

Jump to:	Prevention sheet	Evaluation of STD-Related Conditions sheet	Laboratory sheet	Treatment sheet	Sexual History & Exam sheet	Screening sheet	Partner Services sheet	Assessment Summary sheet	Visual Summary sheet	Additional Information sheet
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Instructions for Using this Assessment Tool:

If a version of Microsoft Excel is being used that is older than Microsoft Office 2016, Power Query/Power Pivot functions need to be installed as a separate add-in. To install the version of Power Query needed to use this workbook, scroll right to the "Links" table and click the first link.

Completing the Assessment

The assessment tool is a spreadsheet with 7 sheets, one for each category (Prevention, Treatment, etc.), an assessment summary sheet, a visual summary sheet, and a sheet with additional information about specific recommendations. (to quickly jump to any sheet in this workbook, click the appropriate box in the top row of this sheet). Each category-specific sheet lists each of the recommendations in that category and asks you whether you provide each specific service as outlined in the recommendations.

In each reporting sheet, there is a "Does your clinic provide this service?" column. There, you indicate whether you provide the service. You answer using the dropdown option of "Yes" or "No." If the answer is "yes," you move on to the next recommendation. If the answer is "no," you either select one of the reasons given for why a facility may not currently provide a service (insufficient resources, staffing, etc.) or enter your reason into the "other" column if none of the provided reasons apply. When selecting one (or more) of the pre-offered reasons for why you do not currently provide a service, place an "x" in the column corresponding to the reason. You may select more than one reason, but it is preferable that the most impactful/significant reason is selected, as that will make the assessment summary more useful. The assessment tool automatically updates the assessment summary sheet every 60 seconds with your answers.

Make sure to complete all seven category-specific sheets. The Assessment Summary sheet will then be used to facilitate your decision-making and prioritization processes. (To quickly jump to any sheet in this workbook, click the appropriate box in the top row of this sheet.)

Reviewing the Assessment Summary

After completing the assessment, go to the assessment summary sheet. If you change an answer and want to immediately update the summary, click "Data" in the main toolbar at the top of the screen and then "Refresh All." Once clicked, your new responses will appear in the assessment summary sheet.

At the top of the assessment summary sheet, in the "Quality STD Services Summary Table," you can see the percent of recommendations you meet across categories, broken down by whether or not they are "should" or "could" recommendations. Underneath this table, you will find all the recommendations (grouped by category), your response to whether the service is provided and, if applicable, the reason for not providing the service. At the bottom of each table, you can see a summary of the percent of recommendations your clinic does not provide by reason (e.g., the percent of recommendations in the category that your clinic does not provide due to insufficient resources).

To simplify the process of reviewing your results, you can use the "Filter" feature in Excel to condense each table to show only the recommendations your clinic does not provide. To use this feature, click the white box with a gray triangle at the corner of the cell that says, "Does your clinic provide this service?" and from the dropdown that appears, unclick the box next to "yes." These instructions could also be applied to the other columns, so that you can focus on the recommendations you don't provide for a given reason (e.g., all the "Prevention" recommendations that you don't provide due to "Population served"). To clear this filter and show all the recommendations, follow the previous instructions but this time either click "Select all" or "Clear Filter From [Cell text]" (e.g., "Clear Filter From Does your clinic...").

Reviewing the Visual Summary

After completing the assessment, you should also review the visual summary sheet. Here, you will see a quick visual summary of the data you entered in the 7 reporting tabs. The 3 visuals contained on this summary sheet include the following:

- 1) A graph showing the total percentage of all STD-QCS recommendations met over time, broken down by "should" and "could" categorization.
 - 2) A graph showing the percentage of STD QCS should recommendations met, by service category (e.g., prevention, evaluation, laboratory, treatment, sexual history and exam, screening, and partner services).
 - 3) A graph showing the percentage of STD QCS could recommendations met, by service category (e.g., prevention, laboratory, treatment, sexual history and exam, and screening).
- More detailed graphs across all clinics may be provided periodically by the CDC.

