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TRADUÇÃO PARA PORTUGUÊS EUROPEU DO CHECK IN, AFFIRM, CLARIFY, AND ANSWER TOOL PARA UTILIZAÇÃO NA ENFERMAGEM DE REABILITAÇÃO


TRANSLATION INTO EUROPEAN PORTUGUESE OF THE CHECK IN, AFFIRM, CLARIFY, AND ANSWER TOOL FOR USE IN REHABILITATION NURSING


TRADUCCIÓN AL PORTUGUÉS EUROPEO DEL CHECK IN, AFFIRM, CLARIFY, AND ANSWER TOOL PARA SU UTILIZACIÓN EN ENFERMERÍA DE REHABILITACIÓN


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RESUMO

Introdução: A sexualidade continua a ser pouco abordada nos cuidados de Enfermagem de Reabilitação, em parte pela ausência de instrumentos adequados em Português Europeu que orientem a comunicação profissional. O modelo Check In, Affirm, Clarify, and Answer Tool, desenvolvido no Canadá, apresenta uma abordagem holística e acessível para apoiar os Enfermeiros Especialistas em Enfermagem de Reabilitação na comunicação sobre sexualidade.

Objetivo: Traduzir para Português Europeu o Check In, Affirm, Clarify, and Answer Tool, com vista a apoiar os EEER na comunicação sobre sexualidade com as pessoas.

Métodos: Seguiu-se um protocolo metodológico baseado em tradução direta e retrotradução. Participaram dois tradutores e dois retrotradutores bilingues, todos com experiência na área de enfermagem. As versões foram analisadas, conciliadas e comparadas com o original, garantindo rigor e validade.

Resultados: As versões traduzidas e retrotraduzidas apresentaram elevada similaridade entre si e com o texto original, sendo necessários ajustes linguísticos mínimos. Estas pequenas modificações confirmaram a adequação semântica, cultural e prática da tradução.

Conclusão: O processo de tradução e retrotradução mostrou-se eficaz, originando uma versão em Português Europeu conceptualmente equivalente à original. Esta versão constitui um recurso útil para os Enfermeiros Especialistas em Enfermagem de Reabilitação, promovendo comunicação ética, inclusiva e centrada na pessoa, devendo ser futuramente validada para uso clínico e académico.

Palavras-chave: comunicação; cuidados de enfermagem; enfermagem de reabilitação; saúde sexual; tradução

ABSTRACT

Introduction: Sexuality remains little addressed in Rehabilitation Nursing care, partly due to the absence of adequate European Portuguese instruments to guide professional communication. The Check In, Affirm, Clarify, and Answer Tool, developed in Canada, provides a holistic and accessible approach to support Rehabilitation Nursing Specialists in discussing sexuality.

Objective: To translate the Check In, Affirm, Clarify, and Answer Tool into European Portuguese, aiming to support Rehabilitation Nursing Specialists in communicating about sexuality with patients.

Methods: A methodological protocol based on forward translation and back-translation was followed. Two translators and two back-translators, all bilingual and experienced in nursing, participated. The versions were analyzed, reconciled, and compared with the original, ensuring rigor and validity.

Results: The translated and back-translated versions showed high similarity with each other and the original text, requiring only minimal linguistic adjustments. These small modifications confirmed the semantic, cultural, and practical adequacy of the translation.

Conclusion: The translation and back-translation process proved effective, producing a European Portuguese version conceptually equivalent to the original. This version represents a useful resource for Rehabilitation Nursing Specialists, promoting ethical, inclusive, and person-centered communication, and should be validated in future clinical and academic use.

Keywords: communication; nursing care; rehabilitation nursing; sexual health; translating

RESUMEN

Introducción: La sexualidad sigue siendo poco abordada en la atención de Enfermería de Rehabilitación, en parte debido a la ausencia de instrumentos adecuados en portugués europeo que guíen la comunicación profesional. El *Check In, Affirm, Clarify, and Answer Tool*, desarrollado en Canadá, ofrece un enfoque holístico y accesible para apoyar a los Enfermeros Especialistas en Enfermería de Rehabilitación en la comunicación sobre sexualidad.

