

Supplementary material to article by M. McGrath et al. "Developing interventions to address sexuality after stroke: findings from a four-panel modified delphi study"

Table SI. Consensus and priority score for the topics to be included in sexual rehabilitation after stroke

Category and topic	Consensus score (IQR/2)	Interpretation	Priority based on the percent of responders identifying the topic as among their top 10		Priority based on mean priority scores (1–5)	
			Responders selecting topic in their top 10 (%)	Interpretation	Mean	Interpretation
General issues						
1. What is sexuality?	1.5	Low	9.6	Low	3.6	High
2. Why is it important to talk about sexuality?	1	Moderate	20.2	Intermediate	3.8	High
3. Myths about sexuality and disability	0	High	21.3	Intermediate	3.9	High
4. Resuming sexual activity after stroke	0.5	High	57.4	High	4.4	High
Communication						
1. Having social conversations – engaging with others in social situations including ability to relate well with others and pick up social cues/body language	0.5	High	7.4	Low	4.0	High
2. Meeting new partners and forming new intimate relationships – use of social media, dating sites, and identifying opportunities to access social situations to meet new people	0.6	High	8.5	Low	3.6	High
3. Conversations with intimate partners -including expressing thoughts and needs in relation to sexuality and understanding partners' thoughts and needs in relation to sexuality	0.5	High	34	High	4.1	High
4. Communication with health professionals – strategies to support stroke survivors' and partners of stroke survivors to express themselves and their needs relating to sexuality to health professionals	0.5	High	23.4	Intermediate	4.2	High
5. Expressing emotional intimacy and closeness with partners when communication is difficult because of communication changes after stroke (e.g. aphasia, dysarthria, dyspraxia)	0.5	High	36.2	High	4.2	High
6. Initiating conversations about sexuality and intimacy including sexual intimate conversation with existing or new partners when communication is difficult because of communication changes after stroke (e.g. aphasia, dysarthria, dyspraxia)	0.5	High	28.7	High	4.1	High
7. Strategies to initiate conversations about sexuality and intimacy needs with health professionals when communication is difficult because of communication changes after stroke (e.g. aphasia, dysarthria, dyspraxia).	0.5	High	13.2	Low	4.2	High
Stroke-related cognitive and behavioural changes impacting on sexuality						
1. Changes in cognitive function impact on the person's ability to fulfil their role as a partner in a relationship	0.5	High	13.8	Low	4.1	High
2. Changes in self-control	0.5	High	8.5	Low	4.2	High
3. Impulse control	0.8	High	3.2	Low	4	High
4. Changes in emotional stability	0.5	High	18.1	Intermediate	4.1	High
5. Changes in cognitive function impact on the person's ability to fulfil their role as a partner in a relationship	0.5	High	2.8	Low	4.1	High
Stroke-related psychological changes impacting on sexuality						
1. Changing gender roles	0.5	High	3.2	Low	3.8	High
2. Changes to body image	0.5	High	23.4	Intermediate	4.2	High
3. Changes in self-concept and self-esteem	0.5	High	24.5	Intermediate	4.3	High
4. Fear of rejection	0.5	High	23.4	Intermediate	4.2	High
5. Changes in intimate relationships	0.5	High	41.5	High	4.3	High
6. Changes in attraction towards intimate partner	0.5	High	17	Intermediate	4.3	High
7. Managing grief and loss in relationships	0.5	High	33	High	4.3	High
8. Managing anger and guilt in relationships	0.5	High	21.3	Intermediate	4.1	High
Stroke-related changes in physical function impacting upon sexuality						
1. Loss of function of body parts	0.5	High	21.3	Intermediate	4.3	High
2. Muscle spasticity	0.5	High	6.4	Low	4.1	High
3. Change in sensation	0.5	High	11.7	Low	4.1	High
4. Changes to continence	0.5	High	13.8	Low	4.1	High
5. Control of pelvic floor muscle	0.3	High	6.4	Low	3.9	High
6. Changes to mouth function	0.1	High	0	Low	3.9	High
7. Pain	0.5	High	7.4	Low	4.1	High
8. Fatigue	0.5	High	20.2	Intermediate	4.1	High
9. Medication	0.5	High	7.4	Low	4.1	High
E. Changes in sexual function						
1. Sexual pleasure	0.5	High	23.4	Intermediate	4.1	High
2. Changes in sexual desire	0.5	High	12.8	Low	4.2	High
3. Sexual health and contraception	0.5	High	2.1	Low	3.7	High
4. Sexual aids and toys	0.5	High	1.1	Low	3.7	High
5. Sexual service providers	0.63	High	3.2	Low	3.4	High
6. Changes in achieving orgasm	0	High	4.3	Low	3.9	High
7. Changes in sexual intercourse	0.13	High	12.8	Low	4.0	High
8. Vaginal dryness	0.5	High	4.3	Low	3.8	High
9. Changes in vaginal sensitivity	0.5	High	1.1	Low	3.7	High
10. Erectile dysfunction	0	High	3.2	Low	3.9	High
11. Changes in ejaculation	0	High	1.1	Low	3.9	High
12. Resuming sexual activity	0.5	High	31.9	High	4.4	High
13. Medication to enhance sexual activity	0	High	4.3	Low	4.0	High
14. Changes in reproductive function	0.5	High	4.3	Low	3.6	High