Links
Microsoft website: Install the version of Power Query needed to use this workbook
CDC website: Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020
YouTube: Intro to the Assessment Tool video
YouTube: Taking the Assessment video
YouTube: Using the Assessment Summary Sheet video

STD-QCS ASSESSMENT TOOL & ASSESSMENT SUMMARY

MM/DD/YYYY

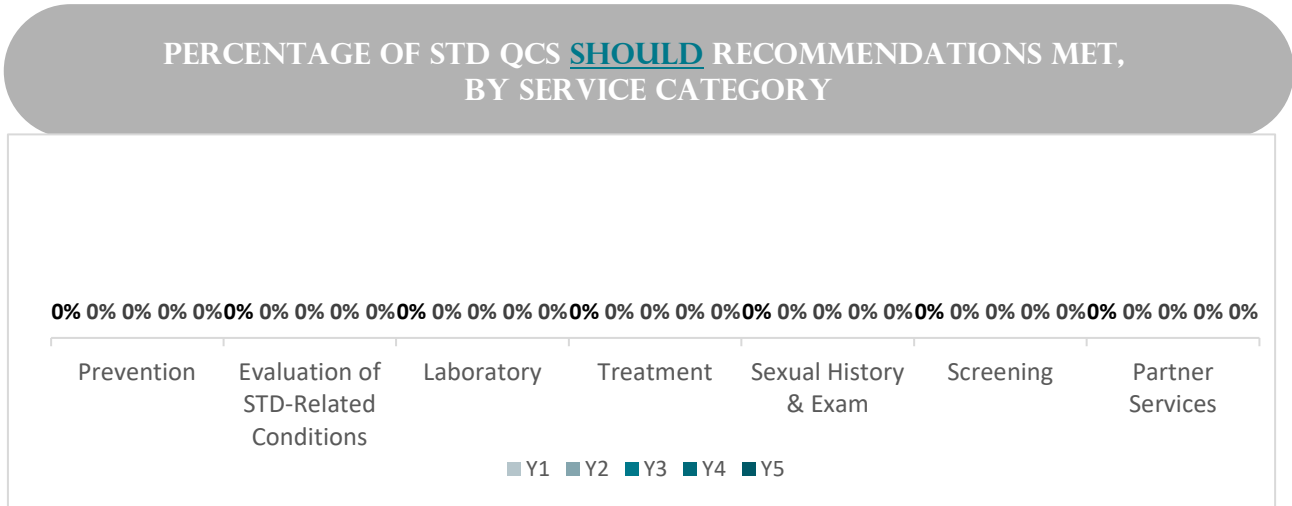
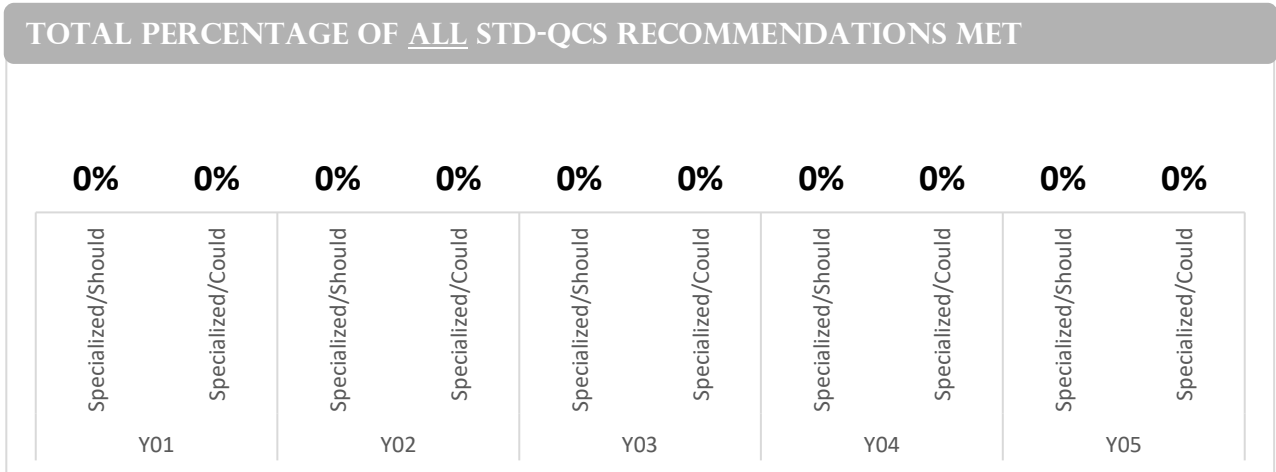
This Microsoft Excel document includes a sheet for each of the categories of the CDC's Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services (STD QCS) where specialty STD clinics will indicate if they provide a recommended service (should or could provide).

STEP 1:
Assessing Clinical Service Availability by Facility.