Objetivo: Traducir el *Check In, Affirm, Clarify, and Answer Tool* al portugués europeo, con el fin de apoyar a los Enfermeros Especialistas en Enfermería de Rehabilitación en la comunicación sobre sexualidad con los pacientes.

Métodos: Se siguió un protocolo metodológico basado en traducción directa y retrotraducción. Participaron dos tradutores y dos retrotradutores bilingües, todos con experiencia en enfermería. Las versiones fueron analizadas, conciliadas y comparadas con el original, garantizando rigor y validez.

Resultados: Las versiones traducidas y retrotraducidas mostraron una alta similitud entre sí y con el texto original, requiriendo solo ajustes lingüísticos mínimos. Estas pequeñas modificaciones confirmaron la adecuación semántica, cultural y práctica de la traducción.

Conclusión: El proceso de traducción y retrotraducción resultó eficaz, produciendo una versión en portugués europeo conceptualmente equivalente al original. Esta versión constituye un recurso útil para los Enfermeros Especialistas en Enfermería de Rehabilitación, promoviendo una comunicación ética, inclusiva y centrada en la persona, y debería ser validada en usos clínicos y académicos futuros.

Palabras clave: comunicación; atención de enfermería; enfermería en rehabilitación; salud sexual; traducción

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INTRODUCTION

Sexuality continues to be viewed as a taboo subject, hindering open dialogue and negatively influencing the practice of Specialist Nurses in Rehabilitation Nursing (SNS) (Akalin & Ozkan, 2021; Giles et al., 2023; Lourenço, 2023). These professionals face obstacles such as perceptions of intrusion, embarrassment, and lack of confidence in addressing sexuality with people (Akalin & Ozkan, 2021; Giles et al., 2023; Lourenço, 2023; Marques, 2023). The literature also shows that SNSs tend to neglect the sexuality of people with disabilities, influenced by stigmas and the lack of specific training on this topic in academic curricula (Teixeira et al., 2026).

Currently, myths, prejudices, and social discrimination related to sexuality persist, including in people with disabilities, often reinforced by a lack of knowledge among the population (Åsberg et al., 2025; Giles et al., 2023; Lourenço, 2023; Toprak & Turan, 2021). The absence of specific policies and protocols exacerbates this reality, limiting support for healthcare professionals (Giles et al., 2023).

For the Specialist Nurse in Rehabilitation Nursing to promote a person's functionality, including sexuality, specific training is essential (Åsberg et al., 2025; Teixeira et al., 2025; Toprak & Turan, 2021), as defined in the Regulation of Specific Competencies of the Specialist Nurse in Rehabilitation Nursing (2019). Practice should focus on identifying changes in sexuality and using effective communication strategies, bringing to light information relevant to decision-making about sexual health (Åsberg et al., 2025; Teixeira et al., 2025).

There are several models of sexual counseling, with the Permission-Limited model being one of the most common. Information-Specific Suggestion-Intensive Therapy (PLISSIT) is the most studied and used in practice (Hassan et al., 2023; Lourenço, 2023; Moon, 2023; Teixeira et al., 2025). However, this model requires specific training, with the highest level reserved for professionals with additional training in clinical sexology (Blamey et al., 2022; Carroll et al., 2022; Lourenço, 2023).

The Check In, Affirm, Clarify, and Answer tool presents itself as a more accessible alternative, with a holistic, inclusive, and person-centered approach, adaptable to different cultural contexts, without requiring in-depth knowledge of sexuality (Blamey et al., 2022). To date, only one study that applied it in Canada has been identified (Blamey et al., 2022; Teixeira et al., 2025), and there is no validated version in European Portuguese. Given this gap, the objective of this study was defined as translating Check In, Affirm, Clarify, and Answer Tool, aimed at supporting EERs in communicating about sexuality with people.

