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 MONTH of your birth, and the DAY of your birth.	FN FN LN LN M M D D
_____ M M D D Y Y		CONFIDENTIAL IDENTIFIER

OMB No. 0920-0995

Attachments 21 & 22

Treatment Guidelines Complete Post-Course Evaluation Instrument

Word version and screenshot

STD Treatment Guidelines Complete Post-Course Evaluation

Public reporting burden of this collection of information is estimated to average 6 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 O O O O O very satisfied

S3 How satisfied were you with the trainer(s)?

very unsatisfied O O O O O very satisfied

S4 How satisfied were you with the teaching methods?

very unsatisfied O O O O O 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
⓪ No
② Not my job
③ 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
⓪ No

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

① Yes
⓪ No

CE3a **Were the learning objectives met?**

① Yes
⓪ No

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

CHLAMYDIA

LOC2bef **How confident were you in your ability to describe the current CDC screening recommendations for chlamydia, including extra-genital screening BEFORE the training?**

not at all confident O O O O O very confident

LOC2aft **How confident are you AFTER the training?**

not at all confident O O O O O very confident

LOC4bef **How confident were you in your ability to treat patients diagnosed with chlamydia and related anogenital syndromes based on the most current CDC treatment recommendations BEFORE the training?**

not at all confident O O O O O very confident O NA

LOC4aft **How confident are you AFTER the training?**

not at all confident O O O O O very confident O NA

KC1 **What is the CDC recommended regimen for treating asymptomatic uncomplicated chlamydia infection of the cervix, urethra, or rectum?**

O Acyclovir 1 g twice a day for 7 days
O Azithromycin 1 g orally in a single dose or doxycycline 100 mg twice a day for 7 days
O Azithromycin 1 g orally in a single dose plus ceftriaxone 250 mg intramuscularly in a single dose
O Ciprofloxacin 500 mg orally in a single dose

KC2 **What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of chlamydia?**

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
④ Repeat test in 12 months

PPC1bef **Approximately what % of sexually active asymptomatic female patients under age 25 did you screen annually for chlamydia BEFORE this training?**

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

○ ① ② ③ ④ ⑤ ⑥ 77

PPC1aft **What % do you intend to screen AFTER the training?**

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

O O O O O O O

GONORRHEA

LOG2bef **How confident were you in your ability to describe the current CDC screening recommendations for gonorrhea, including extra-genital screening BEFORE this training?**

not at all confident O O O O O very confident

LOG2aft **How confident are you AFTER the training?**

not at all confident O O O O O very confident

LOG4bef **How confident were you in your ability to treat patients with gonorrhea according to current CDC recommendations in light of antibiotic resistance in *N. gonorrhoeae* BEFORE this training?**

not at all confident O O O O O very confident O NA

LOG4aft H**ow confident are you AFTER the training?**

not at all confident O O O O O very confident O NA

KG1 **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
④ Cefixime 400 mg orally plus doxycycline 100 mg orally BID for 7 days

KG2 **What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of gonorrhea?**

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
④ Repeat test in 12 months

PPG1bef **Approximately what % of sexually active asymptomatic female patients under 25 did you screen annually for gonorrhea BEFORE this training?**

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

① ② ③ ④ ⑤ ⑥ 77

PPG1aft **What % do you intend to screen AFTER the training?**

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

O O O O O O O

PPG3bef **Approximately what % of sexually active male patients who have sex with men did you screen annually for urogenital and extragenital gonorrhea and chlamydia BEFORE this training?**

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

O O O O O O O

PPG3aft **What % do you intend to screen AFTER the training?**

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

O O O O O O O

SYPHILIS

LOS2bef **How confident were you in your ability to describe current CDC screening recommendations for**

○ **syphilis BEFORE this training?**

not at all confident ○ ○ ○ ○ ○ very confident

LOS2aft **How confident are you AFTER the training?**

not at all confident ○ ○ ○ ○ ○ very confident

LOS3bef **How confident were you in your ability to order and interpret the CDC recommended serologic tests to diagnose syphilis BEFORE this training?**

not at all confident ① ② ③ ④ ⑤ very confident 77 NA

LOS3aft **How confident are you AFTER the training?**

not at all confident ○ ○ ○ ○ ○ very confident ○ NA

LOS4bef **How confident were you in your ability to clinically manage patients diagnosed with syphilis based on CDC treatment, follow-up, and partner management recommendations BEFORE this training?**

not at all confident ○ ○ ○ ○ ○ very confident ○ NA

LOS4aft **How confident are you AFTER the training?**

not at all confident ○ ○ ○ ○ ○ very confident ○ NA

KS1 **What is the CDC recommended regimen for treating primary and secondary syphilis in adults who are *not* HIV+ or pregnant?**

① Acyclovir 1 g twice a day for 7 days
② Azithromycin 1 g orally in a single dose
③ **Benzathine penicillin G 2.4 million units IM in a single dose**
④ Benzathine-procaine penicillin 2.4 million units in a single dose

PPS1bef **Approximately what % of your male patients who have sex with men did you screen at least once a year for syphilis BEFORE this training?**

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

PPS1aft **What % do you intend to screen AFTER the training?**

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

PPS2bef **Approximately what % of your pregnant patients did you screen for syphilis BEFORE this training?**

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

PPS2aft **What % do you intend to screen AFTER the training?**

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

PPS3bef **Approximately what % of your patients recently diagnosed with syphilis did you test for HIV BEFORE this training?**

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

PPS3aft **What % do you intend to screen AFTER the training?**

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

EPT **As a result of the information presented do you intend to provide Expedited Partner Therapy (EPT) to heterosexual partners of those diagnosed with gonorrhea and/or chlamydia?**

① Yes
⓪ No
② Not applicable to my practice or job
③ Not allowed in my state/practice
④ My practice/worksite is in the planning stages to offer EPT
⑤ My practice/worksite already offers EPT
⑥ EPT was not discussed