




# Assessing Sexual Health: A Comprehensive Scoping Review of Measurement Questionnaires

Zoleikha Arabkari<sup>1</sup>, Fardin Alipour<sup>2\*</sup> , Masoud Fallahi-Khoshknab<sup>3</sup>, Effat Merghati-Khoei<sup>4</sup>, Mercedeh Samiei<sup>5</sup>, Yadollah Abolfathi Momtaz<sup>6</sup>

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## Abstract

**Background:** The concept of sexual health is used in health promotion, because sexual health is one of the important pillars of human health. Neglecting this aspect of health and its evaluation and measurement can affect the quality of sexual life and cause people to face challenges in their lives. This research aimed to review the range of questionnaires on sexual health and the concepts and dimensions they cover.

**Methods:** A systematic scoping review based on the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines from January 1, 2000, to January 31, 2023, was performed in 5 databases—including Scopus, Web of Science, PubMed, ProQuest, and Google Scholar—with the keywords extracted from MeSH. This study is a type of scoping review conducted within the framework of Arksey and O'Malley's 5-step process.

**Results:** From a total of 1783 manuscripts found, 65 articles met the inclusion criteria. Having reviewed the questionnaires, 2 types of indicators—(1) nonspecific indicators for sexual health and (2) special indicators of sexual health based on 3 physical (sexual performance, sexual dysfunction, and sexual activity), psychological (sexual satisfaction, intimate relationships, and sexual compatibility), and social (interpersonal relationships and sexual well-being) dimensions—were obtained.

**Conclusion:** Despite the wide range of definitions and indicators used, a set of key indicators is apparent based on the results of this scoping review. These include knowledge and application of pregnancy prevention techniques, HIV/AIDS and sexually transmitted infection prevention, sexual decision-making participation, sexual negotiation power, sexual communication skills, and sexual experiences and their impact on the quality of sexual life. This set of indicators can be systematically completed in each study based on the concept of promoting sexual health, however, additional indicators, take into account the sociocultural determinants of each society with sexual values and norms of the same cultural background.

**Keywords:** Sexual Health, Questionnaire, Scoping Review

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## Introduction

Health has a wide concept and its definition is influenced by the level of understanding and perception of

societies and various geographical and cultural situations, besides the fact that health is a dynamic process and its

**Corresponding author:** Dr Fardin Alipour, [barbodlipour@gmail.com](mailto:barbodlipour@gmail.com)

<sup>1</sup> Department of Social Work, School of Social Health, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

<sup>2</sup> Department of Social Work, Social Welfare Management Research Center, School of Social Health, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

<sup>3</sup> Department of Nursing, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

<sup>4</sup> Department of Family Health, Tehran University of Medical Sciences, Tehran, Iran

<sup>5</sup> Department of Psychiatry, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

<sup>6</sup> Department of Aging, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

### ↑What is “already known” in this topic:

There are diverse and different questionnaires to measure sexual health. By applying these questionnaires, interventional and preventive measures can be adopted.

### →What this article adds:

The findings of this article demonstrated that the available questionnaires assess different dimensions of sexual health. The available questionnaires focus on sexual self-efficacy, empowering individuals to improve the quality of sexual life, and the couple's sexual relationship. The designed questionnaires are in accordance with the cultural context of the same society. Ultimately, one can notice the lack of questionnaires for caregivers, sexual partners, or spouses of individuals with certain diseases or healthy people.

concept will change in the process of time. One of the dimensions that the World Health Organization (WHO) recently paid attention to is the sexual aspect of health (1). Sexual health and well-being are the main core of overall health and well-being, and maintaining and improving them lead to obtaining the highest standards of physical and mental health, as well as achieving overall health (2, 3). On the other hand, the lack of attention to sexual health and physical diseases affects people's quality of life. Research results indicate that 40% to 75% of patients with multiple sclerosis (MS) in the age group of 20 to 40 years have sexual disorder, which affects their quality of life (4) or breast cancer is the cause of sexual dysfunction. Breast surgery affects the body image, self-esteem, and sexual activity of patients (5). Disorders in the pelvic floor, such as urinary incontinence (UI) and pelvic organ prolapse, have an adverse effect on sexual function and quality of life. UI is associated with low libido, vaginal dryness, and dyspareunia, and many women avoid sexual intercourse due to fear or shame of incontinence during intercourse (6).

In the adolescent age group, another study suggests that about 20% of unwanted pregnancies in Asia, and about 50% in Latin America, the Caribbean, and Africa end in unsafe abortion (7), which have a negative impact on the health of adolescents. Erectile disorder also increases in men with age increase, and the understanding of menopause and treatment in women can affect the quality of sexual health and sexual partner satisfaction (8).

Given that the concept of sexual health is relative and abstract and is influenced by the cultural-social context and structure, considering the increase in social harms and the relationship between sexual health and public health and its impact on other dimensions of health, it is necessary to provide a basis for improving satisfaction with marital life, quality of sexual life, sexual compatibility, sexual pleasure, and sexual well-being by designing a questionnaire. Planning sexual health education requires planning, designing, and evaluating intervention programs for prevention, examining the efficacy of programs, reducing social harm, preventing high-risk sexual behaviors like STDs and infections, unsafe abortion, early pregnancy, and delaying the first sexual encounter, and providing the foundation for sustaining and advancing the sexual health of individuals of all ages as well as for effective participation and presence in society to be on the path of individual and community development.

This study aimed to review the range of questionnaires in the field of sexual health and to respond to the research questions as to what sexual health questionnaires are available and what concepts and dimensions they cover.

## Methods

This study is a kind of scoping review carried out in accordance with Arksey and O'Malley's five-phase process, which consists of the following stages: designing the research question; finding and selecting pertinent studies; documenting and gathering data; and concluding, summarizing, and reporting the results.

## Research Question Design

This study aimed to review all available sexual health questionnaires to assess the sexual health level of people. The questions are as follows: What sexual health questionnaires are available? What concepts and dimensions do these questionnaires cover?

## Identification of Relevant Studies

MeSH in the PubMed database, publications, and the use of dictionaries—which served as a foundation for other databases—were used to define the search strategy's keywords.

The following keywords were used independently to find relevant English articles:

sexual health questionnaires, sexuality questionnaires, sexual pleasure questionnaires, sexual behavior questionnaires, sexual function questionnaires, sexual dysfunction questionnaires, sexual activity questionnaires, sexual consciousness questionnaires, sexual motivation questionnaires, sexual satisfaction questionnaires, sexual esteem questionnaires, sexual assertiveness questionnaires, sexual arousal questionnaires, sexual adjustment questionnaires, sexual depression questionnaires, sexual harassment questionnaires, sexual coercion questionnaires, sexual trauma questionnaires, sexual violence questionnaires, sexual self-perception questionnaires, and using search operators such as AND, OR, NOT in the Scopus, Web of Science, PubMed, and ProQuest databases between January 1, 2000, and January 31, 2023. Every extracted article was loaded into the Endnote program. Articles were manually searched by consulting the sources of a few chosen articles. The selection of pertinent papers was done by examining the abstract and title of the manuscripts.

## Selection of Relevant Studies

After entering the searched articles based on the inclusion criteria of the Endnote software and removing duplicates, the titles and abstracts were screened. In the next step, the full texts of the manuscripts were studied and after the selection process, the primary articles were included in the scoping review study. The data of the articles were extracted using a researcher-made form for summarization. The inclusion and exclusion criteria are summarized in Table 1. The qualified articles were selected from a total of 1783 articles that were found by searching databases ( $n = 1752$ ) and by hand ( $n = 31$  articles). A total of 653 manuscripts were eliminated because they were duplicates, 775 articles were evaluated for eligibility, and 65 articles were chosen after reading their full texts and considering the inclusion and exclusion criteria. This review was conducted and reported using the PRISMA guidelines (9) (Figure 1).