1. THEORETICAL FRAMEWORK

Sexuality is a complex and constantly evolving concept, influenced by multiple biological, psychological, social, and cultural factors (Lourenço, 2023; Paiva, 2022; Rizzo & Gonçalves, 2022). The World Health Organization defines it as a central aspect of being human throughout life, encompassing sex, gender identity and role, sexual orientation, eroticism, pleasure, intimacy, and reproduction (World Health Organization, 2002).

The experience of sexuality is individual and varies throughout life, being shaped by personal experiences, beliefs, and sociocultural contexts (Giles et al., 2023). For the World Health Organization (2006), sexual health is crucial to people's lives and represents a state of physical, emotional, and social well-being, based on respect, freedom, and the absence of discrimination. The Declaration of Sexual Rights reinforces this perspective, recognizing eleven fundamental rights, including sexual freedom and privacy, equality, pleasure, evidence-based information, and comprehensive sex education (World Health Organization, 1999). However, its practical application continues to vary across cultural contexts, reflecting persistent inequalities and taboos (Smith & Barton, 2020).

Furthermore, people with disabilities may experience changes in body structure and function that affect their functionality (World Health Organization, 2004). Although sexuality is an integral part of the human experience, with or without disability, myths and prejudices still exist that limit dialogue and care in this area (De Souza & Gagliotto, 2023; Giles et al., 2023; Lourenço, 2023). Among the most common are ideas such as: older people or people with disabilities are asexual, sex is only intercourse, or sexual activity is harmful to people with illness (Akalin & Ozkan, 2021; Carvalho & Silva, 2021; Giles et al., 2023). These beliefs reinforce stigma and hinder the approach to sexuality in healthcare, making it essential for professionals to adopt communication strategies based on respect, knowledge, and inclusion (Paiva, 2022; Rizzo & Gonçalves, 2022).

The Specialized Rehabilitation Nurse (SRN) has the mission of empowering individuals with disabilities or functional limitations to maximize their autonomy and social reintegration (Specialized Skills Regulation for Specialist Rehabilitation Nurses, 2019). Among its competencies, the promotion of the person's functionality and health in various dynamic dimensions stands out, including sexuality, through the assessment, planning, and implementation of appropriate therapeutic actions. The Specific Skills Regulation for Specialist Rehabilitation Nurses (2019) explicitly states that the SRN must discuss risk practices, changes, and strategies related to sexuality, as well as design functional re-education plans in this area. Thus, the approach to sexuality naturally integrates into the practice of Rehabilitation Nursing, being an essential component of quality of life and overall well-being (Lourenço, 2023; Teixeira et al., 2025, 2026).

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According to the Registered Nurses' Association of Ontario (2025), the therapeutic actions of the EEER should be person-centered, respecting diversity and human rights. This perspective aligns with the Person-Centered Practice Theory, which values dignity, respect, therapeutic partnership, and the active participation of the person in their care process (McCance & McCormack, 2025). Addressing sexuality requires specific communication skills. The use of Sexual Counseling Models facilitates open, ethical, and safe dialogue, helping professionals adapt therapeutic actions to the person's preferences (Lourenço, 2023). Among the most used models are PLISSIT (Hassan et al., 2023; Lourenço, 2023; Moon, 2023) and BETTER (Bring . up , Explain, Tell , Timing, Educate and Record), validated for use in the care of people with cancer (Hassan et al., 2023; Moon, 2023) and ALARM (Activity, Libido, Arousal, Resolution). and Medical information), used only in the identification of sexual dysfunction. (Hassan et al., 2023; Moon, 2023). None of these models has been validated for use in the Portuguese context.

