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

Standard Long-Term Evaluation

A1f. The training is relevant to my work.

strongly disagree ① ② ③ ④ ⑤ Strongly agree

A2f. The training improved the way I do my work.

strongly disagree ① ② ③ ④ ⑤ Strongly agree

A3f. I am using what I learned in this training in my work.

strongly disagree ① ② ③ ④ ⑤ Strongly agree

A3fa. If you have not used what you learned, please explain why not._____

A4f. In the prior evaluation, your response to the following question, "*do you intend to make changes in your practice or at your worksite setting*", was <insert user's response from immediate post evaluation>. (*Skip for those who do not have piped response from Post evaluation*)

Were you able to make this change?

- O Yes
- O No

A4fa. If No, please explain?_____

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 applicable to 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***
SGCH1f	**Use the CDC STD Treatment Guidelines in your practice?**	1	0	2
SGCH2f	**Download the CDC STD Treatment Guidelines app?**	1	0	2
SGCH3f	**Use the STD Treatment Guidelines wall chart or pocket guide?**	1	0	2
SGCH4f	**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 training did not cover the content area listed*)	*Yes*	*No*	*I was already doing this*	*N/A*
SGCH5f	**Increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?**	1	0	2	3
SGCH6f	**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
SGCH7f	**Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?**	1	0	2	3
SGCH8f	**Recommend rescreening in 3 months following a gonorrhea, chlamydia or trichomonas diagnosis?**	1	0	2	3

A6f. **Did any of these factors MAKE IT HARDER for you to incorporate the STD practices recommended in the presentation?** *(select all that apply)*

⓪① Lack of time with patients
⓪① More important patient concerns
⓪① Cost/lack of reimbursement
⓪① Policies where i work
⓪① Resistance to change by supervisor or colleagues
⓪① Lack of equipment or supplies
⓪① No opportunity to apply practices
⓪① I did not feel confident
⓪① Coworkers need training
⓪① Nothing interfered
⓪① other, please specify _____

A7f. **Did any of these factors HELP you incorporate the STD practices recommended in the presentation?** *(select all that apply*

⓪① Reimbursement or other financial incentive
⓪① Support of supervisor and/or colleagues
⓪① Standing orders
⓪① Reminder in chart
⓪① Convenient supplies
⓪① Posted patient instructions for obtaining specimens
⓪① Electronic health system
⓪① Knowledge/Confidence gained from training
⓪① Trained coworkers
⓪① Nothing specific helped
⓪① Other, please specify _____