

## **Checklist Scripts**

**Self-administered: p2**

**In-person: p3**

## STD Preventive Services Gap Assessment Tool

Dear Respondent,

We appreciate you taking the time to provide us with this valuable information. In this package, you will find an instrument with questions about the array of STD prevention and related services that your organization may offer. The \_\_\_\_\_ [insert name of organization] is using this instrument to better understand the extent to which these services are offered in the community where you practice. We're also interested in which services are offered to different populations in the community. Finally, we are also interested in learning about your referral and collaborative experiences.

This *STD Preventive Services Gap Assessment Tool* has three sections. Line-by-line guidance accompanies this tool for your reference.

- **Section A** has questions about the characteristics of your organization and patient/client management capacity.
- **Section B** is a checklist of different STD prevention and other services that you may offer. The services are listed in the rows. Different population groups are in the columns. For each service, place an **(X)** in the box for the population that you serve. If you don't serve that population, please leave it blank.
- **Section C** is where you can list organizations with which you have some kind of collaborative relationship, including referrals and co-management of patients. Please include the organization's name and any contact information that you know. If you need more space, please feel free to make a copy of the referrals page and add your partners.

Thank you again for your willingness to complete the *STD Preventive Services Gap Assessment Tool*. The information you provide will be used to guide improvements in STD preventive services within the community. We look forward to learning from you. Once complete, please email or fax the checklist to [name of contact]. If you have questions or concerns, please contact \_\_\_\_\_ at [insert phone number/email].

We would appreciate receiving your completed information by [deadline].

## STD Preventive Services Gap Assessment Tool

We appreciate you taking the time to provide us with this valuable information. I will be asking you today about the array of STD prevention and related services that your organization may offer. The \_\_\_\_\_ [insert name of organization] is using this instrument to better understand the extent to which these services are offered in the community where you practice. We're also interested in which services are offered to different populations in the community. Finally, we are also interested in learning about your referral and collaborative experiences.

This *STD Preventive Services Gap Assessment Tool* has three sections.

- **Section A** has questions about the characteristics of your organization and patient/client management capacity.
- **Section B** is a checklist of different STD prevention and other services that providers may offer. The services are listed in the rows. Different population groups are in the columns. For each service, place an **(X)** in the box for the population that you serve. If you don't serve that population, leave it blank.
- **Section C** is where you can list organizations with which you partner, including referrals and co-management of patients. Please include the organization's name and any contact information that you know. If you need more space, please feel free to make a copy of the referrals page and add your partners.

Thank you again for your willingness to complete the *STD Preventive Services Gap Assessment Tool*. The information you provide will be used to guide improvements in STD preventive services within the community. We look forward to learning from you. Do you have any questions before we begin?