

Patient's Name: \_\_\_\_\_

Date \_\_\_\_\_

## INTIMACY AND SEXUALITY

Do you have any concerns about sexuality or sexual activity?

<b>Normal</b> <ul style="list-style-type: none"><li>• Do you feel that your diagnosis has led to changes or difficulties in your sexual feelings or expression?</li><li>• How do you express your sexuality (before your diagnosis? Now?)</li></ul>	
<b>Onset</b> <ul style="list-style-type: none"><li>• When did the change(s) occur?</li></ul>	
<b>Provoking / Palliating</b> <ul style="list-style-type: none"><li>• What do you believe is causing your difficulties?</li><li>• What makes it better? Worse?</li></ul>	
<b>Quality</b> <ul style="list-style-type: none"><li>• Can you describe your concerns regarding sexuality and intimacy?</li></ul>	
<b>Severity</b> <ul style="list-style-type: none"><li>• How bothersome are your concerns?</li></ul>	
<b>Treatment</b> <ul style="list-style-type: none"><li>• Have you tried to do anything to address the problems you're having? Was this successful?</li></ul>	
<b>Understanding / Impact on You</b> <ul style="list-style-type: none"><li>• What aspects of your sexuality do you believe have been affected by your cancer or treatment (positive or negative)?</li><li>• How has this treatment/experience affected your relationship with your partner? Or your partner's sexuality?</li><li>• Have you talked to your partner about your feelings?</li></ul>	
<b>Value</b> <ul style="list-style-type: none"><li>• How important is your sexuality to you?</li><li>• What do you think is responsible for the changes in your sexual life?</li><li>• What are your goals for intimacy and sexuality?</li><li>• Are you interested in expressing your sexuality now?</li></ul>	

Created: January, 2010

Revised: October, 2018