The complexity of communication about sexuality demands an interdisciplinary approach that integrates knowledge and methods from different disciplines to generate a more holistic understanding and responses through complementary knowledge (Gamsby, 2020). Recently, Check In, Affirm, Clarify, and [other platforms] have emerged. Answer This tool presents an innovative and holistic approach. This model was developed by the *Centre for Sexuality* in Canada in 2016 to support health professionals and educators in communicating about sexuality at all levels of action (Centre for Sexuality, n.d.). This model is based on four stages (Blamey et al., 2022; Centre for Sexuality, n.d.):

1. **Check -in:** The professional's reflection on their own beliefs and attitudes about sexuality. This phase involves a process of conscious self-reflection, in which the professional assesses how their personal beliefs, verbal and non-verbal language, and communication tone can influence the interaction to minimize implicit judgments and create conditions for an ethical, safe, and non-stigmatizing approach.
2. **Affirm:** The healthcare professional provides positive feedback on the issues raised and acknowledges their relevance, validating the person's experience and concerns, in order to establish a relationship of trust and legitimacy to address topics related to sexuality;
3. **Clarify:** This involves clarifying what a person knows or wants to know, as well as their level of prior knowledge and the sources of information already used, allowing them to identify specific needs, expectations, and any misconceptions.
4. **Answer:** In this stage, the professional addresses the facts, feelings, and values relevant to the person, seeking to fill knowledge gaps and provide up-to-date, clear, and appropriate scientific information that respects the person's values and beliefs, promoting informed and shared decision-making.

This model stands out for its simplicity, adaptability to different contexts, accessibility, and person-centeredness, promoting respect, empathy, and assertive communication. Its use has proven effective in educational and clinical settings, facilitating trust and the naturalization of dialogue about sexuality (Blamey et al., 2022).

The literature reinforces that communication about sexuality is essential for person-centered care, as per the Check In, Affirm, Clarify, and... Answer Tool, which is a promising model to support the practice of EEER.

2. METHODS

A translation protocol was developed to obtain a European Portuguese version equivalent to the original English version, ensuring the conceptual, linguistic, and cultural fidelity of the model. This was done following the guidelines of Prodrissimo et al. (2021) and Cruchinho et al. (2024), employing direct translation and back-translation.

Initially, authorization was requested from the *Centre for Sexuality* in Canada, and the response was favorable. The Director of Programs at the *Centre for Sexuality* provided the original version of the model and a supporting document explaining the model. Therefore, it was decided to translate both documents.

In the direct translation phase, two translators were selected for convenience in order to facilitate the process. Both were nurses with proficiency in Portuguese and English, experience in nursing practice, and knowledgeable about the study's objectives. One of the translators was an official English-Portuguese translator.

The translators received by email the informed consent form (which they returned signed), the original version of the template and the respective supporting document, as well as a document with adapted instructions from Brislin et al. (1973), to ensure a clear, objective and culturally appropriate translation.

Among these instructions, the use of short and direct sentences, simple and objective language, preference for the active voice, and elimination of local expressions or figures of speech stood out. They were also asked to ensure semantic equivalence (identical meaning to the original), conceptual equivalence (coherence of ideas), cultural equivalence (adequacy to the Portuguese sociocultural context), and application equivalence (use of scientific terminology specific to health in Portugal) (Beaton et al., 2000; Júnior & Costa, 2024).

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The two translated versions were compared and unified by a third party, in order to ensure the reconciliation of the work developed by the translators into a single document, with coherence and adaptation to the context of Rehabilitation Nursing in Brazil. This resulted in the first version in European Portuguese.

The reconciled version in European Portuguese was sent to two back-translators, nurses, experts in the English language, fluent in Portuguese, and with experience in nursing practice, both in Portugal and in English-speaking countries. The back-translators did not have access to the original version, to avoid influences on the back-translation process, ensuring independent validity and avoiding back-translation biases (Cruchinho et al., 2024).

They were also sent, by email, the informed consent form and instructions for back-translation, based on the instructions of Brislin et al. (1973). The objective was to verify the semantic and conceptual equivalence between the European Portuguese version and the original English text.

The back-translations were analyzed and compared by the same researcher who performed the reconciliation during the direct translation phase, ensuring correspondence between the versions and making the necessary adjustments. Following this analysis, a final revision of the translation was carried out, resulting in the second version in European Portuguese.

Communication with translators and back-translators was conducted via email. Their identities were not shared with each other in order to avoid influencing opinions and ensure independence in the translations (Cruchinho et al., 2024).

