(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.		CON	FIDE	NTIAI	_ IDI	ENTIF	FIER	

OMB No. 0920-0995

Attachments 11 & 12

Intensive Didactic Long-Term Evaluation Instrument

Word version and screenshot

Intensive Didactic Long-Term Evaluation

Public reporting burden of this collection of information is estimated to average 7minutes 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).

A1f. I a	m using what I lea	rned i	in thi	s trai	ning	in my	y work.				
	strongly disagree	①	2	3	4	(5)	Strongly agree	77	NA		
A2f If y	ou have not used	what	you l	earne	ed, p	lease	explain why not.				
A3f Did	you make a chan	ge in	your	prac	tice (or wo	rksite setting as a	result	of this trainin	g?	
	 No Not applicable	to my	job d	or pat	ients						
	③ I was already ι	-	-	•							
	Other reason (pleas	e spe	cify)							
A4f If y	ou made a chang	e, wha	at ch	ange	did y	ou m	nake?				
A5f As	a result of this tra	ining	, did	you :	share	e wha	t you learned with	any of	the following	1? (select all that	apply)

① ① Supervisor

①① Policy makers
①① Community

O Colleagues/co-workers



	@① O	ther (ple	ase spec	ify)				_				
	(select al	If that ap, ck of time ore impost/lack of sistance ck of eque opportunthing into	oly) e with pate freimbur here I wor to chang hipment o nity to ap erfered	ients ent conce sement k e by supe r supplies ply pract	erns ervisor o s ices	r colleagu				ommende	ed in the train	iing?
	Select all	that app imburser pport of anding of minder in nvenient ested pat thing spe	nly) ment or o superviso rders n chart : supplies	ther finar or and/or uctions fo	ncial ince colleagu or obtaini	entive ies ng specir	e STD practi mens			the train	ning?	
UseGı	widef Do	you us am not a aware of the Guid the Guid	e the CD aware of f the Guid delines od delines co	C STD T the Guide delines bu ccasional onsistent	reatmer elines ut do not lly ly	nt Guidel use then	ines to guid	le the care	of your par	tients/cli	ents?	
PPC1f	patient	ts under		are you	screenin	ig annua	what % of so Ily for chlan NA O		ive asympt	omatic f	emale	
PPG1	under	age 25 a		creening	annual	ly for go	what % of s norrhea? NA O	exually act	ive asympt	tomatic f	emale patien	ts
PPC2	screeni	ng for cl 1-25%	AFTER 1 hlamydia 26-50% O	ı?		-	vhat % of pr NA O	egnant pat	tients unde	r age 25	are you	
PPG2	screen	ing for	s AFTER gonorrhe 26-50%	ea?		_	what % of p	oregnant p	atients und	er age 2	5 are you	



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								maie patients wno r	iave sex with men
а							l chlamydia?		
	0%	1-25%	26-50%	51-75%		>91%	NA		
	0	0	0	0	0	0	0		
	ou scr	eening	at least	training, once a y 51-75%	ear for	syphilis		male patients who h	nave sex with men are
	0	0	0	0	0	0	0		
	ow, 3 i	months s are yo	AFTER u testing	training, g for HIV	, approx ?	imately	what % of your	patients recently dia	agnosed with
				51-75%			NA		
	0	0	0	0	0	0	0		
PPHPV1	fema	ale patie	ents are		cussing	HPV va		of your non-vaccina a preventive health	ted 11 to 26 year-old n visit?
PPHPV2	male	patient	s are yo		sing HF	V vacc		of your non-vaccina preventive health vi	nted 11 to 21 year-old sit?
PPHPV3	age 2 prev	26 or ur entive h	nder who nealth vi	have s	ex with	men or		of your non-vaccina discussing HPV va	
	prever of gett	ntive he	alth visi ransmit		take a s	sexual l		oatients older than 2 about behaviors tha	15 seeing you for a at would put them at risk
PPSH2f	Preve anal s	entive h	ealth vis		u take a	sexual		oatients older than 1 s whether they have	15 seeing you for a e had oral, vaginal, or
SGCH2f	① Ye ② No ② NA	S N	the info		present	ed did y	you download the	e CDC STD Treatme	nt Guidelines app?
SGCH5f	gonor① Ye② No② NA	r rhea? S	f the info		presen	ted did	you use dual ant	ibiotic therapy to tro	eat uncomplicated
0001101	A		Alar !	4.		1 -17 *		ılt to the STD Clinic	al Camandradan
STATE OF THE STATE	A FC	SCHIT AT	TOO INTO	MOITCM	nrocont	on aid i	WILL CONG 2 CONCI	THE TO THE STILL (TIMES	ar a conclutation



- 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 the 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 already offered EPT
- 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
 - Cefixime 400 mg orally plus doxycycline 100 mg orally BID for 7 days
- 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