prevention is to provide national leadership, research, policy development, and scientific information to help people live safer, healthier lives by the prevention of STDs and their complications. This mission is accomplished by assisting health departments, healthcare providers and non-government organizations (NGO) through the provision of timely science-based information and by clearly interpreting such information to the general public and policy makers. The Division's specific disease prevention goals are contextualized within the broader framework of the social determinants of health, the promotion of sexual health, and the primary prevention of sexually transmitted disease.

Highlights

- [National Disease Intervention Specialist Recognition Day](#) 📅 (October 7, 2016)
- [Spotlight on STD Prevention and Control Programs](#) 📅 (May 24, 2016)

Focus Areas

CDC's Division of STD Prevention concentrates its efforts on four focus areas to guide STD prevention and maximize long term impact.

- **Adolescents and Young Adults** - Sexually transmitted diseases primarily affect young people with health consequences that can last a lifetime.
- **Men Who Have Sex with Men (MSM)** - MSM are impacted by HIV/AIDS, syphilis, and gonorrhea at concerning rates.
- **Multi-Drug Resistant Gonorrhea** - Data continue to show concerning patterns of declining susceptibility to Cephalosporins -- the only remaining gonorrhea treatment.

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