

<b>TODAY'S DATE</b> _____ 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.	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>FN</td><td>FN</td><td>LN</td><td>LN</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> <b>CONFIDENTIAL IDENTIFIER</b>									FN	FN	LN	LN	M	M	D	D
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OMB No. 0920-0995

## Attachments 7 & 8

### Intensive Complete Post-Course Evaluation Instrument

Word version and screenshot

#### Intensive Complete Long-Term Evaluation

Public reporting burden of this collection of information is estimated to average 10 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).

**A1f. I am using what I learned in this training in my work.**

strongly disagree   ①   ②   ③   ④   ⑤   Strongly agree   77   NA

**A2f If you have not used what you learned, please explain why not.**

**A3f Did you make a change in your practice or worksite setting as a result of this training?**

- ① Yes
- ② No
- ③ Not applicable to my job or patients
- ④ I was already using these practices
- ④ Other reason (please specify)

**A4f If you made a change, what change did you make?**

**A5f As a result of this training, did you share what you learned with any of the following? (select all that apply)**

- ① Supervisor



- Colleagues/co-workers
- Policy makers
- Community
- Other (please specify) \_\_\_\_\_

**A6f Did any of these factors MAKE IT HARDER for you to apply the STD practices recommended in the training?**

*(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
- nothing interfered
- other, please specify \_\_\_\_\_

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

*(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
- nothing specific helped
- other, please specify \_\_\_\_\_

**UseGuidef Do you use the CDC STD Treatment Guidelines to guide the care of your patients/clients?**

- No, I am not aware of the Guidelines
- I am aware of the Guidelines but do not use them
- I use the Guidelines occasionally
- I use the Guidelines consistently
- I use another source to guide my STD care *please specify* \_\_\_\_\_

**PPC1f Now, 3 months AFTER training, approximately what % of sexually active asymptomatic female patients under age 25 are you screening annually for chlamydia?**

- |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0%                    | 1-25%                 | 26-50%                | 51-75%                | 76-90%                | >91%                  | NA                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**PPG1f Now, 3 months AFTER training, approximately what % of sexually active asymptomatic female patients under age 25 are you screening annually for gonorrhea?**

- |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0%                    | 1-25%                 | 26-50%                | 51-75%                | 76-90%                | >91%                  | NA                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**PPC2f Now, 3 months AFTER training, approximately what % of pregnant patients under age 25 are you screening for chlamydia?**

- |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0%                    | 1-25%                 | 26-50%                | 51-75%                | 76-90%                | >91%                  | NA                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**PPG2f. Now, 3 months AFTER training, approximately what % of pregnant patients under age 25 are you screening for gonorrhea?**

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

**PPG3f** Now, 3 months AFTER training, approximately what % of your male patients who have sex with men are you screening annually for gonorrhea and chlamydia?

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

**PPS1f** 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?

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

**PPS3f** Now, 3 months AFTER training, approximately what % of your patients recently diagnosed with syphilis are you testing for HIV?

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

**PPHPV1f** 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?

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

**PPHPV2f** 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?

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

**PPHPV3f** Now, 3 months AFTER training, with approximately what % of your non-vaccinated male patients age 26 or under who have sex with men or are HIV+ are you discussing HPV vaccination during a preventive health visit?

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

**PPSH1f** 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?

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

**PPSH2f** 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?

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

**SGCH2f** As a result of the information presented did you download the CDC STD Treatment Guidelines app?

- ① Yes
- ② No
- ③ NA
- ④ I was already doing this

**SGCH5f** As a result of the information presented did you use dual antibiotic therapy to treat uncomplicated gonorrhea?

- ① Yes
- ② No
- ③ NA
- ④ I was already doing this

**SGCH6f** As a result of the information presented did you send a consult to the STD Clinical Consultation



- ① Yes
- ② No
- ③ NA
- ④ I was already doing this

**SGCH7f** As a result of the information presented did you recommend rescreening in 3 months following a gonorrhea, chlamydia or trichomonas diagnosis?

- ① Yes
- ② No
- ③ NA
- ④ I was already doing this

**SGCH8f** As a result of the information presented did you use the STD Treatment Guidelines wall chart or pocket guide?

- ① Yes
- ② No
- ③ NA
- ④ I was already doing this

**EPTf** As a result of information presented did you 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
- ⑤ My practice/worksites is in the planning stages to offer EPT
- ⑥ My practice/worksites was already offering EPT
- ⑦ EPT was not discussed

**KSG1f** 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

**KSG2f** What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of chlamydia, gonorrhea, and/or trichomonas?

- 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

**KSG3f** 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?

- ① Pharyngeal GC, rectal GC/CT, urethral GC/CT, and syphilis every 3-6 months
- ② Pharyngeal GC, Rectal GC/CT, urethral GC/CT and syphilis every 12-24 months
- ③ Urethral GC/CT and syphilis every 3-6 months, with pharyngeal GC and rectal GC/CT if symptoms are present
- ④ Urethral GC/CT and syphilis every 12-24 months, with pharyngeal GC and rectal GC/CT if symptoms are Present