

APPENDIX 24: SEXUAL HEALTH & INTIMACY QUESTIONNAIRE

(Adapted from the Sexuality Section in the Nursing Health & Safety Assessment - Form A)

1. Is the person sexually active OR expressed interest in sex and intimacy? (If you select "Yes," please provide information to this person on safe sex, birth control options and STI prevention.)	Yes	No
2. Has the person engaged in inappropriate sexual behavior that is harmful to others? (If you select "Yes," please provide referral to a specialized interventionist such as a psychiatrist.)	Yes	No
3. Does the person have a history of sexual abuse or trauma AND exhibiting behaviors? (If you select "Yes," please provide referral to a specialized interventionist such as a psychiatrist.)	Yes	No
4. Document below any sex education this person has received either by you or other nurse.		