|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | FN | FN | LN | LN | M | M | D | D |   **CONFIDENTIAL IDENTIFIER** |

*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).*

**Intensive Post-Course Evaluation**

**S1. How satisfied were you with your overall learning experience?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| very unsatisfied | **①** | **②** | **③** | **④** | **⑤** | very satisfied |

**S2. How satisfied were you with the quality of the content?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| very unsatisfied | **○** | **○** | **○** | **○** | **○** | very satisfied |

**S3. How satisfied were you with the trainer(s)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| very unsatisfied | **○** | **○** | **○** | **○** |  | **○** | very satisfied |

**S4. How satisfied were you with the teaching methods?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| very unsatisfied | **○** | **○** | **○** | **○** | **○** | very satisfied |

**A1. The training is relevant to my work.**

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

**A2. The training will improve the way I do my work.**

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

**CE3. Were the learning objectives for this training met?**

**○** Yes

**○** No

**K1bef. How much did you know about the topics covered in this session BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| no knowledge | **①** | **②** | **③** | **④** | **⑤** | all the knowledge |

**K1aft. How much do you know AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| no knowledge | **○** | **○** | **○** | **○** | **○** | all the knowledge |

**SK1bef. How confident were you in your ability to perform the practices taught in this session, BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Not at all confident | **○** | **○** | **○** | **○** | **○** | Very confident | | |  | |  | | |  | |  | |  |  | |
|  |  | |  | |  |  | |  | |  | | |

**SK1aft. How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Not at all confident | **○** | **○** | **○** | **○** | **○** | Very confident |

**A3. I will use what I learned in this training in my work.**

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

**A5. As a result of information presented,** **do you intend to make changes in your practice or at your worksite**

**setting?**

**○** Yes

**○** No

**○** Not my job

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

**A5a. If yes, please list at least one intended change.­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **As a result of the information presented do you intend to…** | ***Yes*** | ***No*** | ***I already do this*** |
| **SGCH1** | **Use the CDC STD Treatment Guidelines in your practice?** | 1 | 0 | 2 |
| **SGCH2** | **Download the CDC STD Treatment Guidelines app?** | 1 | 0 | 2 |
| **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](http://www.stdccn.org/) | 1 | 0 | 2 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **As a result of the information presented do you intend to… (*Select ‘Not Applicable’ if the training did not cover the content area listed*)** | ***Yes*** | ***No*** | ***I already do this*** | ***N/A*** |
| **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 |

**S5. What could improve this training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**S6. What would make the training more useful for your practice or job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**S7. What additional topic(s) would you like to be covered in future trainings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CE1 Do you believe this training was influenced by commercial interests?**

➀Yes

⓪ No

**CE2 Was the training evidence-based?**

➀Yes

⓪ No

***The following questions ask you to rate your confidence providing STD care in six main categories. Your responses will help us understand if the training is helpful for your practice.***

|  |
| --- |
| CHLAMYDIA |

**LOC1bef How confident were you in your ability to describe how chlamydia infections present clinically,**

**BEFORE the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |

**LOC1aft** **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOC2bef** H**ow confident were you in your ability to describe the current CDC screening recommendations for**

**chlamydia, including extra-genital screening BEFORE the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

LOC2aft **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOC3be**f H**ow confident were you in your ability to obtain or instruct patients to collect the recommended specimens from indicated sites to diagnose chlamydia BEFORE the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |  | **77** | NA |

**LOC3aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOC4bef** H**ow confident were you in your ability to treat patients diagnosed with chlamydia and related**

**anogenital syndromes based on the most current CDC treatment recommendations BEFORE the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOC4aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**PPC1bef Approximately what % of sexually active asymptomatic female patients under age 25 did you screen**

**annually for chlamydia BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **①** | **②** | **③** | **④** | **⑤** | **⑥** |  | **77** |

**PPC1aft What % do you intend to screen AFTER the training?**

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

**PPC2bef Approximately what % of pregnant patients under age 25 did you screen for chlamydia BEFORE this**

**training?**

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

**PPC2aft What % do you intend to screen AFTER the training?**

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

|  |
| --- |
| GONORRHEA |

**LOG1bef How confident were you in your ability to describe how gonorrhea infections present clinically**

**BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOG1aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOG2bef How confident were you in your ability to describe the current CDC screening recommendations**

**for gonorrhea, including extra-genital screening BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOG2aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOG3bef How confident were you in your ability to obtain or direct patients to collect**

**the recommended specimens from indicated sites to diagnose gonorrhea BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |  | **77** | NA |

**LOG3aft**  H**ow confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOG4bef How confident were you in your ability to treat patients with gonorrhea according to current**

**CDC recommendations in light of antibiotic resistance in *N. gonorrhoeae* BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOG4aft**  H**ow confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**PPG1bef Approximately what % of sexually active asymptomatic female patients under 25 did you screen**

**annually for gonorrhea BEFORE this training?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0% | 1-25% | 26-50% | 51-75% | 76-90% | >91% |  | NA |
| **①** | **②** | **③** | **④** | **⑤** | **⑥** |  | **77** |

