

SYSTEMATIC, INTEGRATIVE, AND SCOPING REVIEWS

INSTRUMENTS OF SELF-PERCEPTION, WELL-BEING AND QUALITY OF SEXUAL LIFE FOR THE MALE POPULATION: SCOPE REVIEW

INSTRUMENTOS DE AUTOPERCEÇÃO, BEM ESTAR E QUALIDADE DE VIDA SEXUAL PARA
POPULAÇÃO MASCULINA: REVISÃO DE ESCOPO

INSTRUMENTOS DE AUTOPERCEPCIÓN, BIENESTAR Y CALIDAD DE VIDA SEXUAL
PARA LA POBLACIÓN MASCULINA: REVISIÓN DEL ALCANCE

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Abstract: Sexual dysfunctions can be diagnosed in a variety of ways, from self-reporting to the use of instruments to identify them. This study aimed to identify the instruments in the literature used to assess self-perception, well-being, and quality of sexual life in men. A scoping review was conducted following the PRISMA-ScR guidelines. Searches were conducted in databases such as PubMed, MEDLINE, BVS, ScienceDirect, and SciELO, including primary studies with adult men that administered instruments on sexuality. Of the 2,554 articles found, 13 met the inclusion criteria, totaling 10,311 participants. Twelve instruments were identified, with the International Index of Erectile Function being the most widely used. Of all the instruments included, 50% were validated for Brazil, and most have an original English version. The instruments assess everything from general aspects of sexual function to specific domains such as erection, ejaculation, desire, and satisfaction. This study revealed a lack of standardization among instruments, making comparisons difficult both in studies and in clinical practice. The conclusion is that the use of validated instruments is crucial for improving the diagnosis and management of sexual dysfunctions, thus promoting male sexual health and well-being.

Keywords: Physiological sexual dysfunctions; Psychogenic sexual dysfunctions; Health assessment; Quality of life; Sexual health.

Resumo: As disfunções sexuais podem ser diagnosticadas de diversas formas, desde o autorrelato, até a utilização de instrumentos que as identifiquem. Este trabalho teve como objetivo identificar na literatura os instrumentos utilizados para avaliar a autopercepção, o bem-estar e a qualidade de vida sexual em homens. Realizou-se uma revisão de escopo seguindo as diretrizes do PRISMA-ScR, as buscas foram feitas em bases como PubMed, MEDLINE, BVS, ScienceDirect e SciELO, incluindo estudos primários com homens adultos, que aplicaram instrumentos sobre sexualidade. Dos 2.554 artigos encontrados, 13 atenderam aos critérios de inclusão, totalizando 10.311 participantes. Foram identificados 12 instrumentos, sendo o Índice Internacional de Função Erétil o mais utilizado. Dentre todos instrumentos incluídos, 50% foram validados para o Brasil e a maioria possui versão original em inglês. Os instrumentos avaliam desde aspectos gerais da função sexual até os domínios específicos como ereção, ejaculação, desejo e satisfação. Com este estudo, foi possível perceber a falta de padronização dos instrumentos, dificultando comparações tanto em estudos, como também nas práticas clínicas. Conclui-se que o uso de instrumentos validados é de suma importância para aprimorar o diagnóstico e o manejo das disfunções sexuais, podendo assim promover a saúde sexual e o bem-estar masculino.

Palavras-chave: Disfunções sexuais fisiológicas; Disfunções sexuais psicogênicas; Avaliação em Saúde; Qualidade de vida; Saúde sexual.



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Resumen: Las disfunciones sexuales pueden diagnosticarse de diversas maneras, desde el autoinforme hasta el uso de instrumentos para identificarlas. Este estudio tuvo como objetivo identificar los instrumentos utilizados en la literatura utilizados para evaluar la autopercepción, el bienestar y la calidad de vida sexual en hombres. Se realizó una revisión de alcance siguiendo las directrices PRISMA-ScR. Se realizaron búsquedas en bases de datos como PubMed, MEDLINE, BVS, ScienceDirect y SciELO, incluidos estudios primarios con hombres adultos que administraron instrumentos sobre sexualidad. De los 2.554 artículos encontrados, 13 cumplieron con los criterios de inclusión, con un total de 10.311 participantes. Se identificaron doce instrumentos, siendo el Índice Internacional de Función Erétil el más utilizado. De todos los instrumentos incluidos, el 50% fueron validados para Brasil y la mayoría tiene una versión original en inglés. Los instrumentos evalúan todo, desde aspectos generales de la función sexual hasta dominios específicos como la erección, la eyaculación, el deseo y la satisfacción. Este estudio reveló una falta de estandarización entre los instrumentos, lo que dificulta las comparaciones tanto en los estudios como en la práctica clínica. La conclusión es que el uso de instrumentos validados es crucial para mejorar el diagnóstico y el tratamiento de las disfunciones sexuales, promoviendo así la salud y el bienestar sexual masculino.

