

**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.

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 you are 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.**

①  ②  ③  ④  ⑤  Strongly agree

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

①  ②  ③  ④  ⑤  Strongly agree

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

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
<b>SGCH1:</b>	<b>Use the CDC STD Treatment Guidelines in your practice?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SGCH2:</b>	<b>Download the CDC STD Treatment Guidelines app?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SGCH3:</b>	<b>Use the STD Treatment Guidelines wall chart or pocket guide?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SGCH4:</b>	<b>Send a consult to the STD Clinical Consultation Network? <a href="http://www.stdccn.org">www.stdccn.org</a></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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)**

- Lack of time with patients
- More important patient concerns
- Cost/lack of reimbursement
- Policies where i work
- Resistance to change by supervisor or colleagues
- Lack of equipment or supplies
- No opportunity to apply practices
- I did not feel confident
- Coworkers need training
- Nothing interfered
- other, please specify \_\_\_\_\_

**A7f. Did any of these factors HELP you incorporate the STD practices recommended in the presentation? (select all that apply)**

- Reimbursement or other financial incentive
- Support of supervisor and/or colleagues
- Standing orders
- Reminder in chart
- Convenient supplies
- Posted patient instructions for obtaining specimens
- Electronic health system
- Knowledge/Confidence gained from training
- Trained coworkers
- Nothing specific helped
- Other, please specify \_\_\_\_\_