**PPG1aft What % do you intend to screen AFTER the training?**

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

**PPG2bef Approximately what % of pregnant patients under age 25 did you screen for gonorrhea BEFORE**

**this training?**

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

**PPG2aft What % do you intend to screen AFTER the training?**

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

**PPG3bef Approximately what % of sexually active male patients who have sex with men did you screen**

**annually for urogenital and extragenital gonorrhea and chlamydia BEFORE this training?**

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

**PPG3aft What % do you intend to screen AFTER the training?**

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

|  |
| --- |
| SYPHILIS |

**LOS1bef How confident were you in your ability to identify the stages of syphilis based on their clinical**

**manifestations BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOS1aft** **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOS2bef How confident were you in your ability to describe current CDC screening recommendations for**

**syphilis BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOS2aft** **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOS3bef How confident were you in your ability to order and interpret the CDC recommended serologic**

**tests to diagnose syphilis BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |  | **77** | NA |

**LOS3aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOS4bef How confident were you in your ability to clinically manage patients diagnosed with syphilis based on**

**CDC treatment, follow-up, and partner management recommendations BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOS4aft** **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**PPS1bef Approximately what % of your male patients who have sex with men did you screen at least once a year**

**for syphilis BEFORE this training?**

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

**PPS1aft What % do you intend to screen AFTER the training?**

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

**PPS2bef Approximately what % of your pregnant patients did you screen for syphilis BEFORE this training?**

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

**PPS2aft What % do you intend to screen AFTER the training?**

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

**PPS3bef Approximately what % of your patients recently diagnosed with syphilis did you test for HIV**

**BEFORE this training?**

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

**PPS3aft What % do you intend to screen AFTER the training?**

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

|  |
| --- |
| HUMAN PAPILLOMAVIRUS (HPV) |

**LOHPV1bef How confident were you in your ability to describe the pathogenesis of genital HPV and identify**

**it clinically BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOHPV1aft** H**ow confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOHPV2bef How confident were you in your ability to describe the national cervical cancer**

**screening recommendations, including HPV testing, BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOHPV2aft** **How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOHPV3bef How confident were you in your ability to treat genital warts BEFORE the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |  | **77** | NA |

**LOHPV3aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**LOHPV4bef How confident were you in your ability to describe CDC/ACIP recommendations for HPV**

**vaccination BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOHPV4aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**PPHPV1bef With approximately what % of your non-vaccinated female patients ages 11 through 26 did you**

**discuss HPV vaccination during a preventive health visit BEFORE this training?**

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

**PPHPV1aft With what % do you intend to discuss this AFTER the training?**

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

**PPHPV2bef With approximately what % of your non-vaccinated male patients ages 11 through 21 did you discuss**

**HPV vaccination during a preventive health visit BEFORE this training?**

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

**PPHPV2aft With what % do you intend to discuss this AFTER the training?**

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

**PPHPV3bef With approximately what % of your non-vaccinated male patients age 26 or under who have sex with**

**men or are HIV+ did you discuss HPV vaccination during a preventive health visit BEFORE this**

**training?**

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

**PPHPV3aft With what % do you intend to discuss this AFTER the training?**

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

|  |
| --- |
| CONDUCTING A SEXUAL HISTORY |

**LOSH1bef How confident were you in your ability to describe the major components (5 P’s) of a routine**

**sexual history BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOSH1aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**LOSH2bef How confident were you in your ability to demonstrate respectful, non-judgmental communication**

**skills to discuss sexual practices, sexual risks, and risk reduction strategies with patients**

**BEFORE this training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **①** | **②** | **③** | **④** | **⑤** | very confident |  | **77** | NA |

**LOSH2aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |  | **○** | NA |

**PPSH1bef For approximately what % of patients older than 15 seeing you for a preventive health visit did**

**you take a sexual history that asks about behaviors that could put them at risk of getting or**

**transmitting an STD BEFORE this training?**

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

**PPSH1aft What % do you intend to ask about risk behaviors AFTER the training?**

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

**PPSH2bef For approximately what % of patients older than 15 seeing you for a preventive health visit did**

**you take a sexual history that asked whether they had oral, vaginal, or anal sex BEFORE this**

**training?**

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

**PPSH2aft What % do you intend to ask whether they had oral, vaginal, or anal sex AFTER the training?**

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

|  |
| --- |
| EXPEDITED PARTNER THERAPY |

**EPT 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?**

➀Yes

⓪ No

➁ Not applicable to my practice or job

➂ Not allowed in my state/practice

➃ My practice/worksite is in the planning stages to offer EPT

⑤ My practice/worksite already offers EPT

➅ EPT was not discussed

|  |
| --- |
| SKILLS |

**SK2bef How confident were you in your ability to list the steps in the appropriate order for**

**conducting an STD-oriented male genital exam BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK2aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK3bef How confident were you in your ability to identify the testis, epididymis and spermatic cord by**

**palpation BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK3aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK4bef How confident were you in your ability to use or direct patients to use the**

**correct techniques to obtain STD test specimens for male patients BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK4aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK5bef How confident were you in your ability to list the steps in the appropriate order for conducting an**

**STD-oriented female genital exam BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK5aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK6bef How confident were you in your ability to palpate the uterus and adnexa by bimanual exam BEFORE**

**this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK6aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK7bef How confident were you in your ability to use or direct patients to use the correct techniques to**

**obtain STD test specimens for female patients BEFORE this training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |

**SK7aft How confident are you AFTER the training?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| not at all confident | **○** | **○** | **○** | **○** | **○** | very confident |