## Data Registration and Collection

Following the selection of articles that met the inclusion criteria, a data extraction form was created, wherein the names of the authors, the publication date, the title, the research population, the validity and reliability of the questionnaires, the type of questionnaires, the psychometric characteristics, the country, the study method, and the

Table 1. Inclusion and Exclusion Criteria

Inclusion	Exclusion
Studies related to questionnaire development, translation, psychometrics	NA <sup>1</sup>
Terms related to sexual health	NA
Questionnaire	tool, checklist, instrument, or scale,...
Published texts in English	Non-English articles
Published in a reputable and accessible journal	Published in a disreputable journal
Publish between January 1, 2000, and January 31, 2023	Not before January 1, 2000
Access to the full-text	Lack of access to the full text

<sup>1</sup>. Not applicable

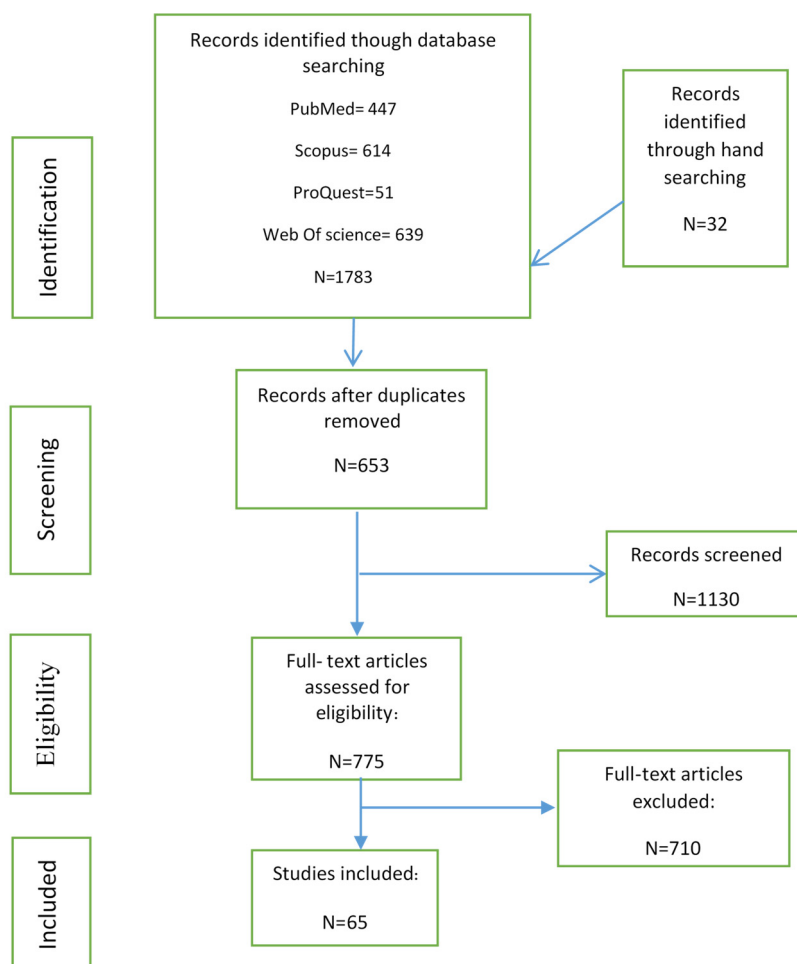


Figure 1. PRISMA flow diagram of literature review

results were documented.

The most important findings are shown in Table 2.

## Results

From a total of 1783 articles obtained through searching databases ( $n = 1752$ ) and manually ( $n = 31$  articles), 653 manuscripts were removed due to duplication, 775 articles were assessed for eligibility, and finally, 65 articles were selected based on the inclusion and exclusion criteria and after reading their full text. The following text presents the results obtained from the review of studies according to the research question. The questionnaires under review were either designed for the first time, or being analyzed psychometrically, or they were a translation and adaptation of the built questionnaires. However, the final questionnaires in Table 1 can be classified based on the dimensions suggested by the WHO for sexual health, such as

physical, psychological, and social dimensions. First, the general features of the questionnaires are reviewed and then the details of the categories are discussed.

### General Characteristics of Questionnaires

A questionnaire designed to examine the perceived effects of MS symptoms on sexual activity, its satisfaction, and the quality of intimate relationships was included in the study under review. The first questionnaires, as indicated in Table 2, were related to the year 2000 and measured the primary aspects of women's sexuality, which change under the influence of hormonal changes (10, 11). The questionnaires were designed in the United States, England, Canada, Denmark, Japan, Turkey, Spain, Norway, France, Iran, Brazil, Ukraine, Croatia, Italy, China, Poland, Israel, Netherlands, Portugal, Nepal, Spain,

Table 2. Reviewed studies of the questionnaire of sexual health

No.	Author/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	Scale Format
1.	Audrey Sorgen Sanders 2000 United States	The Multiple Sclerosis Intimacy and Sexuality Questionnaire-19 (MSISQ-19)	Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ)	Developing a valid and reliable self-report questionnaire to evaluate the perceived effects of MS symptoms on sexual activity and satisfaction and on the overall quality of intimate relationships.	People with MS	Marital satisfaction, especially satisfaction with emotional communication, problem-solving communication, and sexual dissatisfaction, neurological disorder and level of disability in MS, 3. psychological disturbance and well-being and 4. general sexual dysfunction in MS.	Item: 19 Scale: Likert Scoring: 1-6 Response Time:-
2.	Norma L. McCoy 2000 United States	The McCoy Female Sexuality Questionnaire	The McCoy Female Sexuality Questionnaire	Designing a questionnaire to measure the main aspects of women's sexuality, and especially those aspects of women's sexuality that are likely to be affected by changes in sex hormone levels.	women	Sexual interests, Frequency of satisfaction with sexual activity Vaginal psychoanalysis Orgasm of Sexual partner	Item: 19 Scale: Likert Scoring: 7 Response Time:-
3.	Margaret Chamberlain Wilmoth 2001 United States	Development and psychometric testing of the Wilmoth sexual behaviors questionnaire- female (WSBQ-F)	sexual behaviors questionnaire- female (WSBQ-F)	To develop and test the Wilmoth sexual behaviors questionnaire- female	Women Healthy and breast cancer	8 subscales Communication, techniques, sexual response, body scare, self-touch, relationship quality and masturbation	Item: 49 Scale: Likert Scoring: 7 Response Time: 20
4.	Jean M.B. Woodward 2002 United States	Reliability and validity of the sexual life quality questionnaire (SLQQ)	sexual life quality questionnaire (SLQQ)	assessment of the quality of sexual life and satisfaction with erectile dysfunction treatments among patients and their sexual partners	Men and women	10 items examine the dimensions of the quality of sexual life and 6 items of satisfaction with treatment.	Item: 10 Scale: Likert Scoring: Response Time:-
5.	Frances H Quirk 2002 United States	Development of a Sexual Function Questionnaire for Clinical Trials of Female Sexual Dysfunction	Sexual Function Questionnaire(SFQ)	Assessment of female sexual function	Women	seven domains of female sexual function: desire, physical arousal-sensation, physical arousal-lubrication, enjoyment, orgasm, pain, and partner relationship	Item: 31 Scale: Likert Scoring: Response Time:-

Greece, and Sweden. According to the research conducted for these studies, the European continent is the subject of the largest and most varied questionnaires, followed by Asia and the Americas.

The number of items in each of the questionnaires in Table 1 varies from 7 (12) to 100 (13) items. Several questionnaires have been created for different age groups, including adolescence (14, 15), adult (16-22), and old age (23, 24). Additionally, certain questionnaires have been developed to assess the sexual health of individuals who have heart disease (29), uterine prolapse condition (30-35), spinal cord injury (27), schizophrenia (12, 28), cancer (5, 22, 25, 26), MS (10), and spinal cord injury. Men (23, 33), women (11, 36, 37), both sexes (38), gay people (39), health professionals like nursing students (17, 21), rehabilitation specialists (20), health science experts (16), and menopausal women (40) have all had questionnaires created for them.

The domains examined in the questionnaires are different according to the age group and target groups. In general, all the questionnaires entered in Table 1 reviewed 3 dimensions of sexual health, that is, physical (10, 14, 16, 18, 23, 25), psychological (4, 12, 26-28), and social dimensions (29, 30). In addition, the level of understanding, knowledge (level of sexual health awareness, sources of information) (15), attitude and self-efficacy (feeling of

comfort, fear of the negative impact of relationships on the future of patients) (19, 20) of the individuals were also taken into consideration.

The questionnaire's items were scored based on the Likert scale. When the questionnaires are examined more closely, it becomes clear that some were created and tested psychometrically for the first time (10, 11, 14, 18, 19, 23, 26, 36, 40), some were translated and culturally appropriate (17, 20, 41, 43-46), and some were examined for validity and reliability (16, 21, 31, 33, 47, 48). Answering the questionnaires took an average of 24 minutes.

### 1. Physical Dimension (Sexual Function, Sexual Dysfunction, and Sexual Activity)

In the physical dimension, sexual health conveys the absence of disease and the proper functioning of the reproductive system in all members of society.

