Supplementary Table 1: Consolidated criteria for reporting qualitative research (COREQ)

No. Item	Guide questions/description	Answer
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	Survivor surveys: n/a (Qualtrics survey) Partner interviews: Erin Kennedy, MPH Provider interviews: Erin Kennedy, MPH
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	Kelly Shaffer: PhD, licensed clinical psychologist Erin Kennedy: MPH Jillian Glazer: BA Anita H. Clayton: MD, board certified in Psychiatry and Neurology Wendy Cohn: PhD, MEd Jennifer Barsky Reese: PhD, licensed clinical psychologist Trish Millard: MD, board certified in Internal Medicine, Hematology, Medical Oncology Karen Ingersoll: PhD, licensed clinical psychologist Lee Ritterband: PhD, licensed clinical psychologist Shayna Showalter: MD, board certified in Surgery-General
3. Occupation	What was their occupation at the time of the study?	Kelly Shaffer: Assistant Professor; Department of Psychiatry and Neurobehavioral Sciences, Center for Behavioral Health and Technology (Research) Erin Kennedy: Research Coordinator; Department of Public Health Sciences (Research) Jillian Glazer: Research Coordinator; Department of Psychiatry and Neurobehavioral Sciences, Center for Behavioral Health and Technology (Research) Anita H. Clayton: Professor, Department of Psychiatry and Neurobehavioral Sciences; and Professor, Clinical

		Obstetrics & Gynecology (Research, Clinical, Education, & Administration) Wendy Cohn: Associate Professor; Department of Public Health Sciences (Research, Administration) Jennifer Barsky Reese: Associate Professor; Cancer Control and Prevention (Research, Clinical) Trish Millard: Assistant Professor; Department of Medicine, Division of Hematology/Oncology, Breast Care Center (Research, Clinical) Karen S. Ingersoll: Professor, Department of Psychiatry and Neurobehavioral Sciences, Center for Behavioral Health and Technology (Research, Clinical) Lee Ritterband: Professor, Department of Psychiatry and Neurobehavioral Sciences, Center for Behavioral Health and Technology (Research) Shayna Showalter: Assistant Professor; Department of Surgery, Division of Surgical Oncology, Breas Care Center (Research, Clinical)
4. Gender	Was the researcher male or female?	The following researchers identify as female: Kelly Shaffer, Erin Kennedy, Jillian Glazer, Anita H. Clayton, Wendy Cohn, Jennifer Barsky Reese, Trish Millard, Karen Ingersoll Shayna Showalter The following researcher identifies as male: Lee Ritterband
5. Experience and training	What experience or training did the researcher have?	Kelly Shaffer: psycho-oncology, qualitative research methods Erin Kennedy: qualitative research methods; trained on the interview guides and had prior experience completing qualitative interviews Jillian Glazer: qualitative research methods Anita H. Clayton: women's mental health and sexual dysfunction

		Wendy Cohn: qualitative research methods Jennifer Barsky Reese: sexual health, psycho-oncology Trish Millard: medical breast oncology Karen Ingersoll: qualitative research methods Lee Ritterband: digital health, psycho-oncology Shayna Showalter: surgical breast oncology
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	Survivor surveys: Survivors were recruited from UVA Breast Care Center and includes women treated by Drs. Millard and Showalter; however, participation was double-blind: survivors were not made aware that Drs. Millard and Showalter were involved in the research, and the identities of survivors enrolling or refusing were not known to Drs. Millard or Showalter. Partner interviews: Partners were recruited among survivors receiving care at the UVA Breast Care Center and includes partners of women treated by Drs. Millard and Showalter; however, participation was double-blind: partners were not made aware that Drs. Millard and Showalter were involved in the research, and the identities of partners enrolling or refusing were not known to Drs. Millard or Showalter. Provider interviews: Providers were recruited among the medical, surgical, and radiation oncologists and nurse practitioners of the UVA Breast Care Center. They were aware that Dr. Showalter, a member of the Breast Care Center team who was not interviewed, was part of the study team. Dr. Millard, a member of the Breast Care Center team who was interviewed,

		joined the study team following data collection. They were aware that their comments would remain anonymized to all researchers with the exception of Dr. Shaffer and Ms. Kennedy, who had no formal relationships with the providers prior to the study.
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	Survivors: At recruitment and again at the start of their survey, survivors were informed that the study was assessing breast cancer survivors' experiences with sexual well-being following cancer, and that survivors did not need to be in a relationship to participate. Partners: At recruitment, partners were informed that the study was assessing the experiences with sexual well-being of romantic partners of breast cancer survivors. At the beginning of the interviews, partners were reminded the study was to learn about their unique experiences as the partner of someone who has been treated for breast cancer and their perceptions of your sexual relationship following your partner's cancer. Providers: The study was presented to the Breast Care Center clinical staff as a triadic study to assess survivors', partners', and providers' perceptions of women's sexual well-being following breast cancer.
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	The interviewer (Kennedy) was selected based on her experience in qualitative interviewing, expertise in cancer control and population health research, and comfort with addressing the topic of sexual health.
Domain 2: study design		
Theoretical framework		

