



Form Tester



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The form below is for testing purposes only.

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OMB Control No. 0920-0995

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Degree:	Title / Position	Please write the FULL name of your organization:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Address

City	State	ZIP	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="U.S.A."/>

Day Phone	Alternate Phone	Email	Birth Day (MM/DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Password	Please re-type your new password
<input type="text"/>	<input type="text"/>

Your primary profession/discipline (select ONE):

- Dentist
- Other dental professional
- Advanced practice nurse
- Registered nurse
- Licensed practical nurse
- Pharmacist
- Physician
- Physician assistant
- Clergy / Faith-based professional
- Dietitian/Nutritionist
- Health educator
- Mental/Behavioral health professional
- Social worker
- Substance abuse professional
- Community health worker
- Other (please specify)

Other

Your primary functional role (select ONE):

- Administrator (director, manager, coordinator, supervisor)
- Agency Board Member
- Clinician/Care provider
- Case manager
- Client/Patient counselor
- Client/Patient educator
- Clinical/Medical assistant
- Disease intervention specialist / Partner services provider
- Intern/Resident
- Mental/Behavioral health therapist
- Outreach staff
- Peer support provider
- Researcher/evaluator
- Student/graduate student
- Teacher/faculty
- Trainer / T.A. provider
- Other (please specify)

Other

Your principal employment setting (select ONE):

- Academic Health Center
- College / University
- Community-Based Organization (CBO)
- Community Health Center (e.g. Federally Qualified Health Center)
- Other Non-profit Health Center
- Community / Retail Pharmacy
- Correctional Facility
- HMO / Managed Care Organization
- Hospital / Hospital-affiliated Clinic
- Military Health System / Veterans Health Admin Facility
- Private Practice (Solo / Group)
- Rural Health Center
- State / Local Health Department
- Tribal / Indian Health Service Facility
- Non-Health Setting
- Other (Please Specify)
- Not Working

Other

What is the primary programmatic focus of your work (select up to TWO):

- HIV/AIDS
- STD
- TB
- Hepatitis
- Reproductive Health / Family Planning
- Recovery Support / Trauma / Domestic Violence

- Administration
- Training
- General
- Site Content
- Personal
- Log Out

- Labor and Delivery
- Adolescent and/or Pediatric Health
- Emergency Medicine / Urgent Care
- Primary Care (e.g. general / family medicine)
- Mental / Behavioral Health
- Oral Health
- Other Infectious Disease
- Other (Please Specify)

Other

What is your racial background: (check all that apply)?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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

- Hispanic or Latino
- Not Hispanic or Latino

Your gender:

- Female
- Male
- Transgender - Female to Male
- Transgender - Male to Female

The National Network of STD Clinical Prevention Training Centers would like to know:

Do you provide direct services to patients/clients who are ages 15-19?

- Yes
- No
- Not now, but expect to in the future

Do you provide direct services to patients/clients who are ages 20-24?

- Yes
- No
- Not now, but expect to in the future

Do you provide direct services to patients/clients who are pregnant women?

- Yes
- No
- Not now, but expect to in the future

Do you provide direct services to patients/clients who are men who have sex with men?

- Yes
- No
- Not now, but expect to in the future

Please estimate the NUMBER of patients/clients to whom you provide STD screening, diagnosis, or treatment in an average MONTH?

- None/Mo.
- 1-9/Mo.
- 10-19/Mo.
- 20-49/Mo.
- 50+/Mo.

Do you use the CDC STD Treatment Guidelines to guide the care of your patients/clients?

- No, I am not aware of the Guidelines
- I am aware of the Guidelines, but do not use them
- I use the Guidelines occasionally
- I use the Guidelines consistently
- I use another source to guide my STD care

Are you aware of the STD Treatment Guide mobile app that can be used to access the CDC STD Treatment Guidelines?

- No, I am not aware of the app
- I am aware of the app, but I do not use it
- I use the app
- I use a different app for STD clinical information