Norma L. McCoy et al (2000) designed a questionnaire in the United States to measure the main aspects of women's sexuality, especially those that are probably affected by changes in the levels of sex hormones. This 19-item questionnaire with a 4-dimensional Likert scale examines sexual interests, satisfaction with sexual activity, vaginal psychoanalysis, and orgasm. The results of the research suggested that it has good reliability, face validity, content and structure, and good internal consistency (11). In 2005

Table 2. Continued

No.	Author/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	Scale Format
6.	JC Cappelleri 2004 United States	Development and validation of the Self-Esteem And Relationship (SEAR) questionnaire in erectile dysfunction	Self-Esteem And Relationship (SEAR)	Assessment of men's erectile dysfunction	Men	8 items of relationship, 6item's of self-confidence, 4item's self-esteem, 2item's general relationship	Item:14 Scale: Likert Scoring:1-5 Response Time:
7.	Raymond C.Rosen 2004 United States	Male Sexual Health Questionnaire (MSHQ): Scale development and psychometric validation	Male Sexual Health Questionnaire (MSHQ)	Validity of a new questionnaire and self-efficacy to assess the main dimensions of sexual performance and satisfaction in elderly men with genital health concerns	Elderly men	Erection, ejaculation, orgasm and pain in men as well as emotional, sexual and relationship satisfaction	Item:25 Scale: Likert Scoring: Response Time:
8.	Alessandra H. Rellini 2004 Italian	Validation of the McCoy Female Sexuality Questionnaire in an Italian Sample	McCoy Female Sexuality Questionnaire (MFSQ)	Translation and validation of the original questionnaire	Women 18-65 year	Sexual interests, satisfaction with frequent sexual activity, vaginal lubrication, sex with a sexual partner	Item:75 Scale: Likert Scoring:7 Response Time:
9.	Nina Nemëiæ 2005 Croatia	Development and Validation of Questionnaire Measuring Attitudes towards Sexual Health among University Students	Attitudes towards Sexual Health among University Students	developing a questionnaire to investigate the attitude of medical and non-medical students towards sexual health	Women and men medical and non-medical student	Personal sexual health care, principles of sexual behavior, safe sexual behavior	Item:50 Scale: Likert Scoring:1-5 Response Time:
10.	Daryl B. O'Connor 2008 England	Assessment of Sexual Health in Aging Men in Europe: Development and Validation of the European Male Ageing Study Sexual Function Questionnaire	European Male Ageing Study Sexual Function Questionnaire )EMAS-SFQ(	evaluation of the sexual performance of elderly men	Elderly men	4 dimention: overall sexual performance, masturbation, distress of sexual performance and change in sexual performance	Item:20 Scale: Likert Scoring: Response Time:
11.	Ingviid Vistad 2007 Norwegian	The Sexual Activity Questionnaire: Psychometric Properties and Normative Data in a Norwegian Population Sample	Sexual Activity Questionnaire (SAQ)	To assess female sexuality in Norway, and is wanted to examine the psychometrics of the SAQ, reasons for sexual inactivity, and scorings on the SAQ function scale (SAQ-F)	women aged 20-69 years	habit, pleasure, and discomfort from sexual intercourse	Item: 10 Scale: Likert Scoring:4 Response Time:-

in Italy, Alessandra H. Rellini translated McKay's questionnaire and checked its validity. He reviewed sexual interests, satisfaction with frequent sexual activity, and sexual relationship with a sexual partner. This questionnaire was implemented on 240 Italian women aged 18 to 65 years. It has good reliability, with a Cronbach's alpha of 0.88 and 0.75. The results show a difference in the factor structure between the Italian version and the original version of the MFSQ questionnaire (31).

Frances et al (2002) designed a questionnaire to evaluate women's sexual performance. In this 31-item questionnaire with a Likert scale, 7 dimensions of sexual performance of women aged 19 to 65 years were investigated through factor analysis in 7 dimensions of desire, physical and emotional arousal, physical-psychoanalytical arousal, pleasure, orgasm, pain, and sexual partner relationship. The internal consistency of the domains was from 65% to 91% and the test and retest reliability was from 21% to 71%. This questionnaire showed a significant difference between sick and healthy people (32). The validity of the questionnaire has been investigated in several countries. For instance, in 2006, Afsane Khademi et al investigated

the validity and reliability of this questionnaire in Iran (33). In 2014, in India, Kodakandla Krishna et al investigated the validity of the questionnaire on women's sexual performance, which showed the cutoff point was 87%, the sensitivity 91.7%, and the specificity 86.4% (34).

Montserrat Espuña Pons (2009) designed a questionnaire to measure women's uterine prolapse disorder on women's sexual performance and activity. In this questionnaire, 3 dimensions of urinary function, anorectal function, and anatomical defects are examined. It is essential to the diagnosis and management of dysfunction in women. However, sexual activity is not screened by it, and a criterion is required to quantify it (35).

In 2011 in the United States, the validity of the uterine prolapse questionnaire was also investigated and a 12-item questionnaire was designed. This questionnaire examines 3 emotional, behavioral, and physical dimensions as factors associated with the partner (36). In 2012 in Israel, the validity of the pelvic prolapse questionnaire and sexual function were reviewed. pelvic prolapse, severe pelvic pain, and urinary incontinence are investigated in this 54-item questionnaire (37). The 12-item Turkish version of

Table 2. Continued

No.	Author/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	Scale Format
12	Raymond C. Rosen 2007 United States	Development and Validation of Four-Item Version of Male Sexual Health Questionnaire to Assess Ejaculatory Dysfunction	Male Sexual Health Questionnaire (MSHQ)	TO assess ejaculatory dysfunction	Men	Erection, ejaculation, and sexual satisfaction	Item: 25 Scale: Likert Scoring:4 Response Time:-
13.	Montserrat España Pons 2009	Sexual health in women with pelvic floor disorders: measuring the sexual activity and function with questionnaires—a summary	sexual function questionnaire	to assess sexual function in women with urinary incontinence and/or pelvic organ prolapse	Women	female sexual function: urinary function, anorectal function, and anatomical defects	Item: - Scale: Likert Scoring: Response Time:-
14.	Sonia L. Davison 2008 England	Assessing Sexual Function in Well Women: Validity and Reliability of the Monash Women's Health Program Female Sexual Satisfaction Questionnaire	Monash Women's Health Program Female Sexual Satisfaction Questionnaire	assessment the quality and nature of recent sexual experience	Women 20-65	Sexual acceptance, ease of arousal, vaginal lubrication, amount of pleasure associated with sexual experience, and satisfaction with sexual experience, ease of reaching orgasm	Item:12 Scale: Likert Scoring: 1-9 Response Time:
15.	Marja-Leena Kristoferzon 2010 Swedish	Evaluation of a Swedish Version of the Watts Sexual Function Questionnaire (WSFQ) in Persons with Heart Disease: A Pilot Study	Watts Sexual Function Questionnaire (WSFQ)	To evaluate the validity and reliability of a Swedish version of the Watts Sexual Function Questionnaire (WSFQ) among persons with a heart disease	Persons with Heart Disease	four subscales: sexual desire (6 questions), orgasm (4 questions), arousal (4 questions), and satisfaction (3 questions)	Item: 17 Scale: Likert Scoring:5 Response Time:-
16.	Brent A 2011 United States	Validation of web-based administration of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ-12)	Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ-12)	To assess women who have Pelvic Medicine	Women with Pelvic Medicine	Three domains including behavioral emotive, physical, and partner-related factors.	Item: 12 Scale: Likert Scoring: Response Time:-
17.	Tara Symonds 2011 United States	Sexual Function Questionnaire: Further Refinement and Validation	Sexual Function Questionnaire (SFQ)	To validate the SFQ28 in female sexual arousal disorder (FSAD) and hypoactive sexual desire disorder (HSDD) populations and to develop a screening cut-score for the arousal-cognitive domain	women with a primary diagnosis of HSDD and FSAD	Arousal-cognitive domain	Item: 28 Scale: Likert Scoring: Response Time:-
18.	R. Infrasca 2011 Italy	Sexual Dysfunction Questionnaire: scale development and psychometric validation	Sexual Dysfunction Questionnaire (SDQ)	To address most of the common sexual problems in psychiatric patients	associated personality traits in psychiatric patients (men and women)	Four psychodynamic factors: attachment, autonomy, sexual identity, and self-esteem	Item: 17 Scale: Likert Scoring:5 Response Time:-

glans prolapse or urinary incontinence was also investigated by Dilek Bilgic Celik (2013).

It addresses 3 emotional-behavioral, physical, and partner-related dimensions (38). In 2015, El-Azab investigated the validity of the Arabic version of a 20-item questionnaire. First, the questionnaire was translated and then its validity and reliability were checked. It was divided into 2 large parts. The first part corresponds to women who are not sexually active and includes 4 dimensions related to partner, specific conditions, general quality, and the effect of conditions factors; the second part is relevant to women who are sexually active and includes 6 subscales of arousal or orgasm, partner-related topics, issues of specific conditions, general quality, and effect of conditions and desires (39). The validity of the 12-item Dutch version of the pelvic prolapse questionnaire with 3 emotional, behavioral, and physical factors related to the partner dimensions was carried out by Hoen in 2015 (40). The

Iranian version of this questionnaire was also conducted by Momeni Movahed (6).

