## **Form Tester**

## Training Custom Forms Questions Form Tester

O Disease intervention specialist / Partner services provider

Intern/Resident/Fellow

The form below is for testing purposes only.

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).

OMB Control No. 0920-0995

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<ul> <li>□ American Indian or Alaskan Native</li> <li>□ Asian</li> <li>□ Black or African American</li> <li>□ Native Hawaiian or Other Pacific Islander</li> <li>□ White</li> </ul> Are you of Hispanic, Latino/a, or Spanish origin? <ul> <li>□ Hispanic or Latino</li> <li>□ Not Hispanic or Latino</li> </ul>	What race or races do you consider yourself to be (select all that apply)?
Asian Black or African American Native Hawaiian or Other Pacific Islander White  Are you of Hispanic, Latino/a, or Spanish origin? Hispanic or Latino Not Hispanic or Latino	
□ Black or African American □ Native Hawaiian or Other Pacific Islander □ White  Are you of Hispanic, Latino/a, or Spanish origin? □ Hispanic or Latino □ Not Hispanic or Latino	
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Are you of Hispanic, Latino/a, or Spanish origin?  ○ Hispanic or Latino ○ Not Hispanic or Latino	
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	our gender:
○ Female ○ Male ○ Transgender man ○ Transgender woman ○ Non-binary ○ Decline to answer ○ Other (Please Specify)	Female Male Transgender man Transgender woman Non-binary Decline to answer Other (Please Specify)
Other	other land the state of the sta

The National Network of STD Clinical Prevention Training Centers would like to know:

Do you provide direct services to patients/clients who are ages 15-19?  Yes No Not now, but expect to in the future
Do you provide direct services to patients/clients who are ages 20-24?  Yes No Not now, but expect to in the future
Do you provide direct services to patients/clients who are pregnant women?  Yes No Not now, but expect to in the future
Do you provide direct services to patients/clients who are men who have sex with men?  Yes No Not now, but expect to in the future
Please estimate the NUMBER of patients/clients to whom you provide STD screening, diagnosis, or treatment in an average MONTH?  None/Mo. 1-9/Mo. 10-19/Mo. 20-49/Mo. 50+/Mo.
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 what source you use.
Are you aware of the STD Treatment Guide mobile app that can be used to access the CDC STD Treatment Guidelines?  No, I am not aware of the app I use the app I use a different app for STD clinical information
Phone Number
Test Form Cancel
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