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

OMB No. 0920-0995

**Attachments 9 & 10**

**Intensive Didactic Post-Course Evaluation Instrument**

Word version and screenshot

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TODAY’S DATE**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  M M D D Y Y | Your confidential ID number is the first two letters of your FIRST name, the first two letters of your LAST name, the MONTH of your birth, and the DAY of your birth. | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | FN | FN | LN | LN | M | M | D | D |   **CONFIDENTIAL IDENTIFIER** |

**Intensive Didactic Post-Course 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).*

**S1 How satisfied were you with your overall learning experience?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| very unsatisfied | **①** | **②** | **③** | **④** | **⑤** | very satisfied |

**S2 How satisfied were you with the quality of the content?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| very unsatisfied | **○** | **○** | **○** | **○** | **○** | very satisfied |

**S3 How satisfied were you with the trainer(s)?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| very unsatisfied | **○** | **○** | **○** | **○** | **○** | very satisfied |

**S4 How satisfied were you with the teaching methods?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| very unsatisfied | **○** | **○** | **○** | **○** | **○** | very satisfied |

**S5 What could improve this training?**

|  |
| --- |
|  |

**CE1 Do you believe this activity was influenced by commercial interests?**

➀Yes

⓪ No

**CE2 Was this presentation evidence-based?**

➀Yes

⓪ No

**CE3a Were the learning objectives met?**

➀Yes

⓪ No

**CE3b If the learning objectives were not met, please explain,**

|  |
| --- |
|  |

**A1 As a result of information presented, do you intend to make changes in your practice or at your worksite**

**setting?**

① Yes

⓪ No

② Not my job

③ I already use these practices

④ Other reason (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A2 If yes, please list at least one intended change.**

|  |
| --- |
|  |

|  |
| --- |
| CHLAMYDIA |

**LOC1bef How confident were you in your ability to describe how chlamydia infections present clinically,**

**BEFORE the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |

**LOC1aft** **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOC2bef** H**ow confident were you in your ability to describe the current CDC screening recommendations for**

**chlamydia, including extra-genital screening BEFORE the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

LOC2aft **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOC3be**f H**ow confident were you in your ability to obtain or instruct patients to collect the recommended specimens from indicated sites to diagnose chlamydia BEFORE the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |  | **77** | NA |

**LOC3aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOC4bef** H**ow confident were you in your ability to treat patients diagnosed with chlamydia and related anogenital syndromes based on the most current CDC treatment recommendations BEFORE the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOC4aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**KC1 What is the CDC recommended regimen for treating asymptomatic uncomplicated chlamydia infection of the cervix, urethra, or rectum?**

**○** Acyclovir 1 g twice a day for 7 days

**○** Azithromycin 1 g orally in a single dose or doxycycline 100 mg twice a day for 7 days

**○** Azithromycin 1 g orally in a single dose plus ceftriaxone 250 mg intramuscularly in a single dose

**○** Ciprofloxacin 500 mg orally in a single dose

**KC2 What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of**

**chlamydia?**

  ➀ A test of cure at 2 weeks, and repeat test at 3 months

➁ A test of cure at 2 weeks, and repeat test at 12 months

➂ Repeat test in 3 months

➃ Repeat test in 12 months

**PPC1bef Approximately what % of sexually active asymptomatic female patients under age 25 did you screen**

**annually for chlamydia BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **①** | **②** | **③** | **④** | **⑤** | **⑥** |  | **77** |

**PPC1aft What % do you intend to screen AFTER the training?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |  |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |  |

**PPC2bef Approximately what % of pregnant patients under age 25 did you screen for chlamydia BEFORE this**

**training?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |  |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |  |

**PPC2aft What % do you intend to screen AFTER the training?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |  |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |  |

|  |
| --- |
| GONORRHEA |

**LOG1bef How confident were you in your ability to describe how gonorrhea infections present clinically**

**BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOG1aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOG2bef How confident were you in your ability to describe the current CDC screening recommendations**

**for gonorrhea, including extra-genital screening BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOG2aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOG3bef How confident were you in your ability to obtain or direct patients to collect**

**the recommended specimens from indicated sites to diagnose gonorrhea BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |  | **77** | NA |

**LOG3aft**  H**ow confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOG4bef How confident were you in your ability to treat patients with gonorrhea according to current**

**CDC recommendations in light of antibiotic resistance in *N. gonorrhoeae* BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOG4aft**  H**ow confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**KG1 What is the ~~CDC~~ recommended treatment for a patient diagnosed with uncomplicated**

**urethral, cervical, or rectal gonorrhea?**

➀Ceftriaxone 250 mg intramuscularly only

➁ Azithromycin 2 g orally in a single dose only

➂ Ceftriaxone 250 mg intramuscularly plus azithromycin 1 g orally in a single dose