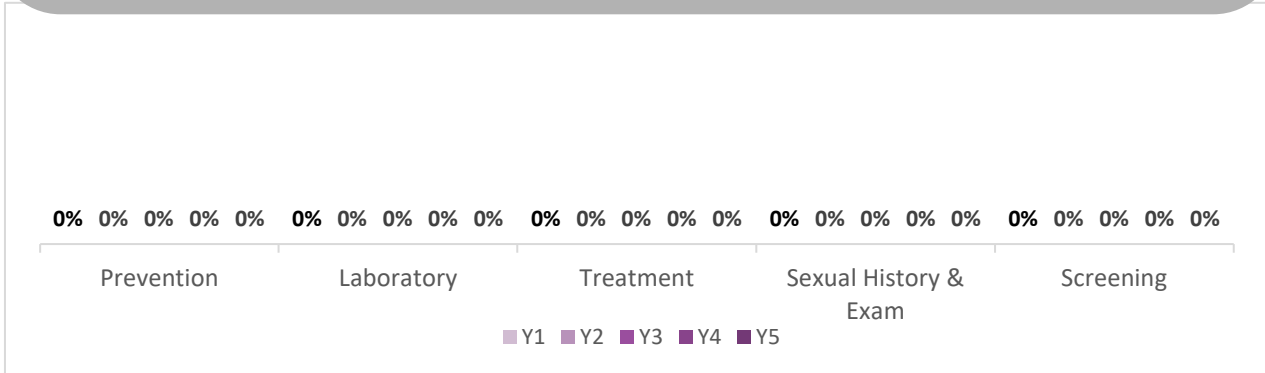
RECOMMENDATION STRENGTH:
Should or Could Have Available

- A **STRONG RECOMMENDATION IS WORDED AS "SHOULD"** and implies that all, or almost all, informed providers would choose the recommended course of action or provision of the service. A greater number of should services exist in STD specialty care settings (e.g., availability of a larger number of same-day, on-site tests). These services help reduce diagnostic delays and decrease excessive and costly presumptive treatment or loss of patients to follow-up. However, even in specialized settings, no expectation exists that all should services will be offered by all facilities.
- A **WEAKER RECOMMENDATION IS WORDED AS "COULD"** and indicates that most informed providers might choose that course of action or provision of service, but that some might not.

The clinic's responses, updated annually, are used to generate the assessment summary sheet and the visual summary of progress you see here. The assessment summary sheet is used in the decision-making and prioritization process.



PERCENTAGE OF STD QCS **COULD** RECOMMENDATIONS MET,
BY SERVICE CATEGORY



After clinics' complete this assessment, they should complete steps 2 and 3 of NACCHO's Planning Toolkit for Using CDC's Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services. Clinics should communicate progress in this endeavor with their assigned Project Officer.

STEP 2:
Service Provision
Decision Making for
Building or Enhancing STD
Clinical Service Delivery.

STEP 3:
Implementing Next Steps
for Providing Quality STD
Clinical Services.

See [NACCHO-STD-QCS-Planning-Toolkit.pdf](#) for additional information.

Quality STD Services Summary Table (% of recommendations met, by category)										
	Y01		Y02		Y03		Y04		Y05	
	Specialized/Should	Specialized/Could	Specialized/Should	Specialized/Could	Specialized/Should	Specialized/Could	Specialized/Should	Specialized/Could	Specialized/Should	Specialized/Could
Prevention	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Evaluation of STD-Related Conditions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Laboratory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Treatment	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Sexual History & Exam	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Screening	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Partner Services	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total % of all recommendations met	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Quality STD Services Summary Table (% of should recommendations met)					
	Y1	Y2	Y3	Y4	Y5
Prevention	0%	0%	0%	0%	0%
Evaluation of STD-Related Conditions	0%	0%	0%	0%	0%
Laboratory	0%	0%	0%	0%	0%
Treatment	0%	0%	0%	0%	0%
Sexual History & Exam	0%	0%	0%	0%	0%
Screening	0%	0%	0%	0%	0%
Partner Services	0%	0%	0%	0%	0%
Total % of all recommendations met	0%	0%	0%	0%	0%

Quality STD Services Summary Table (% of could recommendations met)					
	Y1	Y2	Y3	Y4	Y5
Prevention	0%	0%	0%	0%	0%
Evaluation of STD-Related Conditions	0%	0%	0%	0%	0%
Laboratory	0%	0%	0%	0%	0%
Treatment	0%	0%	0%	0%	0%
Sexual History & Exam	0%	0%	0%	0%	0%
Screening	0%	0%	0%	0%	0%
Total % of all recommendations met	0%	0%	0%	0%	0%

