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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.  |

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| FN | FN | LN | LN | M | M | D | D  |

**CONFIDENTIAL IDENTIFIER** |

*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).*

**Standard Long-Term Evaluation**

**A1f. The training is relevant to my work.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| strongly disagree | **①** | **②** | **③** | **④** | **⑤** | Strongly agree |  |  |  |

**A2f. The training improved the way I do my work.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| strongly disagree | **①** | **②** | **③** | **④** | **⑤** | Strongly agree |  |  |  |

**A3f. I am using what I learned in this training in my work.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| strongly disagree | **①** | **②** | **③** | **④** | **⑤** | Strongly agree |  |  |

**A3fa. If you have not used what you learned, please explain why not.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A4f.** **In the prior evaluation, your response to the following question, “*do you intend to make changes in your practice or at your worksite setting”,* was** <insert user’s response from immediate post evaluation>. (*Skip for those who do not have piped response from Post evaluation*)

 **Were you able to make this change?**

**○** Yes

 **○** No

**A4fa. If No, please explain?­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A5f. As a result of the training, did you make changes in your practice or at your worksite?** (*Skip for those who answer A4f*)

**○** Yes

 **○** No

 **○** Not my job

 **○** Other reason (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A5fa. If yes, what change(s) did you make?­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **As a result of the information presented did you…** | ***Yes*** | ***No*** | ***I was already doing this*** |
| **SGCH1f** | **Use the CDC STD Treatment Guidelines in your practice?** | 1 | 0 | 2 |
| **SGCH2f** | **Download the CDC STD Treatment Guidelines app?** | 1 | 0 | 2 |
| **SGCH3f** | **Use the STD Treatment Guidelines wall chart or pocket guide?** | 1 | 0 | 2 |
| **SGCH4f** | **Send a consult to the STD Clinical Consultation Network?** [www.stdccn.org](http://www.stdccn.org/) | 1 | 0 | 2 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **As a result of the information presented did you…** **(*Select ‘Not Applicable’ if the training did not cover the content area listed*)**  | ***Yes*** | ***No*** | ***I was already doing this*** | ***N/A***  |
| **SGCH5f** | **Increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?**  | 1 | 0 | 2 | 3 |
| **SGCH6f** | **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 |
| **SGCH7f** | **Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?** | 1 | 0 | 2 | 3 |
| **SGCH8f** | **Recommend rescreening in 3 months following a gonorrhea, chlamydia or trichomonas diagnosis?** | 1 | 0 | 2 | 3 |

**A6f. Did any of these factors MAKE IT HARDER for you to incorporate the STD practices recommended in the presentation?** *(select all that apply)*

 ⓪① Lack of time with patients

 ⓪① More important patient concerns

 ⓪① Cost/lack of reimbursement

 ⓪① Policies where i work

 ⓪① Resistance to change by supervisor or colleagues

 ⓪① Lack of equipment or supplies

 ⓪① No opportunity to apply practices

 ⓪① I did not feel confident

⓪① Coworkers need training

⓪① Nothing interfered

 ⓪① other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A7f. Did any of these factors HELP you incorporate the STD practices recommended in the presentation?**

*(select all that apply*

 ⓪① Reimbursement or other financial incentive

 ⓪① Support of supervisor and/or colleagues

 ⓪① Standing orders

 ⓪① Reminder in chart

 ⓪① Convenient supplies

 ⓪① Posted patient instructions for obtaining specimens

⓪① Electronic health system

⓪① Knowledge/Confidence gained from training

⓪① Trained coworkers

 ⓪① Nothing specific helped

 ⓪① Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_