A questionnaire was designed by Marja-Leena Kristoferzon (2010) in Sweden to investigate the sexual performance of cardiac patients. It aimed to address the validity and reliability of the Swedish version of the Watts Sexual Function Questionnaire (WSFQ) among patients with heart problems in 4 subscales of libido, orgasm, arousal, and satisfaction. A total of 79 cardiac patients (47 men and 32 women) completed the questionnaire. The Cronbach's alpha was between 0.48 and 0.86 (41). In Brazil, Monica Sarto Piccolo (2012) translated the questionnaire on the sexuality of burn victims and then investigated its validity and reliability. This 24-item questionnaire with a Likert scale of body image and social comfort was designed for women and men who were burn survivors to check the quality of their sexual lives. Content, form, and construct validity were reviewed and the overall

Table 2. Continued

No.	Author/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	scale Format
19.	Tsutomu Kikuchi 2011 Japan	Reliability and validity of a new sexual function questionnaire (Nagoya Sexual Function Questionnaire) for schizophrenic patients taking antipsychotics	Nagoya Sexual Function Questionnaire [NSFQ]	to validate a new user-friendly sexual function questionnaire (Nagoya Sexual Function Questionnaire [NSFQ]) for schizophrenic patients taking antipsychotics	Men and women	Six items for men (gynecomastia, increased or diminished sexual desire, and erectile, ejaculatory, or orgasmic dysfunction) and seven for women (menorrhagia, amenorrhoea, galactorrhea, increased or diminished sexual desire, orgasmic dysfunction, and vaginal dryness)	Item:72 Scale: Likert Scoring:5 Response Time:-
20.	Peng Tao 2012 China	The effects of translating the Multidimensional Sexuality Questionnaire from English to Mandarin: a test of reliability and validity	Multidimensional Sexuality Questionnaire (M-MSQ)	To translate four subscales derived from the MSQ into Mandarin and to undertake an analysis on the psychometric properties of the questionnaire	Individual with MS Brent A	12 subscale Sexual esteem, Sexual preoccupation, Internal sexual control, Sexual consciousness, Sexual motivation, Sexual anxiety, Sexual assertiveness, Depression, External sexual control, Sexual monitoring, Fear of sex, Sexual satisfaction	Item: 17 Scale: Likert Scoring:4 Response Time:-
21.	Slawomir Slaski 2012 Polish	Psychometric Validation of the Sexual Function Questionnaire in Poland	Sexual Function Questionnaire	To diagnosing sexual dysfunctions in women	Women	questions divided into two sections: Sexual Activity (intercourse, caressing, foreplay, masturbation and oral sex) and Sexual Life (physical sexual activity as well as the emotional-sexual relationship with the partner) / seven domains: desire, enjoyment, orgasm, arousal-sensation, arousal-lubrication, pain and partner relationship	Item: 34 Scale: Likert Scoring: Response Time:-
22.	Lior Lowenstein Israel 2012	Validation of Hebrew Versions of the Pelvic Floor Distress Inventory, Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire, and the Urgency, Severity and Impact Questionnaire	Prolapse/Urinary Incontinence Sexual Function Questionnaire	To validate a Hebrew version of the validated questionnaires commonly used in the field of urogynecology	pelvic floor disorder people	urinary incontinence pelvic organ prolapse chronic pelvic pain and fecal incontinence	Item: 54 Scale: Likert Scoring: Response Time:-
23.	Monica Sarto Piccolo 2012 Brazil	Burn Sexuality Questionnaire: Brazilian translation, validation and cultural adaptation	Burn Sexuality Questionnaire (BSQ)	To assesses sexuality in the context of quality of life of burn victims	General population	Body Image and Social Comfort	Item: 24 Scale: Likert Scoring: Response Time:-
24.	Sofia Jawed-Wessel 2013 United States	The Sexual Function Questionnaire's Medical Impact Scale (SFQ-MIS): Validation Among a Sample of First-time Mothers	Sexual Function Questionnaire's Medical Impact Scale (SFQ-MIS)	To explore the utility of the Sexual Function Questionnaire Medical Impact Scale (SFQ-MIS) in assessing impact of childbirth on sexual function among first-time mothers with infants aged one year or younger	Women	Arousal, desire, and orgasm	Item: 5 Scale: Likert Scoring:0-4 Response Time:-

Cronbach's alpha was 0.87. The Pearson correlation was significant. There was a significant correlation between dimensions of social comfort, body image, ability to perform simple tasks, work, and treatment (42).

Foley et al (2013) shortened the 19-item questionnaire (MSISQ-19) to 15 items. This questionnaire with the Likert scale has 3 primary, secondary, and tertiary dimensions. A total of 6300 MS patients completed the

MSISQ-19 questionnaire. It was shortened to 15 items and applied to men and women. The secondary subscale had the highest correlation with disability, and the tertiary subscale had the highest correlation with psychological distress. The Cronbach's alpha indicated good reliability with the overall scale (0.92) and subscales (primary, 0.87; secondary, 0.82; third, 0.91) with a 95% confidence interval of 0.92, which indicated high internal consistency

Table 2. Continued

No.	Author/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	Scale Format
25.	Lisa Smylie 2013 Canada	The Development and Validation of Sexual Health Indicators of Canadians Aged 16–24 Years	Sexual Health Indicators of Canadians Aged 16–24 Years	Development and validation of a set of multidimensional sexual health self-efficacy questionnaire among Canadians aged 16-24 years	1158 Canadians participation in the age of 16-24	5 dimensions of sexual health: 1. Social, physical, emotional and psychological well-being related to sexuality. 2. approach to sexuality, 3. sexual relations, 4. sexual experiences, 5. and discrimination, coercion and violence	Item:75 Scale: Likert Scoring: 5 Response Time:27
26.	Frederick W Foley 2013 United States	The Multiple Sclerosis Intimacy and Sexuality Questionnaire — re-validation and development of a 15-item version with a large US sample	MSISQ-	Evaluation of the validity and reliability of the MSISQ-19 instrument for a large sample in the USA	Men and women with MS	3 dimensions of primary, secondary and tertiary sexual dysfunction	Item:15 Scale: Likert Scoring: 5 Response Time:5-6
27.	Dilek Bilgic Celik, 2013 Turkey	Turkish Adaptation of the Short Form of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ-12): A Validation and Reliability Study	Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ-12)	to assess sexual functions of women within the past 6 months	Women	behavioral/emotive factors (items 1–4), physical factors (items 5–9), and partner-related factors (items 10–12)	Item: 12 Scale: Likert Scoring: Response Time:-
28.	Gravidez 2013 Brasil	Translation and validation of the Pregnancy and Sexual Function Questionnaire (PSFQ)	Pregnancy and Sexual Function Questionnaire (PSFQ)	To adapt the Pregnancy and Sexual Function Questionnaire (PSFQ) for use in Brazil and to evaluate its psychometric properties	Pregnant Women	six domains: subjectivity, pain and discomfort; frequency and receptivity; desirability; satisfaction; orgasm; and stimulus	Item: 28 Scale: Likert Scoring: Response Time:-
29.	Khadijeh Mohammadi 2014 Iran	The Multiple Sclerosis Intimacy and Sexuality Questionnaire-19: Reliability, Validity, and Factor Structure of the Persian Version	The Multiple Sclerosis Intimacy and Sexuality Questionnaire-19 (MSISQ-19)	Translation of the MSISQ questionnaire into Persian and validation	Married women	3 dimensions of primary, secondary and tertiary sexual dysfunction	Item:19 Scale: Likert Scoring: Response Time:-
30.	Erick Janssen and Kathryn R 2014 United States	Individual Differences in the Effects of Mood on Sexuality: The Revised Mood and Sexuality Questionnaire (MSQ-R)	Mood and Sexuality Questionnaire (MSQ-R)	To development and factor structure of the Revised Mood and Sexuality Questionnaire (MSQ-R)	Women and men	a four-item questionnaire that asks about the effects of negative mood on sexual desire and arousal. The MSQ-R, which consists of 30 questions, focuses on positive as well as negative mood, and also on the effects of mood on sexual behaviors, including masturbation, and includes questions about how sexual activity influences mood	Item: 30 Scale: Likert Scoring: Response Time:-
31.	Chitra Raghavan 2014 United States	Development and preliminary validation of The Multidimensional Sexual Coercion Questionnaire (MSCQ)	Multidimensional Sexual Coercion Questionnaire (MSCQ)	to present the development and validation of a sexual coercion assessment instrument for college students	College students	pressure to have sex, exploitation, relational manipulation as well as less commonly measured tactics of humiliation and two clusters of tactics pertaining to forced compliance based on past coercion	Item: 37 Scale: Likert Scoring:4 Response Time:-

(43).

In another study, Mohammadi et al (2014) translated the original version of this questionnaire into Persian. This 19-item questionnaire with a 3-dimensional Likert scale reviewed primary, secondary, and tertiary sexual dysfunction. The mean age of the participants was 35.77 (SD, 8.07) and the mean duration of the disease was 1.84 years (SD, 0.79). The internal consistency was checked with

Cronbach's alpha and it was equal to 0.70. The factor structure was extracted by exploratory factor analysis. The Pearson's correlation coefficient was investigated. KMO test = 0.97 and Bartlett's test results were significant (P < 0.001). The eigenvalue was >1 (43).

