

<b>TODAY'S DATE</b>	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.	<b>CONFIDENTIAL IDENTIFIER</b>																
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## STD Treatment Guidelines Complete Post-Course Evaluation

*Public reporting burden of this collection of information is estimated to average 6 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).*

**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. Was this training free of commercial bias?**

- ① Yes
- ② No

**6. Was this presentation evidence-based?**

- ① Yes
- ② No

**7a. Were the learning objectives met?**

- ① Yes
- ② No

**7b. If the learning objectives were not met, please explain.**

**8. What could improve this training?**

**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
- ③ 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
- 

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
- 

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

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

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

SYPHILIS

22a. How confident were you in your ability to describe current CDC screening recommendations for syphilis BEFORE this training?

- not at all confident      very confident

22b. How confident are you AFTER the training?

- not at all confident      very confident

23a. 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 ⑦ NA

23b. How confident are you AFTER the training?

not at all confident      very confident  NA

**24a. 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

**24b. How confident are you AFTER the training?**

not at all confident      very confident  NA

**25. What is the CDC recommended regimen for treating primary and secondary syphilis in adults who are *not* HIV+ or pregnant?**

- ① Acyclovir 1 g twice a day for 7 days
- ② Azithromycin 1 g orally in a single dose
- ③ Benzathine penicillin G 2.4 million units IM in a single dose
- ④ Benzathine-procaine penicillin 2.4 million units in a single dose

**26a. 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

**26b. What % do you intend to screen AFTER the training?**

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

**27a. 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

**27b. What % do you intend to screen AFTER the training?**

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

**28a. 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

**28b. What % do you intend to screen AFTER the training?**

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

**Thank you for your time and thoughtful feedback!**