Quality STD Services Summary Table (% of recommendations met, overall)										
	Y01		Y02		Y03		Y04		Y05	
	Specialized/Should	Specialized/Could	Specialized/Should	Specialized/Could	Specialized/Should	Specialized/Could	Specialized/Should	Specialized/Could	Specialized/Should	Specialized/Could
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Prevention Recommendation	Y01 Does your clinic	Insufficient resource	Insufficient staffing /	Population served	Protocols and process	Referral process in place	Legal and cultural barriers	Limited referral network	Other, please specify
On-site condom provision									
Moderate-intensity STD behavioral counseling ≥30 minutes									
Brief contraceptive counseling or referral									
Referral or link to HIV care, if indicated									
Referral or link to family planning services, if indicated									
Referral or link to behavioral health services, if indicated									
Reasons not met (%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Evaluation of STD-Related Conditions	our clinic provide this	resources (funding, staffing (capacity, qualifications)	Population served	referral process in place	Other
Evaluation (history and examination) for Vaginal discharge					
Evaluation (history and examination) for Proctitis					
Evaluation (history and examination) for Pharyngitis					
Reasons not met (%)	0.00%	0.00%	0.00%	0.00%	0.00%

Laboratory Recommendation	our clinic provide this, lack of culture plate/ (capacity, qualifications)	Population served	referral process in place	Other, please specify
At the time of patient visit: pH paper				
At time of patient visit: On-site qualitative non-treponema serologic test for syphilis				
At time of patient visit: Test for HIV				
At time of patient visit: Test for pregnancy				
Reasons not met (%)	0.00%	0.00%	0.00%	0.00%

Treatment Recommendation	our clinic provide this, procurement, don't (capacity, training)	Population served	prescription given if not	referral process in place	Other, please specify
On-site PrEP					
Reasons not met (%)	0.00%	0.00%	0.00%	0.00%	0.00%

Sexual History and Physical Exam	our clinic provide this (funding, staffing (capacity, training)	Population served	referral process in place	Other, please specify
Colposcopy for female patients with abnormal Pap smears				
Reasons not met (%)	0.00%	0.00%	0.00%	0.00%

Screening Recommendation	our clinic provide this (funding, equipment (capacity to follow up)	Population served	referral network for	Other, please specify
Chlamydia screening				
HIV screening				
Reasons not met (%)	0.00%	0.00%	0.00%	0.00%

Partner Services Recommendation our clinic provide this ves (funding, equipm ing (staff discomfort,), issues, provide refill ers (EPT not legal, sta Other, please specify

EPT (where legal and where local or state jurisdictions do not prohibit by regulation)

Reasons not met (%)	0.00%	0.00%	0.00%	0.00%	0.00%
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Recommendation	Additional Information
PREVENTION	
Brief single STD/HIV prevention counseling session (up to 30 minutes)	Brief prevention counseling is conducted in a single session using strategies, such as motivational interviewing and building rapport, and includes patient circumstances and needs in the counseling plan. Moderate-intensity and high-intensity behavioral counseling is contact time of 30–120 minutes and ≥2 hours, respectively.
Moderate-intensity STD behavioral counseling (≥30 minutes)	Brief prevention counseling is conducted in a single session using strategies, such as motivational interviewing and building rapport, and includes patient circumstances and needs in the counseling plan. Moderate-intensity and high-intensity behavioral counseling is contact time of 30–120 minutes and ≥2 hours, respectively.
High-intensity STD behavioral counseling (≥2 hours)	Brief prevention counseling is conducted in a single session using strategies, such as motivational interviewing and building rapport, and includes patient circumstances and needs in the counseling plan. Moderate-intensity and high-intensity behavioral counseling is contact time of 30–120 minutes and ≥2 hours, respectively.
Risk assessment, education and referral or link to HIV care for pre-exposure prophylaxis (PrEP) for HIV prevention	Provided by a clinician or other appropriately trained staff.
Risk assessment, education and referral or link to HIV care for non-occupational post-exposure prophylaxis (nPEP)	Provided by a clinician or other appropriately trained staff.
Emergency contraceptive pills	If emergency contraceptive pills are not available on site or by prescription, patients can be advised that levonorgestrel emergency contraceptive pills are available over the counter and ulipristal acetate emergency contraceptive pills are only available by prescription. Emergency contraceptive pills should be taken as soon as possible within 5 days of unprotected sex.
On-site condom provision	Providers can partner with local organizations, such as the local health department and community-based organizations, to procure condoms. In some states, prescriptions can be written for condoms. For certain settings, such as family planning clinics, condoms should be available on-site.
Provision of PrEP for HIV prevention	<p>Basic STD Care: PrEP could be available by starter packs or prescription with on-site follow-up care for basic STD care. If PrEP is not provided, navigator-assisted referral for PrEP should be provided with first appointment made while the patient is on site.</p> <p>Specialized STD Care: PrEP should be available in starter packs or by prescription with on-site follow-up care for specialized STD care. If PrEP is not provided, navigator-assisted referral for PrEP should be provided with first appointment made while the patient is on site.</p>
Provision of nPEP of HIV	<p>Basic STD Care: nPEP starter pack (3–7 days of medication) could be available on site, with either on-site follow-up care or referral for basic STD care. nPEP starter pack or complete 28-day course could be available by prescription, with either on-site follow-up care or referral, with first appointment made while the patient is on site. Provision of the complete 28-day nPEP medication supply at the initial visit rather than a starter pack of 3–7 days has been reported to increase likelihood of adherence, especially when patients find returning for multiple follow-up visits difficult. Routinely providing starter packs or the complete 28-day course requires that health care providers stock nPEP drugs in their practice setting or have an established agreement with a pharmacy to stock, package, and urgently dispense nPEP drugs with required administration instructions (https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf pdf icon).</p> <p>Specialized STD Care: nPEP starter pack (3–7 days of medication) should be available on site, with either on-site follow-up care or referral to specialized STD care. nPEP complete 28-day course should be available by prescription, with either on-site follow-up care or referral, with first appointment made while the patient is on site. Provision of the complete 28-day nPEP medication supply at the initial visit rather than a starter pack of 3–7 days has been reported to increase likelihood of adherence, especially when patients find returning for multiple follow-up visits difficult.</p>
EVALUATION	
Proctitis	Evaluation for proctitis might include visual examination of the anus, anorectal examination with a rectal swab, digital anorectal exam, or anoscopy. For specialized STD care, high-resolution anoscopy might be included.
LABORATORY	

