

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.	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>FN</td> <td>FN</td> <td>LN</td> <td>LN</td> <td>M</td> <td>M</td> <td>D</td> <td>D</td> </tr> </table> <p style="text-align: center;">CONFIDENTIAL IDENTIFIER</p>									FN	FN	LN	LN	M	M	D	D
FN	FN	LN	LN	M	M	D	D											
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Standard Post-Course Evaluation	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).
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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 ○ ○ ○ ○ ○ very satisfied

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

very unsatisfied ○ ○ ○ ○ ○ very satisfied

S4. How satisfied were you with the teaching methods?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

A1. The training is relevant to my work.

strongly disagree ① ② ③ ④ ⑤ Strongly agree

A2. The training will improve the way I do my work.

strongly disagree ① ② ③ ④ ⑤ Strongly agree

CE3. Were the learning objectives for this training met?

Yes
 No

K1bef. How much did you know about the topics covered in this session BEFORE this training?

no knowledge ① ② ③ ④ ⑤ all the knowledge

K1aft. How much do you know AFTER the training?

no knowledge ○ ○ ○ ○ ○ all the knowledge

SK1bef. How confident were you in your ability to perform the practices taught in this session, BEFORE this training?

Not at all confident ○ ○ ○ ○ ○ Very confident

SK1aft. How confident are you AFTER the training?

Not at all confident ○ ○ ○ ○ ○ Very confident

A3. I will use what I learned in this training in my work.

strongly disagree ① ② ③ ④ ⑤ Strongly agree

A5. As a result of information presented, do you intend to make changes in your practice or at your worksite



setting?

- Yes
- No
- Not my job
- Other reason (please specify) _____

A5a. If yes, please list at least one intended change. _____

	As a result of the information presented do you intend to...	Yes	No	I already do this
SGCH1	Use the CDC STD Treatment Guidelines in your practice?	1	0	2
SGCH2	Download the CDC STD Treatment Guidelines app?	1	0	2
SGCH3	Use the STD Treatment Guidelines wall chart or pocket guide?	1	0	2
SGCH4	Send a consult to the STD Clinical Consultation Network? www.stdccn.org	1	0	2

	As a result of the information presented do you intend to... (Select 'Not Applicable' if the training did not cover the content area listed)	Yes	No	I already do this	N/A
SGCH5	Increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?	1	0	2	0
SGCH6	Increase the proportion of your male patients who have sex with men screened for syphilis, gonorrhea, and chlamydia at least annually?	1	0	2	0
SGCH7	Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?	1	0	2	0
SGCH8	Recommend rescreening in 3 months following a gonorrhea, chlamydia or trichomonas diagnosis?	1	0	2	0

S5. What could improve this training? _____

S6. What would make the training more useful for your practice or job? _____

S7. What additional topic(s) would you like to be covered in future trainings? _____

CE1 Do you believe this training was influenced by commercial interests?

- Yes
- No

CE2 Was the training evidence-based?

- Yes
- No