2.1 Analysis statistic

The analysis of the translations of the model and the supporting document was based on the semantic, cultural, and application equivalence criteria mentioned previously. However, the Similarity Index was also calculated in relation to the first version of the European Portuguese translation of the model and the supporting document. This index allows the calculation of the percentage of coincident words between the versions (values between 0 and 100%), in order to measure the lexical fidelity between the direct translation and the back-translation, using a metric inspired by the concept of *lexical overlap*. The greater the similarity, the closer the Similarity Index will be to 100%, and vice versa. The Similarity Index formula was obtained through the adaptation of the Jaccard Coefficient. (Wang & Dong, 2020):

$$\text{Similarity Index} = \frac{\text{number of matching words between versions}}{\text{total number of words in the first version in European Portuguese}} * 100$$

3. RESULTS

Check In, Affirm, Clarify, and model translation. Answer Tool for European Portuguese with high similarity. The differences identified referred only to words or expressions with multiple possible translations in the Portuguese language, all semantically equivalent. In each case, the alternative that presented the greatest semantic and conceptual proximity to the original English version was selected. After reconciling the versions of the direct translations, the first European Portuguese version of the model resulted.

The versions obtained in the back-translation also showed high similarity to each other and to the original version. After synthesizing and comparing the two back-translations, only minor linguistic adjustments were found to be necessary, namely in verb conjugation and the choice of more appropriate synonyms, which implied the alteration of three words (Similarity Index 99.74%) in the first European Portuguese version of the model. Thus, the second European Portuguese version of the model was obtained.

Regarding the supporting document, the process was similar to that of the main model. The translation and back-translation versions proved to be very close, requiring only the modification of four words, one of which is repeated 3 times (Similarity Index 98.83%) in the first European Portuguese version, in order to reinforce semantic equivalence with the original version. Therefore, a second European Portuguese version of the supporting document was created.

4. DISCUSSION

The results of this study are consistent with what is described in the literature on the translation of instruments, namely from English to European Portuguese (Ikedo et al., 2020; Moreira et al., 2024; Pinto et al., 2021).

Semantic equivalence is one of the essential pillars of translation, with changes only strictly necessary to ensure clarity and cultural appropriateness (Cruchinho et al., 2024). These adjustments are expected and desirable, as they allow the preservation of the original meaning, ensuring linguistic fluency in the target language (Ikedo et al., 2020; Lise et al., 2022; Pinto et al., 2021; Prodrissimo et al., 2021).

The fact that only three modifications were made to the model and four to the supporting document after back-translation demonstrates that the translation process was effective and that the content maintained conceptual coherence. This result also reveals the relevance of the instructions provided to the translators, based on Brislin et al. (1973), which encourage the use of simple, objective, and culturally neutral language, fundamental characteristics for instruments intended for clinical practice.

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The translation of the model title was a relevant aspect, since adapting nomenclature is often challenging in clinical instruments, and nouns or verbs may be used. The choice to use equivalent nouns in European Portuguese reinforced the identity and applicability of the model in Portugal, being identical to the original version in the back-translation, which validates the quality of its translation. These principles are evident in the study by Chaves et al. (2019).

Globally, the translation and back-translation process followed internationally recommended methodological standards that have proven successful in several studies (Cruchinho et al., 2024; Lise et al., 2022; Prodrissimo et al., 2021), including those applied to person-centered care instruments (Carvajal-Valcárcel et al., 2024; Moreira et al., 2024), ensuring the conceptual and practical integrity of the instrument.

The European Portuguese version of *Check In, Affirm, Clarify, and Answer*. This tool could represent a relevant contribution to Rehabilitation Nursing, offering EEERs (Educational and Rehabilitation Specialists) an accessible, ethical, and person-centered model that can facilitate the approach to sexuality in clinical practice. This model could also provide a foundation for the development of person-centered health policies regarding sexuality.

The translation protocol, despite presenting a methodology proven in the literature, has limitations, notably regarding the direct influence of the translators' knowledge and experience. Therefore, the use of the model is considered to be limited, as it has not yet undergone validation.