At the time of patient visit	"At the time of patient visit" refers to providing a service the same day of the patient encounter. The intent is for a patient to receive test results prior to the conclusion of a clinic visit to ensure same day diagnosis and initiation of treatment as needed.
Test for trichomoniasis	On-site test for trichomoniasis can include wet mount microscopy and OSOM® Trichomonas.
Test for bacterial vaginosis	On-site test for bacterial vaginosis can include wet mount microscopy, OSOM® BVBlue®, and Affirm™.
Test for vulvovaginal candidiasis	On-site test for vulvovaginal candidiasis can include wet mount microscopy.
Gonorrhea antimicrobial susceptibility testing	Access needs to be established for transport medium that adequately maintains the viability of <i>Neisseria gonorrhoeae</i> until the specimen reaches a laboratory (e.g., transport medium in transport container, transport system, or transport swab). Providers should contact their state or local health department if they have concerns about resistant <i>N. gonorrhoeae</i> infection or if assistance is required for culture and antimicrobial susceptibility testing.
TREATMENT	
Gonorrhea	Providers might not receive reimbursement for oral medications without an on-site pharmacy. Providers can partner with local organizations, such as the local health department and community-based organizations, to procure oral medications or refer patients to local organizations.
Chlamydia	Providers might not receive reimbursement for oral medications without an on-site pharmacy. Providers can partner with local organizations, such as the local health department and community-based organizations, to procure oral medications or refer patients to local organizations.
Nongonococcal urethritis	Providers might not receive reimbursement for oral medications without an on-site pharmacy. Providers can partner with local organizations, such as the local health department and community-based organizations, to procure oral medications or refer patients to local organizations.
Syphilis	Providers can partner with local health departments to procure injectable benzathine penicillin G or refer patients to local health department and verify treatment.
Emergency contraceptive pills	If emergency contraceptive pills are not available on site or by prescription, patients can be advised that levonorgestrel emergency contraceptive pills are available over the counter and ulipristal acetate emergency contraceptive pills are only available by prescription. Emergency contraceptive pills should be taken as soon as possible within 5 days of unprotected sex.
EPT for gonorrhea and chlamydia	Information on the legal status of EPT for each state is available at https://www.cdc.gov/std/ept/legal/default.htm
PARTNER SERVICES	
Partner services	Partner services consist of various strategies with differing levels of time and effort to enable persons who are exposed to an STD to be identified, tested, and treated. (Refer to the 'Partner Services' section of the <i>Recommendations</i> for additional information.)
Guidance regarding notification and care of sex partners	Guidance regarding notification and care of sex partners is described as providers giving how-to information to their patients about the need to notify their sex partner(s) of the exposure, the need for sex partner(s) to seek care and treatment even if they do not have symptoms, and where partner(s) could go for STD care. (Refer to the 'Partner Services' section of the <i>Recommendations</i> for additional information.)
EPT (where legal and where local or state jurisdictions do not prohibit by regulation)	Expedited Partner Therapy (EPT), also termed patient-delivered partner therapy (PDPT), is the clinical practice of treating the sex partner(s) of persons who receive chlamydia or gonorrhea diagnoses by providing medications or prescriptions to the patient. Patients then provide partner(s) with these therapies without the health care provider having examined the partner(s) (see www.cdc.gov/std/ept). Information on legal status of EPT for each state is available at http://www.cdc.gov/std/ept/legal/default.htm .
Interactive counseling for partner notification	In interactive counseling, the provider and patient both actively participate in an individualized plan to notify the patient's sex partner(s). Interactive counseling typically is conducted by staff with specific training or skills in communication, interviewing, or counseling. The patient provides information about their sex partner(s) and develops a plan with the counselor to notify partner(s).
DIS	A disease intervention specialist (DIS) is a public health professional with applied expertise in client-centered interviews; partner services that include contact tracing, directly observed therapy, field specimen collection, and field investigation in outbreaks; and navigation of health care systems to ensure patient evaluation and treatment, among other areas. (Refer to the 'Partner Services' section of the <i>Recommendations</i> for additional information.)
Health department DIS elicitation of sex partner information to identify those who might have been exposed and to identify patient follow-up needs	Partner services can be provided on site or by referral.