9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Interpretive description methodological approach with thematic content analysis methods
Participant selection		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	Survivors: Convenience sample of survivors who met eligibility criteria and attended an appointment at the Breast Care Center during the period of recruitment. Partners: Convenience sample of partners of survivors who attended an appointment at the Breast Care Center during the period of recruitment and indicated their partners may be willing to participate. Providers: Convenience sample of providers at the Breast Care Center.
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	Survivors: Survivors who were identified as meeting eligibility criteria per prior medical record review by the study team were approached by a Breast Care Center LPN at rooming, informed about the study, and provided study information. Interested survivors completed a tear-off card with their own, and if applicable, their partner's contact information. Survivors were then emailed a Qualtrics link to complete the survey by the study team. Partners: Partners who attended appointments with a survivor at the Breast Care Center were approached by a Breast Care Center LPN and informed about the study and provided study information. Interested partners completed a tear-off card with their own information. Survivors also could provide their partner's information if they believed the partner

		would be interested. Partners were then contacted by phone and email by the study team to schedule a phone interview. Partners' significant other (i.e., the breast cancer survivor) did not need to enroll in order for the partner to participate. Providers: The study team presented the study to the Breast Care Center providers at a clinical team meeting. Individual providers were contacted after the presentation to determine willingness to participate and to schedule an interview.
12. Sample size	How many participants were in the study?	Survivors: 29 Partners: 12 Providers: 8
13. Non-participation	How many people refused to participate or dropped out? Reasons?	Survivors: 146 survivors were identified as eligible per medical record review of women scheduled for a Breast Care Center surgical follow-up or survivorship appointment; 32 were not approached due to appointment cancellation/no-show (22%), 1 actively declined to participate (1%), 71 attended an appointment but did not complete a recruitment card for unknown reason (possibly including passive refusal, not approached, etc.; 49%), and 43 expressed interest by completing a recruitment card (29%). Of those expressing interest, 36 completed an online survey (84% of interested; 31% of total eligible survivors attending an appointment during the recruitment period). Of these, 29 were married/in a relationship and therefore completed items analyzed in the present study. Partners: Contact information was received for 16 partners; 1 declined upon contact (6%), 3 were unable

		to be reached (19%), and 12 completed an interview (75%). Providers: All 8 providers emailed to determine willingness to participate completed an interview (100%).
Setting		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	Survivors: Online surveys completed at survivors' convenience. Partners: Individual interviews conducted by phone. Providers: In-person individual interviews conducted in the providers' offices.
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	Survivors: It is unknown whether survivors completed online surveys in the presence of others. Partners: Individual phone interviews were conducted with only the partner and interviewer (Kennedy) on the call. Providers: In-person individual interviews were conducted with only the provider and interviewer (Kennedy) present in a private office.
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	Surveys and interviews were completed between October 2019 and April 2020. Demographic data for survivors and partners, and role information about healthcare providers, are listed in the first paragraph of the Results section
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Complete survivor survey, partner interview guide, and provider interview guide are archived at: http://bit.ly/BrCaQual. Interview guides were collaboratively developed and reviewed by Shaffer,

		Kennedy, Clayton, Cohn, and Showalter, but guides were not pilot tested.
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	No repeat surveys or interviews were conducted.
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Survivor surveys were recorded in Qualtrics Highly Sensitive Data. Partner and provider interviews were audiorecorded.
20. Field notes	Were field notes made during and/or after the interview or focus group?	The interviewer kept field notes while completing partner and provider interviews.
21. Duration	What was the duration of the interviews or focus group?	Survivor: Survivor survey duration for the complete study surveys ranged from 5 to 140 minutes, averaging 30 minutes. Survivors completed surveys 1 time, when survivors were between 6 months to 5 years post-treatment for breast cancer (average approximately 2 years post-treatment, range = 6 – 60 months). Partner: Duration of interviews ranged from 20 to 80 minutes, averaging 30 minutes. Partners completed interviews 1 time – there was no restriction on time since treatment for their partner (the survivor; on average approximately 2 years post-treatment, range = 9 – 60 months). Provider: Duration of interviews ranged from 10 to 25 minutes, averaging 15 minutes.
22. Data saturation	Was data saturation discussed?	Survivor: N/A – survivors completed open-ended survey responses. Partner: Partner sample was recruited to reach thematic saturation for themes generated across the full interview guide. Provider: N/A – sample of providers from the target clinic was a convenience sample.

23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	Each interview was separately coded by 2 of the 3 coders of Shaffer, Kennedy, and Glazer; all coded interviews were reviewed together by the 3 coders for consensus.
25. Description of the coding tree	Did authors provide a description of the coding tree?	Survivors: N/A – frequencies of select items. Partners: See Table 2 for description of partner data. Providers: See Table 3 for themes and representative quotes. See Figure 1 for coding tree as part of the broader concept map.
26. Derivation of themes	Were themes identified in advance or derived from the data?	Themes were derived from the partner and provider data.
27. Software	What software, if applicable, was used to manage the data?	Survivor survey data was exported from Qualtrics and coded by hand in Excel. Partner and provider interviews were transcribed using Trint, then transcripts were manually reviewed and imported into, and coded within, Dedoose.
28. Participant checking	Did participants provide feedback on the findings?	No
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	Exemplary partner quotes are included in-text and in Table 2. Exemplary provider quotes are included in-text and in Table 3. Provider quotes are not identified, given the relatively small number of participating physicians from a single clinic means anonymity would be compromised.

30. Data and findings consistent	Was there consistency between the data presented and the findings?	We aim to discuss data representatively in our Results and Discussion sections.
31. Clarity of major themes	Were major themes clearly presented in the findings?	We aim to discuss data comprehensively in our Results and Discussion sections.
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	We discuss discrepant findings in our Results and Discussion sections.