

STD Treatment Guidelines Short Long-Term Evaluation

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1. Did you incorporate any of the information presented into your patient care or practice setting?

- Yes
- No
- Not applicable to my practice or patients
- I was already performing the recommended practices
- Other (please specify)

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

- Yes
- No
- Not applicable
- I was already doing this

3. As a result of the information presented did you increase the proportion of your sexually active asymptomatic female patients under age 25 screened for urogenital chlamydia and gonorrhea?

- Yes
- No
- Not applicable
- I was already doing this

4. As a result of the information presented did you increase the proportion of your male patients who have sex with men screened for syphilis, gonorrhea, and chlamydia at least annually?

- Yes
- No
- Not applicable
- I was already doing this

5. As a result of the information presented did you use dual antibiotic therapy to treat uncomplicated gonorrhea?

- Yes
- No
- Not applicable
- I was already doing this

6. As a result of the information presented did you send a consult to the STD Clinical Consultation Network? www.stdccn.org

- Yes
- No
- Not applicable
- I was already doing this

7. As a result of the information presented did you recommend rescreening in 3 months following a gonorrhea, chlamydia or trichomonas diagnosis?

- Yes
- No
- Not applicable
- I was already doing this

8. As a result of the information presented did you use the STD Treatment Guidelines wall chart or pocket guide?

- Yes
- No
- Not applicable
- I was already doing this

9. As a result of the information presented did you share information about the STD Treatment Guidelines with others?

- Yes
- No
- Not applicable
- I was already doing this

10. 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?

- Yes
- No
- Not applicable to my practice or job
- My practice/worksites is in the planning stages to offer EPT
- My practice/worksites already offers EPT
- EPT was not discussed

11. Did any of these factors MAKE IT HARDER for you to apply the STD practices recommended in the training? (select all that apply)

- lack of time with patients
- more important patient concerns
- cost/lack of reimbursement
- policies where I work
- resistance to change by supervisor or colleagues
- lack of equipment or supplies
- no opportunity to apply practices
- nothing interfered
- Other (please specify)

12. Did any of these factors HELP you apply the STD practices recommended in the training? (select all that apply)

- reimbursement or other financial incentive
- support of supervisor and/or colleagues
- standing orders
- reminder in chart
- convenient supplies
- posted patient instructions for obtaining specimens
- nothing specific helped
- Other (please specify)

13. 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)

14. What is the recommended treatment for a patient diagnosed with uncomplicated urethral, cervical, or rectal gonorrhea?

- Ceftriaxone 250 mg intramuscularly only
- Azithromycin 2 g orally in a single dose only
- Ceftriaxone 250 mg intramuscularly plus azithromycin 1 g orally in a single dose
- Cefixime 400 mg orally plus doxycycline 100 mg orally BID for 7 days

15. What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of chlamydia, gonorrhea, and/or trichomonas?

- A test of cure at 2 weeks, and repeat at 3 months
- A test of cure at 2 weeks, and repeat test at 12 months
- Repeat test in 3 months
- Repeat test om 12 months

16. 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?

- Pharyngeal GC, rectal GC/CT, urethral GC/CT and syphilis every 3-6 months
- Pharyngeal GC, Rectal GC/CT, urethral GC/CT and syphilis every 12-24 months
- Urethral GC/CT and syphilis every 3-6 months, with pharyngeal GC and rectal GC/CT if symptoms are present
- Urethral GC/CT and syphilis every 12-24 months, with pharyngeal GC and rectal GC/CT if symptoms

THANK YOU!

OMB Control Number 0920-0995

Exp. Date 10/31/2016