In England, a questionnaire was designed by Sophie et al (2017). A 22-item questionnaire with a Likert scale was designed for people over 18 years old with a practical



Table 2. Continued

No.	Author/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	Scale Format
32.	Eva Nagele 2015 Austria	How to evaluate sexual health in cancer patients: development of the EORTC sexual health questionnaire for cancer patients	European Organisation for Research and Treatment of Cancer (EORTC) questionnaire	Description of the development of the comprehensive European questionnaire and the treatment of cancer in order to evaluate the sexual health of women and men with cancer and recovered from it	107 sample 66female 41male 83 health experts (HCPs)	The issues of sexual activity and experiences, dysfunction, and sexual satisfaction with, sexual function, physical, psychological and social aspects of sexuality of cancer survivors	Item:22 Scale: Likert Scoring:4 Response Time:-
33.	Mari'a del Mar Sa'nchez-Fuentes 2015 Spain	Validation of the Interpersonal Exchange Model of Sexual Satisfaction Questionnaire in a Spanish Sample	Interpersonal Exchange Model of Sexual Satisfaction Questionnaire (IEMSSQ)	To translate and evaluate the psychometric properties of the IEMSSQ for men and women in a Spanish sample	Men and women in a mixed- sex relationship	The Exchanges Questionnaire consists of six items. 1. Sexual reward 2. Assesses level of sexual rewards in comparison to the expected level of rewards 3. Assesses the level of rewards in comparison to the level of rewards their partner receives Parallel items are used to assess sexual costs (items 4 through 6). 4 components positive motivation, negative motivation, acceptance of sexual capacity	Item: 100 Scale: Likert Scoring:1-9 Response Time:-
34.	E Merghati-Khoei 2015 Iran	Psychometric properties of the Sexual Adjustment Questionnaire (SAQ) in the Iranian population with spinal cord injury	Sexual Adjustment Questionnaire (SAQ)	To examine the psychometric properties of the Sexual Adjustment Questionnaire (SAQ) for Iranian people with spinal cord injury	People with spinal cord injury		Item: 12 Scale: Likert Scoring:5 Response Time:-
35.	Zahra Shahvari 2015 Iran	Married Women's Sexual Satisfaction Questionnaire; A Developmental and Psychometric Evaluation (MWSSQ)	Married Women's Sexual Satisfaction Questionnaire (MWSSQ)	To develop and validate the Iranian Married Women's Sexual Satisfaction Scale	19 - 76 year-old married women	four domains including antecedents of SS, physical and mental barriers to SS, dominant cultural values, and husband-related factors	Item: 27 Scale: Likert Scoring:5 Response Time:15
36.	Ahmed S. El-Azab 2015 Egypt	Arabic validation of the Pelvic Organ Prolapse/Incontinence Sexual Questionnaire, IUGA-Revised (PISQ-IR)	Pelvic Organ Prolapse/Incontinence Sexual Questionnaire, IUGA-Revised (PISQ-IR)	To translate then assess the reliability of the culturally adapted Pelvic Organ Prolapse/Incontinence Sexual Function Questionnaire, International Urogynecological Association (IUGA)-Revised (PISQ-IR) to assess sexual health among Arabic-speaking women with pelvic floor disorders	Women	The questionnaire is divided into two major parts: the first part (Q2-6) is directed to women who are not sexually active (NSA) and the second (Q7-20) to those who are sexually active (SA). The SA part consists of six subscales: Arousal/orgasm, Partner-related issues, Condition-specific issues, Global quality, Condition impact, Desire. The sexually inactive part consists of four domains: Partner-related, Condition specific, Global quality, Condition impact	Item: 20 Scale: Likert Scoring: Response Time:-
37.	Lisette A. 't Hoen 2015 Netherland	The Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12): validation of the Dutch version	Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12)	To establish the reliability and validity of the Dutch version of the Pelvic Organ Prolapse/ Urinary Incontinence Sexual Questionnaire (PISQ-12) in women with pelvic floor dysfunction	women with pelvic floor dysfunction	behavioral-emotive partner-related physical	Item: 12 Scale: Likert 12 Scoring:5 Response Time:-

purpose for men and women with cancer in different stages of treatment as well as the recovery stage, reflecting sexual health in multiple dimensions. The areas examined are the physical, psychological, and social dimensions of sexual health in 171 women and men with cancer and those who have recovered. The exploratory factor analysis was investigated, accounting for 65.5 of the variances. It shows good internal consistency and the Cronbach's alpha is 0.87 and 0.82. The eigenvalue is >1 (22).

## 2. Psychological Aspect (Sexual Satisfaction and Intimate Relationships, Sexual Compatibility, Chronic Mental Disorder)

Genital and physical diseases or chronic psychiatric disorders impact the quality of intimate relationships, sex life, and satisfaction with sexual relationships of couples. Creating a questionnaire can play a key role in related prevention, identification, and effective interventions.

A sexual life quality questionnaire in 2002 by Jean M. B. Woodward et al. was designed in America to evaluate the quality of sexual life and satisfaction with erectile dys-

Table 2. Continued

No.	Au- thor/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	Scale Format
38.	Momenimovahed Zohre 2015 Iran	Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12): psychometric validation of the Iranian version	Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12)	To establish the reliability and validity of the Dutch version of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12) in women with pelvic floor dysfunction	women with pelvic floor dysfunction	behavioral-emotive partner-related physical	Item: 12 Scale: Likert Scoring:5 Response Time:-
39.	Filipa Alves da COSTA Portugal 2016	Sexual Dysfunction in Breast Cancer Survivors: Cross-Cultural Adaptation of the Sexual Activity Questionnaire for Use in Portugal	Sexual Activity Questionnaire (SAQ)	To cross-culturally adapt and validate the Sexual Activity Questionnaire for use in Portugal	Women	three domains: pleasure, discomfort and habit	Item: 19 Scale: Likert Scoring: Response Time:-
40.	Kristina Areskoug- Josefsson 2016 Sweden	Health Care Students' Attitudes Toward Addressing Sexual Health in Their Future Profession: Validity and Reliability of a Questionnaire	Swedish questionnaire, Students' Attitudes Towards Addressing Sexual Health (SA-SH)	Validity and reliability test of students' attitudes towards sexual health questionnaire	419 nursing students 193 psychotherapy students and 136 occupational therapy	Feeling comfortable, future work environment, fear of negative impact on patient relationships in the future	Item:22 Scale: Likert Scoring:5 Response Time:-
41.	Dev Raj Acharya 2016 Nepalese	Validation of a questionnaire to measure sexual health knowledge and understanding (Sexual Health Questionnaire) in Nepalese secondary school: A psychometric process	Sexual Health Questionnaire (SHQ)	Development and validity of Sexual Health Questionnaire to measure knowledge and understanding of adolescent sexual health in middle schools of Nepal	268 adolescents	4 factors: sexual health values and beliefs, sexual health information sources, sexual health knowledge and understanding, sexual health awareness level	Item:52 Scale: Likert Scoring:4 Response Time:-
42.	Yu-Xi Wang 2016 China	Chinese version of the Psychotropic-related Sexual Dysfunction Questionnaire (PRSexDQ-SALSEX): Validity and reliability for schizophrenic patients taking antipsychotics	Psychotropic-related Sexual Dysfunction Questionnaire (PRSexDQ-SALSEX)	to test the validity and reliability of the Chinese version of PRSexDQ-SALSEX in patients with schizophrenia taking antipsychotics and to provide a reliable instrument for clinical screening and assessment	schizophrenic patients	PRSexDQ-SALSEX is a brief and clinician-administered questionnaire that includes seven questions in total. Questions A and B are screening items to assess whether the patient had noticed changes in sexual function since pharmacotherapy or during the last four weeks and reported spontaneously. Items 3-7 are questions evaluating five dimensions of SD on a scale of 0-3: loss of libido, delayed orgasm or ejaculation, lack of orgasm or ejaculation, erectile dysfunction in men/ vaginal lubrication dysfunction in women, and patient's tolerance of SD. These items comprise the total score of PRSexDQ-SALSEX, which ranges from 0 to 15.	Item: 7 Scale: Likert Scoring: Response Time:-
43.	Tradução e adaptação 2017 Brasil	Translation and cross-cultural adaptation of the Sexual Function Questionnaire (SFQ) into Brazilian Portuguese	Sexual Function Questionnaire (SFQ)	To describes the translation and cross-cultural adaptation of the Sexual Function Questionnaire (SFQ) into Brazilian Portuguese	Men and women	libido, erection in men, vaginal lubrication in women, masturbation, orgasm, dyspareunia and ejaculation	Item: 39 Scale: Likert Scoring: Response Time:-

function treatments among patients and their sexual partners. This Likert scale questionnaire is for women and men with 16 items, 10 of which address aspects of the quality of sexual life and 6 refer to satisfaction with treatment. The scoring is 1-9 and the response time is 8 to 10 minutes. It has well-addressed changes in the quality of sexual life of people and has investigated Cronbach's al-

pha, validity, reliability, and internal consistency (44).

