(National Network of Sexually Transmitted Disease Clinical Prevention Training Centers (NNPTC): Evaluation

TODAY'S DATE	Your confidential ID number is the first two letters of your								
	FIRST name, the first two letters of your LAST name, the	FN	FN	LN	LN	М	М	D	D
M M D D Y Y	MONTH of your birth, and the DAY of your birth.	CONFIDENTIAL IDENTIFIER							

OMB No. 0920-0995

Attachments 7 & 8

Intensive Complete Post-Course Evaluation Instrument

Word version and screenshot

Intensive Complete Long-Term Evaluation

Public reporting burden of this collection of information is estimated to average 10 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: PRA (0920-0995).

Su	ongly disagree	U	2	3	④	(5)	Strongly agree	77	NA		
2f If you I	have not used v	what y	you l	earn	ed, p	lease	explain why not.				
• -		ge in	your	prac	tice o	or wo	rksite setting as a	result o	of this tra	ining?	
	Yes										
0	No No										
2	Not applicable	to my	job c	or pat	ients						
3	l was already ι	ising t	hese	prac	tices						
4	Other reason (please	e spe	cify)							
A4f If you	made a change	e, wha	at cha	ange	did y	ou m	nake?				

- ly)
 - ①① Supervisor
 - O Colleagues/co-workers
 - ① ① Policy makers
 - ①① Community



	1	Other	(plea	se spec	fy)				_			
	(select	all that ack of more in cost/lac colicies esistar ack of no opper nothing	time nport of the control of the con	ly) with pation ant pation pat	ients ent concesement k e by supe supplies ply pract	erns ervisor o s ices	r colleagı				nmended in	the training?
	(Select a	all that reimbursupport standing reminder conventions to the control of the contr	applyrsem t of s g ord er in ient s patie	y) ent or of uperviso lers chart supplies ent instru	her finar or and/or octions fo	ncial ince colleagu or obtaini	entive ies ng specii	e STD practi			he training	?
UseG	 No O I ar O I us 3 I us	, I am n awar se the (se the (not a e of t Guide Guide	ware of the Guid elines oc elines co	the Guid elines bu casional ensistentl	elines ut do not ly y	use ther	i ines to guid n se specify			ents/clients	?
PPC1	patie	nts un 6 1-2	der a 5%	age 25 a		screenin	ig annua	what % of se Ily for chlan NA O		e asympto	matic fema	le
PPG1	unde 0	r age 2 % 1-2	25 ar	e you so		annual	ly for go	what % of sonorrhea? NA O	exually activ	ve asympto	matic fema	le patients
PPC2	screei 0	ning fo % 1-2	r ch	lamydia		• •	-	what % of p	regnant pati	ents under	age 25 are	you
PPG2	scree 0	ening f % 1-2	or g	onorrhe				what % of p	oregnant pa	tients unde	r age 25 are	e you



							y what % of your male patients	who have sex with men
			11 ng ann 26-50%				l chlamydia? NA	
	070	1-23% O	O	O	70-9090 O	O	O	
	•			•	Ū			
	you scr	eening	at least	once a y	ear for	syphilis	/ what % of your male patients v s?	vho have sex with men are
	0%		26-50%				NA	
	0	0	0	0	0	0	0	
			s AFTER u testing			ximatel	y what % of your patients recen	tly diagnosed with
			26-50%			>91%	NA	
	0	0	0	0	0	0	0	
PPHPV	fema	ale patie		you disc	cussing	HPV v	kimately what % of your non-vac accination during a preventive h NA O	
PPHPV	male	patient		u discus	sing HP	V vacc	ximately what % of your non-va ination during a preventive hea	
	0%	1-23% O	20-30% O	O	70-9090 O	O	NA O	
	J	O	O	O	O	O	9	
PPHPV	age	26 or ur		have se			ximately what % of your non-va are HIV+ are you discussing HF	
			26-50%		76-90%	>91%	NA	
	0	0	0	0	0	0	0	
PPSH1	prevei of gett	ntive he ting or t		t do you ting an S	take a s	sexual	nately what % of patients older t history that asks about behavio NA O	
PPSH2		entive h					nately what % of patients older t I history that asks whether they	
			26-50%	51-75%	76-90%	>91%	NA	
	0	0	0	0	0	0	0	
SGCH2	① Ye ② No ② NA	S N	the info		present	ed did	you download the CDC STD Tre	atment Guidelines app?
SGCH5	f Asar		, ,		present	ted did	you use dual antibiotic therapy	to treat uncomplicated
	① Ye	S						
	@ No							
	2 NA							
	3 I w	as alrea	ady doing	this				
SGCH6	f As a re	esult of	the info	rmation	present	ed did	you send a consult to the STD (Clinical Consultation



Network? www.stdccn.org

- ① Yes
- @ No
- ② NA
- 3 I was already doing this

SGCH7f As a result of the information presented did you recommend rescreening in 3 months following a gonorrhea, chlamydia or trichomonas diagnosis?

- ① Yes
- @ No
- ② NA
- 3 I was already doing this

SGCH8f As a result of the information presented did you use the STD Treatment Guidelines wall chart or pocket guide?

- ① Yes
- @ No
- ② NA
- ③ I was already doing this

EPTf As a result of information presented did you provide Expedited Partner Therapy (EPT) to heterosexual partners of those diagnosed with gonorrhea and/or chlamydia?

- ① Yes
- @ No
- ② Not applicable to my practice or job
- ③ Not allowed in my state/practice
- My practice/worksite is in the planning stages to offer EPT
- ⑤ My practice/worksite was already offering EPT
- © EPT was not discussed

KSG1f What is the recommended treatment for a patient diagnosed with uncomplicated urethral, cervical, or rectal gonorrhea?

- ① Ceftriaxone 250 mg intramuscularly only
- 2 Azithromycin 2 g orally in a single dose only
- 3 Ceftriaxone 250 mg intramuscularly plus azithromycin 1 g orally in a single dose

KSG2f What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of chlamydia, gonorrhea, and/or trichomonas?

- ① A test of cure at 2 weeks, and repeat test at 3 months
- ② A test of cure at 2 weeks, and repeat test at 12 months
- 3 Repeat test in 3 months
- Repeat test in 12 months

KSG3f What is recommended for STD screening of an HIV-negative man who reports oral sex (oral and penile exposure) and receptive anal sex with multiple male partners?

- ① Pharyngeal GC, rectal GC/CT, urethral GC/CT, and syphilis every 3-6 months
- ② Pharyngeal GC, Rectal GC/CT, urethral GC/CT and syphilis every 12-24 months
- 3 Urethral GC/CT and syphilis every 3-6 months, with pharyngeal GC and rectal GC/CT if symptoms are present
- 4 Urethral GC/CT and syphilis every 12-24 months, with pharyngeal GC and rectal GC/CT if symptoms are Present