

STD Treatment Guidelines Short 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).

1. How satisfied were you with your overall learning experience?

very unsatisfied very satisfied

2. How satisfied were you with the quality of the content?

very unsatisfied very satisfied

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

very unsatisfied very satisfied

4. How satisfied were you with the teaching methods?

very unsatisfied very satisfied

5. Was this training free of commercial bias?

- Yes
- No

6. Was this training evidence-based?

- Yes
- No

7a. Were the learning objectives met?

- Yes
- No

7b. If the learning objectives were not met, please explain.

8. Was there information presented about STD care that you believe would benefit your patients?

- Yes
- No
- Not applicable to my practice or patients
- I already do the things discussed today

9. As a result of the information presented do you intend to incorporate the 2015 STD Treatment Guidelines into your practice?

- Yes
- No
- Not applicable to my practice or patients
- I already do this

10. As a result of the information presented do you intend to download the CDC STD Treatment Guidelines app?

- Yes
- No
- Not applicable
- I already do this

11. As a result of the information presented do you intend to increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?

- Yes
- No
- Not applicable
- I already do this

12. As a result of the information presented do you intend to 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 already do this

13. As a result of the information presented do you intend to use dual antibiotic therapy to treat uncomplicated gonorrhea?

- Yes
- No
- Not applicable
- I already do this

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

- Yes
- No
- Not applicable
- I already do this

15. 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?

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

16. 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

17. 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 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

18. 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 are present

19. What would make the information present more useful to your practice?

Thank you for your time and thoughtful feedback!

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