Davison et al (2008) in England investigated the validity and reliability of Monash women's sexual satisfaction questionnaire. In this 12-item questionnaire with a Likert scale, several dimensions were investigated—including sexual receptivity, readiness of arousal, vaginal lubrication, the level of pleasure associated with the sexual expe-

Table 2. Continued

No.	Author/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	Scale Format
44.	Anne Sophie Oberguggenberger 2017 England	Phase 1-3 of the cross-cultural development of an EORTC questionnaire for the assessment of sexual health in cancer patients: the EORTC SHQ-22	European Organization for the Research and Treatment of Cancer Sexual Health Questionnaire (EORTC SHQ-22)	Development of an EORTC SH practical questionnaire for men and women with cancer in different stages of treatment and in the recovery stage that reflects sexual health in multiple dimensions	18 years above	Physical, psychological, and social aspects of sexual health in women and men with cancer and survivors	Item:22 Scale: Likert Scoring:4 Response Time:-
45.	Toscane C. Noordhoff 2018 Dutch	The Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-15): Validation of the Dutch version in patients with multiple sclerosis and spinal cord injury	Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-15)	To provide and validate a Dutch version of the MSISQ-15 in patients with neurological disease such as MS and spinal cord injury (SCI)	patients with MS and spinal cord disorder	Primary sexual dysfunction (SD), secondary sexual dysfunction (SD) and tertiary sexual dysfunction (SD). primary SD are symptoms as a result of neurologic changes that directly influence sexual function, such as impaired genital sensation, erectile dysfunction, orgasm dysfunction, decreased vaginal lubrication, and loss or reduction of libido. Secondary SD includes symptoms that arise from MS and indirectly influence sexual function, such as muscle tightness, spasticity, bladder and bowel dysfunction, pain, or discomfort in non-genital areas of the body. Tertiary SD refers to the psychological, emotional, social, and cultural aspects of MS that impact sexual function	Item: 15 Scale: Likert Scoring:5 Response Time:-
46.	Firouzeh Sepehrian Azar 2018 Iran	Psychometric Features of a Multidimensional Sexual Questionnaire for Iranian Men and Women	Persian version of the multidimensional sexual questionnaire (P-MSQ)	to develop the P-MSQ in Iranian population and compare the proportion of sexual functions among men and women	Iranian men and women	12 subscale Sexual esteem, Sexual preoccupation, Internal sexual control, Sexual consciousness, Sexual motivation, Sexual anxiety, Sexual assertiveness, Depression, External sexual control, Sexual monitoring, Fear of sex, Sexual satisfaction	Item: 12 Scale: Likert Scoring:5 Response Time:-
47.	O.I. Nehrych 2019 Ukrainian	The Multiple Sclerosis Intimacy and Sexuality Questionnaire-19: validation and adaptation for Ukrainian population	The Multiple Sclerosis Intimacy and Sexuality Questionnaire-19: validation and adaptation for Ukrainian population	Translation and validity assessment of the original version of the questionnaire for MS patients in Ukraine in order to evaluate their sexual function	Women with MS disease - 18 items were added to the 36-item SF scale	3dimensions of primary, secondary and tertiary sexual dysfunction	Item:54 Scale: Likert Scoring:0-100 Response Time:-
48.	Effat Merghati-Khoei 2019 Iran	Assessing Iranians' parental competence: Development and psychometric properties of the Children's Sexual Behavior Questionnaire (CSBQ-IR), Iranian Version	Children's Sexual Behavior Questionnaire (CSBQ-IR)	To describes the development and psychometric evaluation of an instrument to measure Iranian parents' competence in caring and nurturing their children sexually	Parents of children	Knowledge, Educational agent, Belief, Practice of parents	Item: 18 Scale: Likert Scoring:0-1 Response Time:-
49.	A. Oppenheimer 2019 France	Validation of the Sexual Activity Questionnaire in women with endometriosis	Sexual Activity Questionnaire (SAQ)	To assess the SAQ in a population of patients treated for symptomatic endometriosis	women	one-dimensional structure	Item:10 Scale: Likert Scoring:4 Response Time:-

rience, satisfaction with the sexual experience, and achievement of orgasm. The quality and nature of the recent sexual experience of women aged 20 to 65 were also investigated. The findings demonstrated a strong item-to-item correlation and the excellent reliability of the questionnaire. It may accurately distinguish between

women who are sexually fulfilled and those who are not (28).

Cappelleri et al (2004) designed the self-esteem and relationship questionnaire in the United States with a 14-item Likert scale designed for men. It aimed to evaluate erectile dysfunction in men with 8 sexual relationship

Table 2. Continued

Author/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	Scale Format
50. Cristóbal Calvillo 2020 Spain	Validation of the Interpersonal Exchange Model of Sexual Satisfaction Questionnaire in adults with a same-sex partner	Interpersonal Exchange Model of Sexual Satisfaction Questionnaire (IEMSSQ)	Adapt and examine its psychometric properties (reliability, evidence of validity, and measurement invariance across sexual orientation and sex) in gay people in a relationship	Gay people	sexual functioning during the past month: interest, arousal, orgasm, erection (only for men), and overall sexual satisfaction	Item: Not mention Scale: Likert Scoring:0-4 Response Time:-
51. Maria José Ferreira Lima 2020 Brazil	Construct and Criterion Validity of the Postmenopause Sexuality Questionnaire – PMSQ	Postmenopause Sexuality Questionnaire (PMSQ)	Development and validity assessment of Postmenopausal Sexuality Instrument (PMSQ)	171 postmenopausal women who have regular and constant sexual activity	dimensions: self-image, quality of sexual life, sexual intimacy, desire, arousal, orgasm, painful intercourse, satisfaction or erogenic, and the impact of menopause	Item:43 Scale: Likert Scoring:0-5 Response Time:-
52. Naomi Sanyika Moore 2020 Japan	Development of the Student Sexual Health and Wellbeing Questionnaire	Student Sexual Health and Wellbeing Questionnaire	A comprehensive definition and reform of the well-being and sexual health of young people and the development of meaningful related tools that provide insight into the needs of students	japanese students	7 dimensions: sexual health resources, relationship related to sexual health, value and satisfaction of action, attitude towards pleasure in sexual experiences, protection against sexually transmitted diseases, prevention of unplanned pregnancy, emotional well-being in the field of sexual health	Item:21 Scale: Likert Scoring:0-6 Response Time:20
53. Cherng-Jye Jeng 2020 Taiwan	Construction of an integrated sexual function questionnaire for women with breast cancer	Female Sexual Function Scale for BCSs	To develop a suitable tool to measure sexual function in women with breast cancer	Women	sexual desire sexual satisfaction sexual obstacle	Item: 19 Scale: Likert Scoring: Response Time:-
54. Cecilia Olsson Swedish 2020	Sexuality After Treatment of Diffuse Large B-cell Lymphoma: Patients' Experiences and Psychometric Testing of the Sexual Adjustment Questionnaire-Swedish Version II	Sexual Adjustment Questionnaire (SAQ)	To test the psychometric properties of the Sexual Adjustment Questionnaire-Swedish version II (SAQ-SII) in patients treated for diffuse large B-cell lymphoma and to describe and explore patients' experiences of sexuality after treatment	Women and men	Sexual Interest Sexual Function Sexual Satisfaction Sexual Relationship	Item: 25 Scale: Likert Scoring:5 Response Time:-
55. Vieri Boncinelli 2020 Italy	The Sexual Activity Questionnaire (SAQ): a psychometric evaluation	Sexual Activity Questionnaire (SAQ)	psychometric evaluation of the Sexual Activity Questionnaire	Women and men (general population)	relational, emotional, and behavioral aspects of sexual activity	Item: 20 Scale: Likert Scoring:5 Response Time:-
56. Marika Monti 2020 Italy	The Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-15): validation of the Italian version for individuals with spinal cord injury	Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-15)	To translate and culturally adapt the MSISQ-15 into Italian and to administer it to individuals with a spinal cord injury (SCI)	Individuals with a spinal cord injury (SCI)	Three domains: (1) primary sexual dysfunctions, which include the symptoms resulting from neurological alterations that directly affect sexual function (alteration of genital sensation, erectile dysfunction, orgasmic dysfunction, decrease in vaginal lubrication, and libido reduction); (2) secondary sexual dysfunctions, which include symptoms that derive from the pathology and indirectly affect sexual function (muscle constriction, spasticity, bladder and bowel dysfunction, and pain or discomfort in nongenital areas of the body); and (3) tertiary sexual dysfunctions include all the psychological, emotional, social, and cultural aspects of the pathology that have an impact on sexual function (feeling less virile/feminine or less attractive, concern about partner satisfaction, and general insecurity about their sexuality)	Item: 15 Scale: Likert Scoring:0-100 Response Time:-

items, 6 self-confidence items, 2 subscales with 4 self-esteem items, and 2 general relationship items. The eigenvalue was >1 (45). Sanders et al (2000) designed a questionnaire in the United States to evaluate the perceived effects of MS symptoms on sexual activity and satisfac-

tion and on the overall quality of intimate relationships, which has been translated into French, Ukrainian, and Farsi. This 19-item questionnaire with a Likert scale has

