

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.

CONFIDENTIAL IDENTIFIER

FN	FN	LN	LN	M	M	D	D

POST-Course Evaluation STD Guidelines Complete – NO Syphilis

1. How satisfied were you with your overall learning experience?

very unsatisfied ① ② ③ ④ ⑤ very satisfied

2. How satisfied were you with the quality of the content?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

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

very unsatisfied ○ ○ ○ ○ ○ very satisfied

4. How satisfied were you with the teaching methods?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

5. What could improve this training?

6. Was this training free of commercial bias?

- ① Yes
② No

7. Was this training evidence-based?

- ① Yes
② No

8a. Were the learning objectives met?

- ① Yes
② No

8b. If the learning objectives were not met, please explain.

9a. As a result of information presented, do you intend to make changes in your practice or at your worksite setting?

- ① Yes
② No
③ Not my job
④ I already use these practices
④ Other reason (please specify) _____

9b. If yes, please list at least one intended change

CHLAMYDIA

10a. How 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

10b. How confident are you AFTER the training?

not at all confident very confident

11a. How 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

11b. How confident are you AFTER the training?

not at all confident very confident NA

12. What is the CDC recommended regimen for treating asymptomatic uncomplicated chlamydia infection of the cervix, urethra, or rectum?

- Acyclovir 1 g twice a day for 7 days
- Azithromycin 1 g orally in a single dose or doxycycline 100 mg twice a day for 7 days
- Azithromycin 1 g orally in a single dose plus ceftriaxone 250 mg intramuscularly in a single dose
- Ciprofloxacin 500 mg orally in a single dose

13. What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of chlamydia?

- 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

14a. 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 ⑦

14b. What % do you intend to screen AFTER the training?

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

GONORRHEA

15a. 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

15b. How confident are you AFTER the training?

not at all confident very confident

16a. 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

16b. How confident are you AFTER the training?

not at all confident very confident NA

17. 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

18. What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of gonorrhea?

- 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

19a. 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 | ⑦ |

19b. What % do you intend to screen AFTER the training?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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"/> |

20a. 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 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20b. What % do you intend to screen AFTER the training?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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"/> |

EXPEDITED PARTNER THERAPY

21. 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?

- 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 already offers EPT
- ⑦ EPT was not discussed

Thank you for your time and thoughtful feedback!