CONCLUSION

The results obtained show a high similarity between the translated and back-translated versions and, consequently, with the original text, aligning with the literature on this type of study. The direct translation and back-translation protocol of *Check In, Affirm, Clarify, and Answer*. The tool has apparently proven effective, ensuring semantic, conceptual, cultural, and application equivalence with the original version. The high similarity between the translation and back-translation, as well as the minimal need for linguistic adjustments, confirms the methodological quality of the process followed.

The translation of the model constituted an important step in integrating the sexual dimension into the clinical practice of Rehabilitation Nursing in Portugal. As subsequent steps, the European Portuguese version should undergo content validation, reliability analysis, and a clinical applicability study, ensuring its safe and rigorous use in academic and professional contexts. Furthermore, it is suggested that complementary studies be conducted to validate the use of the model by other health professionals, since it is a transdisciplinary model.

Validating this instrument could strengthen nursing care in rehabilitation through communication techniques about sexuality that promote respect, empathy, and quality person-centered care.

AUTHORS' CONTRIBUTION

Conceptualization, F.T. and L.S.; data processing, F.T.; formal analysis, F.T.; research, F.T.; methodology, F.T. and L.S.; supervision, L.S.; validation, N.G., J.M., S.S., H.J. and L.S.; visualization, F.T.; writing – preparation of the original draft, F.T.; writing – revision and editing, F.T., N.G., J.M., S.S., H.J. and L.S.

CONFLICT OF INTERESTS

The authors declare no conflict of interests.

REFERENCES

- Akalin, A., & Ozkan, B. (2021). Sexual myths and attitudes regarding sexuality of nursing students: A mixed method study. *Perspectives in Psychiatric Care*, 57(3), 1497–1504. <https://doi.org/10.1111/ppc.12717>
- Åsberg, E., Giskeødegård, G., Karlsen, J., Kiserud, C., Aune, G., Nilsen, M., & Reidunsdatter, R. (2025). Sexual health in female and male cancer survivors – compared with age-matched cancer-free controls in Norway. *Acta Oncologica*, 64, 380–390. <https://doi.org/10.2340/1651-226X.2025.42451>
- Beaton, D. E., Bombardier, C., Guillemin, F., & Ferraz, M. B. (2000). Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine*, 25(24), 3186–3191. <https://doi.org/10.1097/00007632-200012150-00014>
- Blamey, G., Van Tassel, B., Sagermann, E., Stain, A. M., Waterhouse, L., & Iorio, A. (2022). Sexual issues in people with haemophilia: Awareness and strategies for overcoming communication barriers. *Haemophilia*, 28(1), 36–41. <https://doi.org/10.1111/hae.14447>
- Brislin, R., Lonner, W., & Thorndike, R. (1973). Cross-cultural research methods. *John Wiley & Sons*, 12(1), 7–10.