➃ Cefixime 400 mg orally plus doxycycline 100 mg orally BID for 7 days

**KG2 What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of**

**gonorrhea?**

  ➀ A test of cure at 2 weeks, and repeat test at 3 months

➁ A test of cure at 2 weeks, and repeat test at 12 months

➂ Repeat test in 3 months

➃ Repeat test in 12 months

**PPG1bef Approximately what % of sexually active asymptomatic female patients under 25 did you screen**

**annually for gonorrhea BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **①** | **②** | **③** | **④** | **⑤** | **⑥** |  | **77** |

**PPG1aft What % do you intend to screen AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPG2bef Approximately what % of pregnant patients under age 25 did you screen for gonorrhea BEFORE**

**this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPG2aft What % do you intend to screen AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPG3bef Approximately what % of sexually active male patients who have sex with men did you screen**

**annually for urogenital and extragenital gonorrhea and chlamydia BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPG3aft What % do you intend to screen AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

|  |
| --- |
| SYPHILIS |

**LOS1bef How confident were you in your ability to identify the stages of syphilis based on their clinical**

**manifestations BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOS1aft** **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOS2bef How confident were you in your ability to describe current CDC screening recommendations for**

**syphilis BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOS2aft** **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOS3bef How confident were you in your ability to order and interpret the CDC recommended serologic**

**tests to diagnose syphilis BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |  | **77** | NA |

**LOS3aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOS4bef How confident were you in your ability to clinically manage patients diagnosed with syphilis based on**

**CDC treatment, follow-up, and partner management recommendations BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOS4aft** **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**KS1 What is the CDC recommended regimen for treating primary and secondary syphilis in adults who are**

***not* HIV+ or pregnant?**

➀ Acyclovir 1 g twice a day for 7 days

➁ Azithromycin 1 g orally in a single dose

➂ **Benzathine penicillin G 2.4 million units IM in a single dose**

➃ Benzathine-procaine penicillin 2.4 million units in a single dose

**PPS1bef Approximately what % of your male patients who have sex with men did you screen at least once a year**

**for syphilis BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPS1aft What % do you intend to screen AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPS2bef Approximately what % of your pregnant patients did you screen for syphilis BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPS2aft What % do you intend to screen AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPS3bef Approximately what % of your patients recently diagnosed with syphilis did you test for HIV**

**BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPS3aft What % do you intend to screen AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

|  |
| --- |
| HUMAN PAPILLOMAVIRUS (HPV) |

**LOHPV1bef How confident were you in your ability to describe the pathogenesis of genital HPV and identify**

**it clinically BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOHPV1aft** H**ow confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOHPV2bef How confident were you in your ability to describe the national cervical cancer**

**screening recommendations, including HPV testing, BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOHPV2aft** **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOHPV3bef How confident were you in your ability to treat genital warts BEFORE the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |  | **77** | NA |

**LOHPV3aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOHPV4bef How confident were you in your ability to describe CDC/ACIP recommendations for HPV**

**vaccination BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOHPV4aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**PPHPV1bef With approximately what % of your non-vaccinated female patients ages 11 through 26 did you**

**discuss HPV vaccination during a preventive health visit BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPHPV1aft With what % do you intend to discuss this AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPHPV2bef With approximately what % of your non-vaccinated male patients ages 11 through 21 did you discuss**

**HPV vaccination during a preventive health visit BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPHPV2aft With what % do you intend to discuss this AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPHPV3bef With approximately what % of your non-vaccinated male patients age 26 or under who have sex with**

**men or are HIV+ did you discuss HPV vaccination during a preventive health visit BEFORE this**

**training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPHPV3aft With what % do you intend to discuss this AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

|  |
| --- |
| CONDUCTING A SEXUAL HISTORY |

**LOSH1bef How confident were you in your ability to describe the major components (5 P’s) of a routine**

**sexual history BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOSH1aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOSH2bef How confident were you in your ability to demonstrate respectful, non-judgmental communication**

**skills to discuss sexual practices, sexual risks, and risk reduction strategies with patients**

**BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |  | **77** | NA |

**LOSH2aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**PPSH1bef For approximately what % of patients older than 15 seeing you for a preventive health visit did**

**you take a sexual history that asks about behaviors that could put them at risk of getting or**

**transmitting an STD BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPSH1aft What % do you intend to ask about risk behaviors AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPSH2bef For approximately what % of patients older than 15 seeing you for a preventive health visit did**

**you take a sexual history that asked whether they had oral, vaginal, or anal sex BEFORE this**

**training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

**PPSH2aft What % do you intend to ask whether they had oral, vaginal, or anal sex AFTER the training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **○** | **○** | **○** | **○** | **○** | **○** |  | **○** |

|  |
| --- |
| EXPEDITED PARTNER THERAPY |

**EPT As a result of the information presented, do you intend to provide Expedited Partner Therapy (EPT) to**

**heterosexual partners of those diagnosed with gonorrhea and/or chlamydia?**

➀Yes

⓪ No

➁ Not applicable to my practice or job

➂ Not allowed in my state/practice

➃ My practice/worksite is in the planning stages to offer EPT

⑤ My practice/worksite already offers EPT

➅ EPT was not discussed