Adapted from		NACCHO <small>National Association of County & City Health Officials</small>					If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.									
Identifier	Should or could service for STD specialty care settings?	Prevention Recommendation	Y01 Does your clinic provide this service?	Y02 Does your clinic provide this service?	Y03 Does your clinic provide this service?	Y04 Does your clinic provide this service?	Y05 Does your clinic provide this service?	Insufficient resources (funding, equipment, no lab or dispensing on premises)	Insufficient staffing (capacity, qualifications, training)	Population served	Protocols and procedures (lack of protocol or standing orders)	Referral process in place	Legal and cultural barriers (minor consent, conservative environment)	Limited referral network for treatment	Other, please specify	
P1	Should	On-site hepatitis B vaccination or referral														
P2	Should	On-site HPV vaccination or referral														
P3	Should	On-site hepatitis A vaccination														
P4	Should	On-site condom provision														
P5	Should	Brief single STD/HIV prevention counseling session (up to 30 minutes)														
P6	Could	Moderate-intensity STD behavioral counseling (≥30 minutes)														
P7	Could	High-intensity STD behavioral counseling (≥2 hours)														
P8	Should	Brief contraceptive counseling or referral														
P9	Should	Emergency contraceptive pills														
P10	Should	Risk assessment, education and referral or link to HIV care for pre-exposure prophylaxis (PrEP) for HIV prevention														
P11	Should	Risk assessment, education and referral or link to HIV care for non-occupational post-exposure prophylaxis (nPEP)														
P12	Should	Provision of PrEP for HIV prevention														
P13	Should	Provision of nPEP of HIV														
P14	Should	Referral or link to HIV care, if indicated														
P15	Should	Referral or link to family planning services, if indicated														
P16	Should	Referral or link to behavioral health services, if indicated														

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Adapted from		NACCHO <small>National Association of County & City Health Officials</small>					<i>If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.</i>						
Identifier	Should or could service for STD specialty care	Evaluation of STD-Related Conditions Recommendation	Y01 Does your clinic provide this service?	Y02 Does your clinic provide this service?	Y03 Does your clinic provide this service?	Y04 Does your clinic provide this service?	Y05 Does your clinic provide this service?	Insufficient resources (funding, equipment)	Insufficient staffing (capacity, qualifications, training)	Population served	Protocols and procedures (express visit protocol, unclear guidelines)	Referral process in place	Other
E1	Should	Evaluation (history and examination) for Genital ulcer disease											
E2	Should	Evaluation (history and examination) for Male urethritis syndrome											
E3	Should	Evaluation (history and examination) for Vaginal discharge											
E4	Should	Evaluation (history and examination) for pelvic inflammatory disease (PID)											
E5	Should	Evaluation (history and examination) for Genital warts											
E6	Should	Evaluation (history and examination) for Proctitis											
E7	Should	Evaluation (history and examination) for Ectoparasitic infections											
E8	Should	Evaluation (history and examination) for Pharyngitis											
E9	Should	Evaluation (history and examination) for Epididymitis											
E10	Should	Evaluation (history and examination) for Systemic or dermatologic conditions compatible with or suggestive of an STD etiology											

