

The opinions expressed in this document, which includes two appendices, are those of the Board on Aging and Long Term Care – Ombudsman Program.

This appendix is not legal advice or mandated, but is intended to be used as a guide for facilities to obtain information about a resident’s intimacy and sexuality history. This history is to be completed with the resident, and the information obtained may be helpful overall in assisting residents to feel at home, comfortable and secure. This information may be best gathered once rapport is gained between a resident and staff skilled at interviewing. If additional information is needed, a family member or legal decision maker could be interviewed. It may be helpful to take notes about the resident’s statements, as the actual verbal response often reveals a lot about the person’s level of understanding of the topic. It should also be understood that the resident has the right to refuse to participate in this conversation, and that refusal should not constitute an inability to consent to an intimate or sexual relationship.

Appendix 1 – Recommendations for Addressing Resident Relationships Intimacy & Sexuality History

Please tell me about your marital status.		
Number of marriages or serious relationships:		
How do you describe your sexual orientation? Heterosexual__ Bisexual__ Homosexual__ Lesbian__ Gay__ Transsexual__ Transgender__ No comment__		
Are you comfortable giving or receiving affection such as a soothing touch, a hug, or a kiss?	Yes	No
Are you accustomed to sleeping alone in bed?	Yes	No
Are you currently involved in a relationship?	Yes	No
If so, what do you think your companion will feel about visiting or spending time with you at this place of residence?		
Before living here, how did you show your companion that you care?		

Before living here, what was your comfort level with intimacy (hugging, handholding, cuddling, etc.)?		
Before living here, what was your comfort level with sexual contact?		
Since living with us, have you noted any changes in the way you show your companion you care? Explain.	Yes	No
Are you seeking to have a relationship with someone in the facility? If so, please explain.		
Do you have any concerns regarding your interactions with this person? Explain.	Yes	No
Is there anything we could improve on to accommodate you and your companion?		
Any known history of abuse (mistreatment) or trauma: sexual, physical, emotional or verbal?	Yes	No
Any known history of sexually transmitted infections?	Yes	No

Information received from: _____ Date: _____

Completed by: _____

These recommendations try to address instances of intimacy and sexuality in long term care in an understandable manner. If you have further questions or specific situations regarding intimacy and sexuality in long term care, please contact the Wisconsin Board on Aging and Long Term Care – Ombudsman Program at:

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