

<b>TODAY'S DATE</b> _____ 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.	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>FN</td><td>FN</td><td>LN</td><td>LN</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> <b>CONFIDENTIAL IDENTIFIER</b>									FN	FN	LN	LN	M	M	D	D
FN	FN	LN	LN	M	M	D	D											

OMB No. 0920-0995

## Attachments 17 & 18

### Wet Mount Post-Course Evaluation Instrument

Word version and screenshot

#### Wet Mount Post-Course Evaluation

*Public reporting burden of this collection of information is estimated to average 3 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?**

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

- ① Yes
- ② No
- ③ Not my job
- ④ I already use these practices

④ Other reason (please specify)

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

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

- ① Yes
- ② No

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

- ① Yes
- ② No

**CE3a Were the learning objectives met?**

- ① Yes
- ② No

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

**LOWM1bef How confident were you in your ability to discuss quality control and infection control issues relevant to performing wet preparations of vaginal specimens BEFORE this training?**

not at all confident                  very confident

**LOWM1aft How confident are you AFTER the training?**

not at all confident                  very confident

**LOWM2bef How confident were you in your ability to demonstrate proper technique for using a light microscope to examine vaginal wet mount specimens BEFORE this training?**

not at all confident                  very confident

**LOWM2aft How confident are you AFTER the training?**

not at all confident                  very confident

**LOWM3bef How confident were you in your ability to distinguish between the common wet mount findings indicating bacterial vaginosis, vulvovaginal candidiasis, and trichomoniasis BEFORE this training?**

not at all confident                  very confident

**LOWM3aft How confident are you AFTER the training?**

not at all confident                  very confident

**KWM1 Diagnostic criteria for bacterial vaginosis include all of the following except:**

- ① pH greater than 4.5
- ② **presence of flagella**
- ③ positive amine test
- ④ presence of clue cells