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OMB Control Number 0920-0995
Exp. Date 06/30/2023

Standard Long-Term Evaluation

1. The training was relevant to my work

Strongly disagree Strongly agree

2. The training improved the way I do my work

Strongly disagree Strongly agree

3. I am using what I learned in this training in my work

Strongly disagree Strongly agree

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

4. In the prior evaluation, you replied to the question, "Do you intend to make a change in your practice, worksite setting, or job as a result of this training?"

Your answer was: ANSWER

Were you able to make this change?

Yes
 No

If No, please explain

5. As a result of the training, did you make other changes in your practice or at your worksite?

- Yes
- No
- Not my job
- Other reason (please specify)

If yes, what change(s) did you make?

6. As a result of the information presented did you.....

Use the CDC STI Treatment Guidelines in your practice?

- Yes
- No
- I was already do this

Download the CDC STI Treatment Guidelines app?

- Yes
- No
- I was already do this

Use the STI Treatment Guidelines wall chart or pocket guide?

- Yes
- No
- I was already do this

Send a consult to the STD Clinical Consultation Network? www.stdccn.org

- Yes
- No
- I was already do this

7. As a result of the information presented did you.....(please select 'Not Applicable if the training did not cover the content listed)

Increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?

- Yes
- No
- I was already doing this
- Not applicable

Increase the proportion of your male patients who have sex with men screened for syphilis, gonorrhea, and chlamydia at least annually?

- Yes
- No
- I was already doing this
- Not applicable

Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?

- Yes
- No
- I was already doing this
- Not applicable

Recommend rescreening in 3 months following a gonorrhea, chlamydia or trichomonas diagnosis?

- Yes
- No
- I was already doing this
- Not applicable

8. Did any of these factors MAKE IT HARDER for you to incorporate the STI 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)

9. Did any of these factors HELP you incorporate the STI 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)

THANK YOU!