Table 2. Continued

	Author/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	Scale Format
57.	M. Tzitzika 2021 Greek	The Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-15): Validation and Cross-cultural Adaptation of the Greek Version in MS Patients	Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-15)	To develop a cross-cultural adaptation and validation of the MSISQ-15 so that it can be used as a tool to evaluate SD in Greek patients with MS	Patients with MS	primary SD (symptoms resulting from a neurogenic disorder that directly affect sexual function (weakened genital sensation, erectile dysfunction, orgasm dysfunction, decreased vaginal lubrication, and loss of libido); secondary SD (symptoms that result from a neurogenic disorder that indirectly affect sexual function, such as fatigue, muscle tightness, weakness, spasticity, bladder and bowel dysfunction, lack of coordination, poor mobility, adverse effects from MS medications, cognitive difficulties, and numbness, pain, burning, or discomfort in non-genital body areas); and tertiary SD (psychological, emotional, and social aspects of a neurogenic disease that affect sexual function, including feeling less virile/feminine or unattractive, concern about partner satisfaction, and general insecurity about one's sexuality)	Item: 15 Scale: Likert Scoring: 5 Response Time:-
58.	Sonia Tirado-González 2021 Spain	Validation of the Center of Applied Psychology Female Sexuality Questionnaire (CAPFS-Q)	Center of Applied Psychology Female Sexuality Questionnaire (CAPFS-Q)	Examining the psychometric properties of the current version of the CAPFS-Q questionnaire (Questionnaire on the psychology of sexuality for women) in a sample of female students	429 female undergraduate health sciences students aged 19-24	Social and demographic data (items), aspects of sexual relations with partners (5 items), sexual activity (items 12-13), and aspects of dysfunctional sexual relations (4 items)	Item: 26 Scale: Likert Scoring: 1-7 Response Time: 27
59.	Nuray Turan 2021 Turkey	Reliability and Validity of the Adapted Turkish "Students' Attitudes Towards Addressing Sexual Health Questionnaire" (SA-SH-TR)	"Students' Attitudes Towards Addressing Sexual Health Questionnaire" (SA-SH-TR)	Translation and adaptation of the original version of the questionnaire of students' attitudes about sexual health into Turkish and subsequently the validity and reliability of the Turkish version of the questionnaire	292 volunteer nursing students	Discuss attitudes, feelings, and thoughts related to sexual health with patients in the future	Item: 22 Scale: Likert Scoring: 5 Response Time:-
60.	Mikolaj Przydacz 2021 Polish	The Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-15): translation, adaptation and validation of the Polish version for patients with multiple sclerosis and spinal cord injury	Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-15)	To create a culturally adapted, validated, Polish language version of the Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-15) for persons with multiple sclerosis (MS) and spinal cord injury (SCI)	persons with multiple sclerosis (MS) and spinal cord injury (SCI)	The MSISQ-15 consists of 15 items that cover three domains (five questions/domain): primary SD (symptoms resulting from a neurogenic disorder that directly affect sexual function (weakened genital sensation, erectile dysfunction, orgasm dysfunction, decreased vaginal lubrication, and loss of libido); secondary SD (symptoms that result from a neurogenic disorder that indirectly affect sexual function, such as fatigue, muscle tightness, weakness, spasticity, bladder and bowel dysfunction, lack of coordination, poor mobility, adverse effects from MS medications, cognitive difficulties, and numbness, pain, burning, or discomfort in non-genital body areas); and tertiary SD (psychological, emotional, and social aspects of a neurogenic disease that affect sexual function, including feeling less virile/feminine or unattractive, concern about partner satisfaction, and general insecurity about one's sexuality)	Item: 15 Scale: Likert Scoring: 5 Response Time:-

addressed marital satisfaction, especially satisfaction with emotional relationships, problem-solving relationships, sexual dissatisfaction, nervous disorder, level of disability

in patients with MS, psychological disturbance and well-being, and overall sexual dysfunction in women diagnosed with MS. The Cronbach's alpha was 0.91 and the internal

Table 2. Continued

No.	Author/years/country	Title	Name of questionnaire	Main study object	Target group	Domains	Scale Format
61.	Gerd Hilde Lunde 2022 Norway	Assessment of the psychometrics of the Students' Attitudes towards Addressing Sexual Health Extended (SA-SH-Ext) questionnaire for social educator students	Students' Attitudes towards Addressing Sexual Health Extended (SA-SH-Ext)	Psychometrics of students' attitude towards sexual health expanded (SA-SH-EXT) for social studies students	213 students 164 women 48 men	Comfort, future work environment, fear of negative impact on future patient relationships, and educational needs. (SA-SH-EXT) has $\Delta$ additional items compared to the original SA-SH. $\Psi$ items in the dimension of comfort and $\Upsilon$ item in the dimension of educational need	Item:72 Scale: Likert Scoring: $\circ$ Response Time:-
62.	Anastasiia Shyroka 2022 Ukrainian	Psychological Patterns in Sexual Relationships: Ukrainian Adaptation of the Multidimensional Sexual Questionnaire	Multidimensional Sexual Questionnaire(MSQ-UA)	To validate a self-report English-language tool, the Multidimensional Sexual Questionnaire (MSQ), for the Ukrainian language	General population	Sexual esteem, Sexual preoccupation, Internal sexual control, Sexual motivation, Sexual anxiety, Sexual assertiveness, Depression, External sexual control, Sexual monitoring, Fear of sex, Sexual satisfaction	Item: 11 Scale: Likert Scoring:5 Response Time:-
63.	Caroline M. Elne-gaard 2022 Denmark	Psychometric Properties of the Danish Version of the Questionnaire Professionals' Attitudes towards Addressing Sexual Health (PA-SH-D)	The Danish Version of the Professionals' Attitudes towards Addressing Sexual Health (PA-SH-D)	Adaptation of students' attitude questionnaire about sexual health for active health professionals in the field of rehabilitation in Denmark and evaluation of its psychometric properties	4 groups of health experts and researchers with different backgrounds and educational qualifications related to health in the field of sexual counseling, sexual health, occupational therapy, physiotherapy, rehabilitation and public health	Feeling comfortable, fearing the negative impact of patients' relationships, working in the environment and educational needs	Item: 22 Scale: Likert Scoring: $\circ$ Response Time:-
64.	MarineDevis 2022 France	Validation of the French version of the Multiple Sclerosis Intimacy And Sexuality Questionnaire-19: A preliminary study	Multiple Sclerosis Intimacy and Sexuality Questionnaire-19 (MSISQ-19)	Translation of the original questionnaire in French	People with MS	3dimensions of primary, secondary and tertiary sexual dysfunction	Item:19 Scale: Likert Scoring: $\circ$ Response Time:-
65.	Sandrine Lefebvre 2023 French	Validation of the French version of the Multiple Sclerosis Intimacy and Sexuality Questionnaire 15 Tools which help nurse for assessing the effect of perceived multiple sclerosis symptoms on sexual activity and satisfaction	Multiple Sclerosis Intimacy and Sexuality Questionnaire 15 French (MSISQ-15Fr)	To validate a French version of the Multiple Sclerosis Intimacy and Sexuality Questionnaire 15 which examines patients' perception of the effect of multiple sclerosis symptoms on their sexual activity	Individual with MS	The MSISQ-15 consists of 15 items that cover three domains (five questions/domain): primary SD (symptoms resulting from a neurogenic disorder that directly affect sexual function (weakened genital sensation, erectile dysfunction, orgasm dysfunction, decreased vaginal lubrication, and loss of libido); secondary SD (symptoms that result from a neurogenic disorder that indirectly affect sexual function, such as fatigue, muscle tightness, weakness, spasticity, bladder and bowel dysfunction, lack of coordination, poor mobility, adverse effects from MS medications, cognitive difficulties, and numbness, pain, burning, or discomfort in non-genital body areas); and tertiary SD (psychological, emotional, and social aspects of a neurogenic disease that affect sexual function, including feeling less virile/feminine or unattractive, concern about partner satisfaction, and general insecurity about one's sexuality)	Item: 15 Scale: Likert Scoring: Response Time:-

consistency was very high. The Cronbach's alpha was 0.82 for the 5-item subscale of primary sexual dysfunction, 0.85 for each 9-question subscale of secondary sexual dysfunction, and 0.87 for the 5-question subscale of tertiary dysfunction. All 3 subscales had good internal consistency (10).

Kikuchi (2011) designed a sexual function questionnaire

in Japan for severe psychiatric patients with schizophrenia. It has 36 items for men and 36 items for women; the 6 dimensions for men include gynecomastia, increased or decreased sexual desire, erectile, ejaculatory, or orgasmic dysfunction; and 7 dimensions for women include menorrhagia, amenorrhea, galactorrhea, increased or decreased sexual desire, orgasmic dysfunction, and vaginal dryness.

The results of Cronbach's alpha analysis indicate excellent internal consistency and reliability. The questionnaire has good convergent validity (26).

