OMB Control Number 0920-0995
Exp. Date 06/30/2023

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.	FN FN LN LN M M D D CONFIDENTIAL IDENTIFIER

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).

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

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?**

O Yes
O 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 O O O O O 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 O O O O O Very confident

SK1aft. **How confident are you AFTER the training?**

Not at all confident O O O O O 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?

- O Yes
- O No
- O Not my job
- O 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	3
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	3
SGCH7	**Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?**	1	0	2	3
SGCH8	**Recommend rescreening in 3 months following a gonorrhea, chlamydia or trichomonas diagnosis?**	1	0	2	3

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?**
① Yes
⓪ No

CE2 **Was the training evidence-based?**
① Yes
⓪ No