DOI: <https://doi.org/10.29352/mill0222e.44159>

<https://doi.org/10.1177/136346157501200101>

- Carroll, C., Trotter, K., Mcmillan-Bohler, J., & Thompson, J. (2022). Improving perinatal sexual health assessment: PLISSIT model implementation. *Women's Healthcare*, 10(6), 46–50. <https://shre.ink/AGMz>
- Carvajal-Valcárcel, A., Benitez, E., Lizarbe-Chocarro, M., Galán-Espinilla, M. J., Vázquez-Calatayud, M., Errasti-Ibarrondo, B., Choperena, A., McCormack, B., Tyagi, V., & La Rosa-Salas, V. (2024). Translation, cultural adaptation, and validation of the spanish version of Person-Centred Practice Inventory-Staff (PCPI-S). *Healthcare*, 12(23), 2485. <https://doi.org/10.3390/healthcare12232485>
- Carvalho, A., & Silva, J. (2021). Sexualidade das pessoas com deficiência física: Uma análise à luz da teoria das representações sociais. *Revista Brasileira de Educacao Especial*, 27(e0198), 529–544. <https://doi.org/10.1590/1980-54702021v27e0198>
- Centre for Sexuality. (n.d.). *Communication tips for parents*. <https://shre.ink/AGMC>
- Chaves, F., Cecilio, S., Reis, I., Pagano, A., & Torres, H. (2019). Translation and cross-cultural adaptation of the behavior change protocol for educational practices in diabetes mellitus. *Revista Latino-Americana de Enfermagem*, 27(e3164). <https://doi.org/10.1590/1518-8345.2908-3164>
- Cruchinho, P., López-Franco, M. D., Capelas, M. L., Almeida, S., Bennett, P. M., Miranda da Silva, M., Teixeira, G., Nunes, E., Lucas, P., & Gaspar, F. (2024). Translation, cross-cultural adaptation, and validation of measurement instruments: A practical guideline for novice researchers. *Journal of Multidisciplinary Healthcare*, 17, 2701–2728. <https://doi.org/10.2147/JMDH.S419714>
- De Souza, A., & Gagliotto, G. M. (2023). A construção histórica da Sexualidade: Porque ela ainda é um tabu? *Educere - Revista Da Educação da UNIPAR*, 23(2), 547–559. <https://doi.org/10.25110/educere.v23i2.2023-002>
- Gamsby, P. (2020). The common ground of open access and interdisciplinarity. *Publications*, 8(1). <https://doi.org/10.3390/publications8010001>
- Giles, M. L., Juando-Prats, C., McPherson, A., & Gesink, D. (2023). “But, You’re in a Wheelchair!”: A systematic review exploring the sexuality of youth with physical disabilities. *Sexuality and Disability*, 41(1), 141–171. <https://doi.org/10.1007/s11195-022-09769-5>
- Hassan, M. M., Elmordy, Z. R. A., & Emam, A. M. (2023). Effect of nursing counseling based on BETTER model on sexuality and marital satisfaction among infertile women. *Egyptian Journal of Health Care*, 14(3), 342–360. <https://doi.org/10.21608/ejhc.2023.316908>
- Ikedo, F., Castro, L., Fraguas, S., Rego, F., & Nunes, R. (2020). Cross-cultural adaptation and validation of the European Portuguese version of the heartland forgiveness scale. *Health and Quality of Life Outcomes*, 18(289). <https://doi.org/10.1186/s12955-020-01531-9>
- Júnior, C. J. dos S., & Costa, P. J. M. de S. (2024). Adaptação transcultural de instrumentos em Medicina e na área de Saúde do Trabalhador. *Medicina (Ribeirão Preto)*, 57(2). <https://doi.org/10.11606/issn.2176-7262.rmrp.2024.214564>
- Lise, F., Neves, J., & Schwartz, E. (2022). Adaptação transcultural e validação de instrumentos de avaliação da saúde na América Latina. In J. López, E. Schwartz, & F. Lise (Eds.), *Atenção à saúde das famílias latino-americanas: abordagens teóricas e práticas na educação* (pp. 154–169). Editora UFFS. <https://doi.org/10.7476/9786550190569.0012>
- Lourenço, H. (2023). Avaliação da saúde sexual. In C. Marques-Vieira & L. Sousa (Eds.), *Cuidados de Enfermagem de Reabilitação à Pessoa ao longo da vida* (1ª edição, pp. 203–211). Sabook Editores.
- Marques, E. (2023). Reeducação sexo-afetiva nas pessoas com limitação física. In C. Marques-Vieira & L. Sousa (Eds.), *Cuidados de Enfermagem de Reabilitação à Pessoa ao longo da vida* (1ª edição, pp. 281–285). Sabook Editores.
- McCance, T., & McCormack, B. (2025). The person-centred nursing framework: A mid-range theory for nursing practice. *Journal of Research in Nursing*, 30(1), 47–60. <https://doi.org/10.1177/17449871241281428>
- Moon, H. (2023). Nursing care for women with gynecologic cancer receiving radiotherapy: Current updates. *Korean Journal of Women Health Nursing*, 29(4), 257–262. <https://doi.org/10.4069/kjwhn.2023.12.11>
- Moreira, J., Domingues, L., Silva, M., & Caeiro, C. (2024). Cross-cultural Adaptation and validation of the Person-centered therapeutic relationship in physiotherapy scale to european portuguese. *Healthcare*, 12(2455). <https://doi.org/10.3390/healthcare12232455>
- Ordem dos Enfermeiros. (2019). Regulamento das competências específicas do Enfermeiro Especialista em Enfermagem de Reabilitação (Regulamento n.º 125/2011, alterado e republicado em 2019). *Diário da República*, 2.ª série, N.º 85. <https://shre.ink/AGM5>