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Adapted from		NACCHO <small>National Association of County & City Health Officials</small>					If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.						
Identifier	Should or could service for STD specialty care settings?	Laboratory Recommendation	Y01 Does your clinic provide this service?	Y02 Does your clinic provide this service?	Y03 Does your clinic provide this service?	Y04 Does your clinic provide this service?	Y05 Does your clinic provide this service?	Insufficient resources (funding, lack of culture plates and inability to incubate them)	Insufficient staffing (capacity, qualifications, training)	Population served	Protocols and procedures (procedures don't allow for collection)	Referral process in place	Other, please specify
L1	Should	At the time of patient visit: pH paper											
L2	Should	At the time of patient visit: Thermometer											
L3	Could	At time of patient visit: Dark field microscopy for syphilis											
L4	Should	At time of patient visit: Gram stain, methylene blue, or gentian violet stain for urethritis											
L5	Should	At time of patient visit: On-site qualitative non-treponemal serologic test for syphilis											
L6	Should	At time of patient visit: Phlebotomy											
L7	Should	At time of patient visit: Test for bacterial vaginosis											
L8	Could	At time of patient visit: Test for HIV											
L9	Should	At time of patient visit: Test for pregnancy											
L10	Should	At time of patient visit: Test for trichomoniasis											
L11	Should	At time of patient visit: Test for vulvovaginal candidiasis											
L12	Should	At time of patient visit: Urinalysis with microscopy											
L13	Should	At time of patient visit: Urine dipstick											
L14	Should	Through clinical laboratory: Extragenital (pharynx and rectum) NAAT for gonorrhea and chlamydia											
L15	Should	Through clinical laboratory: Fourth generation antigen/antibody HIV test											
L16	Should	Through clinical laboratory: Gonorrhea antimicrobial susceptibility testing											
L17	Should	Through clinical laboratory: Gonorrhea culture											
L18	Should	Through clinical laboratory: Gram stain, methylene blue, or gentian violet stain for urethritis											
L19	Should	Through clinical laboratory: HSV serology											
L20	Should	Through clinical laboratory: HSV viral culture or PCR											
L21	Should	Through clinical laboratory: NAAT for trichomoniasis											
L22	Should	Through clinical laboratory: Laboratory tests needed for providing nPEP and PrEP, as per clinical protocol											
L23	Should	Through clinical laboratory: Oncogenic HPV NAATs with Pap smear											
L24	Should	Through clinical laboratory: Quantitative nontreponemal serologic test for syphilis											
L25	Should	Through clinical laboratory: Serologic tests for hepatitis A											
L26	Should	Through clinical laboratory: Serologic tests for hepatitis B											
L27	Should	Through clinical laboratory: Serologic tests for hepatitis C											
L28	Should	Through clinical laboratory: Test for pregnancy											
L29	Should	Through clinical laboratory: Treponemal serologic test for syphilis											
L30	Should	Through clinical laboratory: Urogenital NAAT for gonorrhea and chlamydia											

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Adapted from		NACCHO <small>National Association of County & City Health Officials</small>					If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.						
Identifier	Should or could service for STD specialty care settings?	Treatment Recommendation	Y01 Does your clinic provide this service?	Y02 Does your clinic provide this service?	Y03 Does your clinic provide this service?	Y04 Does your clinic provide this service?	Y05 Does your clinic provide this service?	Insufficient resources (cost, procurement, don't stock due to infrequent use)	Insufficient staffing (capacity, training, qualifications)	Population served	Protocols and procedures (prescription given if medicine not available on site)	Referral process in place	Other, please specify
T1	Should	On site: treatment for gonorrhea											
T2	Should	On site: treatment for chlamydia											
T3	Should	On site: treatment for cervicitis											
T4	Should	On site: treatment for nongonococcal urethritis											
T5	Should	On site: treatment for proctitis											
T6	Should	On site: treatment for PID											
T7	Should	On site: treatment for epididymitis											
T8	Should	On site: treatment for syphilis											
T9	Could	On site: PrEP											
T10	Should	On site: nPEP											
T11	Should	On site: provider-applied regimens for genital warts											
T12	Should	On site: emergency contraceptive pills											
T13	Should	On site: treatment for trichomoniasis											
T14	Should	On site: treatment for herpes											
T15	Could	On site: treatment for bacterial vaginosis											
T16	Could	On site: treatment for acute or new diagnosis of HIV care											
T17	Could	On site: treatment for persistent and recurrent cervicitis and nongonococcal urethritis											
T18	Should	On site: EPT for gonorrhea and chlamydia											
T19	Should	By prescription: treatment for herpes											
T20	Should	By prescription: treatment for trichomoniasis											
T21	Should	By prescription: treatment for bacterial vaginosis											
T22	Should	By prescription: treatment for vulvovaginal candidiasis											
T23	Should	By prescription: treatment for UTI											
T24	Should	By prescription: PrEP											
T25	Should	By prescription: nPEP											
T26	Should	By prescription: emergency contraceptive pills											
T27	Should	By prescription: patient-applied regimens for genital warts											
T28	Should	By prescription: treatment for ectoparasitic infections											
T29	Should	By prescription: EPT for gonorrhea and chlamydia (EPT for gonorrhea and chlamydia, either on-site OR via prescription, is also included in the Partner Services section)											