In China in 2016, Wang investigated the validity and reliability of the sexual dysfunction questionnaire of patients with schizophrenia. The questionnaire has 7 questions—questions 1 and 2 examine whether the patient has realized changes in sexual function after medication therapy or during the past 4 weeks; questions 3 to 7 refer to sexual desire, delay in orgasm or ejaculation, lack of orgasm or ejaculation, erectile dysfunction in men/vaginal psychoanalysis disorder in women, and disease tolerance of severe mental disorder. The internal consistency of the Chinese version with Cronbach's alpha was 0.902. There are good positive and negative value propositions for sensitivity and specificity (12).

Merghati-Khoei et al (2015) in Iran analyzed the validity of the sexual compatibility questionnaire of a population with spinal cord injury. In this 11-item questionnaire, 4 dimensions of positive motivation, negative motivation, acceptance, and sexual capacity were reviewed. The Cronbach's coefficient and internal correlation coefficient were 0.77 and 0.72, respectively. The exploratory factor analysis revealed the questionnaire's 4-factor structure, which explained 68.9% of the variance, and experts confirmed the face and content validity (30).

### 3. Social Aspect (Interpersonal Relationships, Sexual Well-Being)

Chitra Raghavan (2014) designed a 37-item multidimensional sexual compulsion questionnaire with a Likert scale for students in the United States. It referred to coercion, pressure to have sexual intercourse, exploitation, and compulsory relationships as well as less commonly measured tactics of humiliation and two clusters of tactics pertaining to forced compliance based on past coercion (29). Mari'a del Mar Sa'nchez-Fuentes from Spain addressed the validity of the interpersonal exchange model questionnaire in 2015. It contained 100 items and a Likert scale. At first, the questionnaire was translated and adapted to the culture of Spain. The study group was women and men and their mixed relationships. Six aspects of sexual reward, an assessment of the reward level in relation to expected rewards, an assessment of the reward level in relation to their partner's reward level, and parallel items for the assessment of sexual costs were all included in the questionnaire.

The results indicated that the questionnaire had good psychometric properties and excellent internal consistency. Pre- and posttest reliability was good. The scores of sexual satisfaction, marital compatibility, and sexual performance were correlated, which showed good concurrent and convergent validity (13).

In 2020 in Spain, Cristóbal Calvillo investigated the validity of the same questionnaire for gay people. Sexual function—such as interest, arousal, orgasm, ejaculation (for men only), and overall sexual satisfaction—was assessed in the past month. This questionnaire had good reliability and concurrent and construct validity (46). The sexual health and sexual well-being of young people were

thoroughly defined and amended in a different study carried out in Japan in 2021 by Naomi Sanyika Moore et al. They also created a useful instrument that gave insight into the demands of students.

This 21-item survey covers 7 aspects of sexual health resources, relationships pertaining to sexual health, the value and satisfaction of action, attitudes toward sexual pleasure, protection from STDs, preventing unintended pregnancies, and emotional well-being in the area of sexual health. It was intended to use a Likert scale. Between 0.90 and 2.50 was the range of the standard deviation (KMO = 0.806; Bartlett's test ( $\chi^2[105] = 2271.2$ ;  $P < 0.001$ ) (18).

### Discussion

The present scoping review was conducted to assess the scope of sexual health questionnaires and the general characteristics and specific characteristics (dimensions and psychometric properties) of each questionnaire. According to the research question, the results obtained from the questionnaires were categorized into 3 general categories as follows: physical, psychological, and social. The questionnaires have been designed for different ages and both sexes, particularly women. The highest number of items was 100 (12) and the lowest was 5 (47). Most of the questionnaires were designed in the United States (10, 11, 23, 32, 36, 44, 45, 48).

Although numerous studies have been conducted on designing and assessing psychometric properties of sexual health questionnaires or sexual health-related concepts, no review assesses all sexual health questionnaires at once. Several studies were identified by evaluating review studies, particularly a scoping review of the field of sexual health.

A study was conducted with an integrated review method to investigate the available instruments for assessing the sexuality of Brazilians. In this study, the psychometric properties of sexual performance, sexual behavior, and sexual satisfaction questionnaires, and also the clinically available measures of sexuality among Brazilian people were reviewed. The results reveal the presence of 18 scales and questionnaires appropriate to the Brazilian culture and in the Brazilian-Portuguese language, covering sexual disorders and clinical measures (49). This review has been conducted in an integrated manner, only investigating 3 concepts of sexual health. The common point of this review article and the present study is assessing the psychometric properties of the instruments.

Questionnaires pertaining to sexual agreement in sexual partners were the subject of another scoping review. A literature review on the idea of sexual agreements was conducted for this review. The findings highlight the research gap in this area and have addressed the tools available in this subject (50).

Like previous studies, this one looks at just one concept. The sexual health and well-being tools used by women enduring female genital mutilation or cutting were the subject of a scoping review in another study. This study evaluated the validity and reliability of 18 studies on the instruments pertaining to the sexual health and sexual

well-being of women enduring female genital mutilation or cutting using a checklist consisting of 18 items.

One important aspect of the tools is that they are culture-oriented. This scoping investigation has observed that all of the articles are focused on culture. Furthermore, this scoping review addresses a different facet and concept of sexual health, which is not consistent with the objectives of our study. Although the current scoping review focuses on sexual health surveys, this study has assessed sexual well-being (51).

A rapid review was conducted to check the quality and measurement properties of sexual health knowledge tools for adolescents. In this study, the validity and reliability of the studies were assessed, the amount of interpretability and responsiveness of the studies regarding the quality and measurement properties of sexual health knowledge tools were investigated, and it was found that some studies had ignored the validity (52). Regarding methodology, one study additionally examined the validity and reliability of research as well as psychometric properties. The objectives of the current study differ from those of the conducted research in 2 areas: the assessment of instruments and sexual knowledge.

A systematic review was conducted on how to improve the validity of sexual behavior tools in developing countries (53). Another systematic review investigated questionnaires designed in Spain to evaluate pelvic floor dysfunctions in women. In this questionnaire, the structural and psychometric properties of the questionnaires were addressed (54). Another study also assessed women's sexual performance indices. In this study, the indices related to the sexual performance of only women and also the psychometric properties of the questionnaires have been investigated (55). A scoping review was conducted to examine the health and quality of life. In this study, the general characteristics of the articles, such as journals, method, year of publication, and country, but not the psychometric characteristics of the articles, were assessed. Thus, it can be claimed that the reviews that were conducted have several characteristics, including concepts related to sexual health, an analysis of one of the concepts of sexual health, as well as for a particular sex, such as women, and consideration of the concepts of sexual health in a particular nation or evaluating tool, checklist, instrument, or scale.

The current scoping review offers information on a number of sexual health surveys for men and women in the adolescent to middle-aged age range, as well as a group of patients. Every questionnaire's addressed dimensions and psychometric qualities have been examined.

The results of this scoping review highlight the research gap in the literature and point readers to the dearth of questionnaires in other sexual health dimensions as well as in other countries. They also highlight the psychometric qualities of the questionnaires and their disregard for the cultural context of countries.

Researchers can easily and conveniently access a variety of questionnaire types by reading this review. They can then use the combined approach to create a new questionnaire and use the items from these questionnaires in their

research based on their culture.

Although sexual health has been examined from a variety of perspectives in the available questionnaires included in the results table, the spiritual aspect of sexual health has not been disregarded; in fact, it may be argued that the physical and mental aspects of sexual health have received more evaluations than the social aspect.

Additionally, there is no instrument or questionnaire to evaluate the sexual health of patients' spouses or even healthy people. It might be argued that a person's sexual health is influenced by mental, social, cultural, familial, religious, and spiritual elements; these factors should also be considered in the questionnaires.

One of the drawbacks of this study is that it only searched 4 databases; other databases could not be searched because of penalties and restricted access. Only articles written in English were examined in these databases. It is recommended that future research evaluate publications in other languages and databases, if at all possible.

### Conclusion

Researchers, experts in the field of health and sexology, social workers, psychologists and other actors of social harms and sexology are in need of questionnaires to provide quality services and investigate the problems and needs of their target group. Various types of surveys serve various functions. Participation in sexual decision-making, sexual negotiation power, sexual communication skills, sexual experiences and their impact on the quality of sexual life, knowledge and use of contraceptive methods, HIV/AIDS, and sexually transmitted infections are the primary indicators that are analyzed in the questionnaires.

Because of their cultural compatibility with certain nations, a number of questionnaires have been translated or culturally modified, and their validity and reliability have been assessed. This set of indicators can be methodically completed in any study based on the idea of promoting sexual health; however, native questionnaires with cultural sensitivities should use additional indicators that consider the sociocultural determinants of each society with sexual values and norms of the same cultural background.

### Authors' Contributions

In this research, the authors have fully participated in the preparation, review, analysis, and drafting of the article and have an equal share.

### Ethical Considerations

This study has been approved by the ethics committee of the University of Social Welfare and Rehabilitation Sciences with the ethical code of IR.USWR.REC.1400.149 and the ethical principles have been fully observed in this article.

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### Conflict of Interests

The authors declare that they have no competing interests.

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