Teixeira, F., Guerra, N., Marques, J., Severino, S., José, H., & Sousa, L. (2026). Translation into European Portuguese of the check-in, affirm, clarify, and answer tool for use in rehabilitation nursing. *Millenium - Journal of Education, Technologies and Health*, 2 (22e), e44159

DOI: <https://doi.org/10.29352/mill0222e.44159>

- Organização Mundial da Saúde. (1999). *Declaration of sexual rights*. 14th World Congress of Sexology. <https://shre.ink/AGMo>
- Organização Mundial da Saúde. (2002). *Defining sexual health: Report of a technical consultation on sexual health*. <https://shre.ink/AGMS>
- Organização Mundial da Saúde. (2004). *Classificação Internacional de Funcionalidade, Incapacidade e Saúde (CIF)* (Direcção-Geral da Saúde, Ed.). <https://shre.ink/AGMx>
- Paiva, M. J. (2022). História da sexualidade IV: As confissões da carne. *Teoria e Cultura*, 17(1), 213–217. <https://doi.org/10.34019/2318-101X.2022.v17.31702>
- Pinto, M., Martins, S., Mesquita, E., & Fernandes, L. (2021). European portuguese version of the clinical frailty scale: Translation, cultural adaptation and validation study. *Acta Médica Portuguesa*, 34(11), 749–760. <https://doi.org/10.20344/amp.14543>
- Prodrossimo, A. F., Dias, J. P. P., Iankilevich, L., & Souza, J. M. (2021). Validação, tradução e adaptação transcultural de instrumentos de pesquisa clínico-educacionais: Uma revisão integrativa. *Espaço Para a Saúde - Revista de Saúde Pública Do Paraná*, 22(e736), 1–11. <https://doi.org/10.22421/1517-7130/es.2021v22.e736>
- Registered Nurses' Association of Ontario. (2025). *People-centred care*. <https://rnao.ca/bpg/guidelines/people-centred-care>
- Rizzo, J. G. S., & Gonçalves, J. P. (2022). Sexualidade e surdez: Um diálogo a partir de Michel Foucault. *Research, Society and Development*, 11(1). <https://doi.org/10.33448/rsd-v11i1.21024>
- Smith, A. B., & Barton, D. L. (2020). Prevalence and severity of sexual dysfunction and sexual dissatisfaction in coronary artery disease: An integrative review. *Canadian Journal of Cardiovascular Nursing*, 30(2), 22–30. <https://shre.ink/AGM8>
- Teixeira, F., Frasquilho, A. R., Saraiva, D., Frasquilho, V., Rabiais, I., Tomás, J., Severino, S., & Sousa, L. (2025). Rehabilitation nursing interventions at the level of the sexuality function in disabled persons. Rapid review. *Rehabilitation and Sports Medicine*, 5(109), 109. <https://doi.org/10.56294/ri2025109>
- Teixeira, F., Guerra, N., Marques, J., Severino, S., & Sousa, L. (2026). From taboo to practice: Integrating sexual health in rehabilitation nursing. *South Health and Policy*, 5(415). <https://doi.org/10.56294/shp2025415>
- Toprak, F. Ü., & Turan, Z. (2021). The effect of sexual health courses on the level of nursing students' sexual/reproductive health knowledge and sexual myths beliefs in Turkey: A pretest-posttest control group design. *Perspectives in Psychiatric Care*, 57(2), 667–674. <https://doi.org/10.1111/ppc.12593>
- Wang, J., & Dong, Y. (2020). Measurement of text similarity: A survey. *Information*, 11(421). <https://doi.org/10.3390/info11090421>