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Adapted from		NACCHO <small>National Association of County & City Health Officials</small>					If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.						
Identifier	Should or could service for STD specialty care settings?	Sexual History and Physical Exam Recommendation	Y01 Does your clinic provide this service?	Y02 Does your clinic provide this service?	Y03 Does your clinic provide this service?	Y04 Does your clinic provide this service?	Y05 Does your clinic provide this service?	Insufficient resources (funding, equipment)	Insufficient staffing (capacity, training, provider discomfort)	Population served (patient need, reluctance)	Protocols and procedures (5 Ps, express visit protocol, EMR/EHR prompts)	Referral process in place	Other, please specify
SHE1	Should	A sexual history and risk assessment as part of initial comprehensive or annual visit											
SHE2	Should	A sexual history and risk assessment at each visit concerning reproductive, genital, or urological issues											
SHE3	Should	A sexual history and risk assessment at each visit unrelated to reproductive, genital, or urologic concerns											
SHE4	Should	A sexual history and risk assessment at every visit for patients with STD-related symptoms, STD-related concerns, or concerns about preventing or achieving pregnancy											
SHE5	Should	A physical examination for male and female patients with STD-related symptoms, STD-related concerns, or those at high behavioral risk for incident STDs											
SHE6	Should	A pelvic examination											
SHE7	Should	Colposcopy for female patients with abnormal Pap smears											
SHE8	Should	Anoscopy											
SHE9	Could	A high-resolution anoscopy for patients with abnormal anal Pap smears											

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Adapted from		 <small>National Association of County & City Health Officials</small>					<small>If "no" is selected, indicate reasons for not providing services by placing an "X" in corresponding cells (select all that apply). Leave corresponding cells empty if "yes" is selected in Column C.</small>					
Identifier	Should or could service for STD specialty care settings?	Screening Recommendation	Y01 Does your clinic provide this service?	Y02 Does your clinic provide this service?	Y03 Does your clinic provide this service?	Y04 Does your clinic provide this service?	Y05 Does your clinic provide this service?	Insufficient resources (funding, equipment, test not available)	Insufficient staffing (capacity to follow up on abnormal results)	Population served	Limited referral network for treatment	Other, please specify
S1	Should	Gonorrhea screening										
S2	Should	Chlamydia screening										
S3	Should	Syphilis screening										
S4	Should	Hepatitis B screening										
S5	Should	Hepatitis C screening										
S6	Should	HIV screening										
S7	Should	Cervical cancer screening										
S8	Should	Trichomoniasis screening										
S9	Could	Anal cancer screening										

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Identifier	Should or could service for STD specialty care settings?	Partner Services Recommendation	Y01 Does your clinic provide this service?	Y02 Does your clinic provide this service?	Y03 Does your clinic provide this service?	Y04 Does your clinic provide this service?	Y05 Does your clinic provide this service?	Insufficient resources (funding, equipment, cost to patient)	Insufficient staffing (staff discomfort, capacity, training)	Protocols and procedures (e-prescribing issues, provide refill to original patient instead, no DIS referral)	Legal and cultural barriers (EPT not legal, staff/leadership opposition)	Other, please specify
PS1	Should	Guidance regarding notification and care of sex partners.										
PS2	Should	EPT (where legal and where local or state jurisdictions do not prohibit by regulation)										
PS3	Should	Interactive counseling for partner notification										
PS4	Should	Health department disease intervention specialist (DIS) elicitation of sex partner information to identify those who might have been exposed and to identify patient follow-up needs										

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