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

OMB No. 0920-0995

**Attachments 23 & 24**

**Treatment Guidelines Complete Long-term 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.  |

|  |  |  |  |  |  |  |  |
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| FN | FN | LN | LN | M | M | D | D  |

**CONFIDENTIAL IDENTIFIER** |

**STD Treatment Guidelines Complete Long-Term Evaluation**

*Public reporting burden of this collection of information is estimated to average 5 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).*

**A1f. I am using what I learned in this training in my work.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| strongly disagree | **①** | **②** | **③** | **④** | **⑤** | Strongly agree |  | **77** | NA |

**A2f** **If you have not used what you learned, please explain why not.**

|  |
| --- |
|  |

**A3f** **Did you make a change in your practice or worksite setting as a result of this training**?

① Yes

 ⓪ No

 ② Not applicable to my job or patients

 ③ I was already using these practices

 ④ Other reason (please specify)

|  |
| --- |
|  |

**A4f If you made a change, what change did you make**?

|  |
| --- |
|  |

**A5f As a result of this training, did you share what you learned with any of the following?** (*select all that apply*)

⓪① Supervisor

 ⓪① Colleagues/co-workers

 ⓪① Policy makers

 ⓪① Community

 ⓪① Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A6f Did any of these factors MAKE IT HARDER for you to apply the STD practices recommended in the training?**

*(select all that apply)*

 ⓪① lack of time with patients

 ⓪① more important patient concerns

 ⓪① cost/lack of reimbursement

 ⓪① policies where I work

 ⓪① resistance to change by supervisor or colleagues

 ⓪① lack of equipment or supplies

 ⓪① no opportunity to apply practices

 ⓪① nothing interfered

 ⓪① other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A7f Did any of these factors HELP you incorporate the STD practices recommended in the training?**

*(select all that apply)*

 ⓪① reimbursement or other financial incentive

 ⓪① support of supervisor and/or colleagues

 ⓪① standing orders

 ⓪① reminder in chart

 ⓪① convenient supplies

 ⓪① posted patient instructions for obtaining specimens

 ⓪① nothing specific helped

 ⓪① other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UseGuidef Do you use the CDC STD Treatment Guidelines to guide the care of your patients/clients?**

⓪No, I am not aware of the Guidelines

 ➀I am aware of the Guidelines but do not use them

 ➁I use the Guidelines occasionally

 ➂I use the Guidelines consistently

 ➃I use another source to guide my STD care (*please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PPC1f **Now, 3 months AFTER training, approximately what % of sexually active asymptomatic female**

**patients under age 25 are you screening annually for chlamydia?**

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

**PPG1f Now, 3 months AFTER training,** **approximately what % of sexually active asymptomatic female patients**

 **under age 25 are you screening annually for gonorrhea?**

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

**PPG3f Now, 3 months AFTER training,** **approximately what % of your male patients who have sex with men**

**are you screening annually for gonorrhea and chlamydia?**

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

**PPS1f Now, 3 months AFTER training, approximately what % of your male patients who have sex with men are**

 **you screening at least once a year for syphilis?**

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

**PPS3f Now, 3 months AFTER training,** **approximately what % of your patients recently diagnosed with**

**syphilis are you testing for HIV?**

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

**PPSH1f Now, 3 months AFTER training,** **for approximately what % of patients older than 15 seeing you for a**

 **preventive health visit do you take a sexual history** **that asks about behaviors that would put them at risk**

 **of getting or transmitting an STD?**

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

**PPSH2f Now, 3 months AFTER training, for approximately what % of patients older than 15 seeing you for a**

 **Preventive health visit do you take a sexual history that asks whether they have had oral, vaginal, or**

 **anal sex?**

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

**SGCH2f As a result of the information presented did you download the CDC STD Treatment Guidelines app?**

① Yes

 ⓪ No

 ② NA

 ③ I was already doing this

**SGCH5f As a result of the information presented did you use dual antibiotic therapy to treat uncomplicated**

 **gonorrhea?**

① Yes

 ⓪ No

 ② NA

 ③ I was already doing this

**SGCH6f As a result of the information presented did you send a consult to the STD Clinical Consultation**

 **Network?** [www.stdccn.org](http://www.stdccn.org/)

① Yes

 ⓪ 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

 ⓪ 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

 ⓪ 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?**

 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 offered EPT

**KSG1f What is the 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

**KSG2f What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment**

 **of chlamydia, gonorrhea, and/or trichomonas?**

  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

**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?**

  ➀ Pharyngeal GC, rectal GC/CT, urethral GC/CT, and syphilis every 3-6 months

 ➁ Pharyngeal GC, Rectal GC/CT, urethral GC/CT and syphilis every 12-24 months

 ➂ Urethral GC/CT and syphilis every 3-6 months, with pharyngeal GC and rectal GC/CT if symptoms are present

 ➃ Urethral GC/CT and syphilis every 12-24 months, with pharyngeal GC and rectal GC/CT if symptoms are

 present