TODAY'S DATE	Your confidential ID number is the first two letters of your								
	FIRST name, the first two letters of your LAST name, the	FN	FN	LN	LN	М	М	D	D
M M D D Y Y	MONTH of your birth, and the DAY of your birth.	CONFIDENTIAL IDENTIFIER							

	Public reporting burden of this									
П	collection of information is	П					Intensive Long-Term Evaluation			
_	estimated to average 6 minutes	-					intensive Long Term Evaluation			
	per response, including the time for									
	reviewing instructions, searching		A1f.		The	traini	ng is relevant to my work.			
	existing data sources, gathering				_	_				
	and mainstrangely disageled,	Œ	2	3	4	(5)	Strongly agree			
	and completing and reviewing the									
	collection of information. An		A2f.		The	train	ing improved the way I do my work.			
	agency may not conduct or		_	_	_					
	sponsor, attampallyoidisagree	0	2	3	4	(5)	Strongly agree			
	required to respond to a collection									
	of information unless it displays a		A3f.		Lam	ucina	what I learned in this training in my work.			
	currently valid OMB control		A31.		ıaııı	using	what riearned in this training in my work.			
	number. strolngtynehs agree	0	2	3	4	(5)	Strongly agree			
	regarding this burden estimate or									
	any other aspect of this collection		A 250		ıf v.c.	. boy	o not used what you learned inleads explain why			
	of information, including		A3fa	l.	ıı you	ı nav	e not used what you learned, please explain why			
	suggestions for reducing this		not.							
	burden to CDC/ATSDR Reports									
	Clearance Officer; 1600 Clifton In the prior evaluation, your response to the following question, '									
	Road NE, MS D-74, Atlanta,		you intend to make changes in your practice or at your worksite setting", was							
	Georgia 30333; ATTN: PRA (0920-		_				onse from immediate post evaluation>. (Skip for those who do not			
	0995).						· · · · · · · · · · · · · · · · · · ·			
			nave	pip	ed res	spons	se from Post evaluation)			
		_			_					

Were you able to make this change?

0	Yes
0	No

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

O Yes	
O No	
O Not my job	
O 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
SGCH1	Use the CDC STD Treatment Guidelines in your practice?	1	0	2
SGCH2	Download the CDC STD Treatment Guidelines app?	1	0	<mark>2</mark>
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 did you (Select 'Not Applicable' if the	Yes	No	<mark>I was</mark>	
training did not cover the content area listed)			<mark>already</mark>	N/A





				doing this	
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

	gonorrhea?					
SGCH6 In	ncrease the proportion of your male patie for syphilis, gonorrhea, and chlam		1	0	2	
SGCH7 U:	se CDC-recommended antibiotic therapy	to treat uncomplicated gonorrhea?	1	0	2	
SGCH8 R	ecommend rescreening in 3 months follo trichomonas diagnosis?	wing a gonorrhea, chlamydia or	1	0	2	
### Presentation #### ### ### ### ### ### #### #### ### #### #### ### #### #### #### #### #### #### #### #### ####	of these factors MAKE IT HARDER for yo? (select all that apply) ack of time with patients for important patient concerns cost/lack of reimbursement colicies where i work Resistance to change by supervisor or collea ack of equipment or supplies to opportunity to apply practices did not feel confident coworkers need training tothing interfered other, please specify of these factors HELP you incorporate the	gues				
00 C 00 P 00 E 00 K 00 T 00 N	Reminder in chart Convenient supplies Posted patient instructions for obtaining spec Electronic health system Knowledge/Confidence gained from training Trained coworkers Nothing specific helped Other, please specify	imens				
your screen PPC1f Now, 3 patier	ng questions ask about screening rate ling practice. 3 months AFTER training, approximately ints under age 25 are you screening annual 6 1-25% 26-50% 51-75% 76-90% >91% O O O O	what % of sexually active asymptomate				of
screen	3 months AFTER training, approximately hing for chlamydia? % 1-25% 26-50% 51-75% 76-90% >91% OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	what % of pregnant patients under ago	e 25 a	are y	ou	

PPG1f Now, 3 months AFTER training, approximately what % of sexually active asymptomatic female patients



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PPS31 Now, 3 months AFTER training, approximately what % of your male patients who have sex with men are you screening annually for gonorrhea and chlamydia? PPS11 Now, 3 months AFTER training, approximately what % of your male patients who have sex with men are you screening at least once a year for syphilis? Now, 3 months AFTER training, approximately what % of your male patients who have sex with men are you screening at least once a year for syphilis? Now, 3 months AFTER training, approximately what % of your pregnant patients are you screening for syphilis? Now, 3 months AFTER training, approximately what % of your patients recently diagnosed with syphilis are you testing for HIV? Now, 3 months AFTER training, approximately what % of your patients recently diagnosed with syphilis are you discussing HPV vaccination during a preventive health visit? Now, 3 months AFTER training, with approximately what % of your non-vaccinated 11 to 26 year-old female patients are you discussing HPV vaccination during a preventive health visit? Now, 1 months AFTER training, with approximately what % of your non-vaccinated 11 to 21 year-old male patients are you discussing HPV vaccination during a preventive health visit? Now, 3 months AFTER training, with approximately what % of your non-vaccinated 11 to 21 year-old male patients are you discussing HPV vaccination during a preventive health visit? Now, 3 months AFTER training, with approximately what % of your non-vaccinated male patients are you discussing HPV vaccination during a preventive health visit? Now, 3 months AFTER training, for approximately what % of patients older than 15 seeing you for a preventive health visit do you take a sexual history that asks about behaviors that would put them at risk of getting or transmitting an STD? Now, 3 months AFTER training, for approximately what % of patients older than 15 seeing you for a Preventive health visit do you take a sexual history that asks whether they have had oral, vaginal, or anal sex?						76 000/	>01 04	NIA	
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				26-50%	51-75%	76-90%	>91%	NA	



EXPEDITED PARTNER THERAPY

EPTf 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
- @ No
- ② Not applicable to my practice or job
- 3 Not allowed in my state/practice
- My practice/worksite is in the planning stages to offer EPT
- ⑤ My practice/worksite already offers EPT
- © EPT was not discussed