

**Basic Long-Term Evaluation**

*Public reporting burden of this collection of information is estimated to average 2 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).*

1. I am using what I learned in this training in my work.

strongly disagree      strongly agree  NA

2. If you have not used what you learned, please explain why not.

3. Did you make a change in your practice, worksite setting, or job as a result of this training?

- Yes
- No
- Not applicable to my job or patients
- I already use these practices
- Other reason (please specify)

4. If you made a change, what change did you make?

5. As a result of this training, did you share what you learned with any of the following? (select all that apply)

- Supervisor
- Colleagues/co-workers
- Policy makers
- Community
- Other (please specify)

6. 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 (please specify)

**THANK YOU!**

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