

TODAY'S DATE

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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.

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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 ○ ○ ○ ○ ○ 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

**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
- ② No
- ③ 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?**

- Yes
- No

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

- Yes
- No

**CE3a Were the learning objectives met?**

- Yes
- 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                  very confident

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

not at all confident                  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                  very confident      NA

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

not at all confident                  very confident      NA

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

- Acyclovir 1 g twice a day for 7 days
- Azithromycin 1 g orally in a single dose or doxycycline 100 mg twice a day for 7 days
- Azithromycin 1 g orally in a single dose plus ceftriaxone 250 mg intramuscularly in a single dose
- 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?**

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

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      very confident

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

not at all confident      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      very confident  NA

**LOG4aft** How confident are you AFTER the training?

not at all confident      very confident  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

**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

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

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

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
- ② No
- ③ Not applicable to my practice or job
- ④ 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