Palabras clave: Disfunciones sexuales fisiológicas; Disfunciones sexuales psicógenas; Evaluación de la salud; Calidad de vida; Salud sexual.

Introduction

The World Health Organization (WHO) defines sexual health as a state of physical, mental, and social well-being in relation to sexuality, rather than merely the absence of disease, dysfunction, or infirmity (WHO, 2006). In this sense, sexual health is highly relevant to human life and may be related to sexual activity itself, eroticism, affection, love, sexual orientation, pleasure, and reproduction. It is also influenced by the interaction of psychological, biological, social, economic, political, cultural, historical, religious, and spiritual factors (WHO, 2006).

Sexual and/or reproductive dysfunctions, in turn, are conditions that affect sexual and/or reproductive health, preventing individuals from having a healthy and pleasurable life and potentially interfering with reproduction (Ministry of Health, 2018). Thus, sexual function is related to an individual's ability to receive and provide sexual pleasure, whereas sexual dysfunction encompasses difficulties in achieving sexual satisfaction during consensual sexual activities between the persons involved (Santos, 2023).

From this perspective, dysfunctions may be caused by organic, psychological, psychosexual, and interpersonal factors (Marques et al., 2008). These factors may influence sexual responses by impairing desire, arousal, and/or orgasm, leading to changes in an individual's sexual performance (Severina et al., 2022).

Sexual dysfunctions are highly prevalent, affecting up to 31% of men and significantly impacting their quality of life (Marques et al., 2008). Among male sexual dysfunctions, the most prevalent are premature ejaculation (PE), characterized by ejaculation occurring earlier than desired and potentially affecting men of any age, and erectile dysfunction (ED), related to the inability to achieve and/or maintain an erection sufficient for satisfactory sexual intercourse and more commonly affecting men aged 50 years or older (Ministry of Health, 2018).

Despite their high prevalence, most cases of sexual dysfunction are not adequately treated (Serafim et al., 2019). In many cases, this occurs because men find it difficult to discuss the issue with others, which may lead them to avoid medical services (Serafim et al., 2019). This difficulty is mainly associated with a lack of knowledge about sexual dysfunctions, social taboos, and cultural pressure related to male sexual performance (Soares, 2021).

Furthermore, studies such as Marques et al. (2008) indicate that health professionals may be insufficiently prepared to address sexuality with patients, as a consequence of negative emotions related to the subject, lack of interest and/or time to explore the topic, and taboos present in society. As a result, many individuals are not adequately assessed and do not have an appropriate environment in which to discuss and clarify questions regarding these challenges (Marques et al., 2008; Moura, 2019).

In cases of sexual dysfunction, a clinical assessment is therefore recommended to investigate the main complaint, the sexual history and preferences of the patient and their partner, possible performance anxiety, relationship conflicts, and other factors related to sexual activity (Sarris et al., 2016). Comorbidities and risk

factors that may underlie the dysfunctions should also be screened so that the most appropriate treatment can be defined (Sarris et al., 2016).

To complement the assessment, evaluation methods have been developed and standardized to support the examination of patients' dysfunctions and facilitate characterization of their sexual status (Sarris et al., 2016). In assessments of sexual dysfunction in men, the most commonly used instruments include the Male Sexual Quotient, the International Index of Erectile Function, and the Premature Ejaculation Diagnostic Tool (Mafra et al., 2018; Sarris et al., 2016; Moura et al., 2019).

Despite the use of instruments to assess sexual dysfunctions in men, gaps remain regarding tools that evaluate male self-perception, well-being, and sexual quality of life. Thus, this research has personal relevance by contributing to a better understanding of male sexual health; social relevance by encouraging discussions that may help reduce taboos related to sexuality; and scientific relevance by compiling information on the instruments used in these assessments, thereby contributing to future research and clinical practice.

Accordingly, this study aimed to identify in the literature the instruments currently used to assess self-perception, well-being, and sexual quality of life in men.

Methods

Study design and review protocol

This study is a scoping review of the literature on instruments assessing self-perception, well-being, and sexual quality of life in the male population. The review followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).

Eligibility criteria

Primary studies were included if they used any type of assessment instrument related to self-perception, well-being, and sexual quality of life in men aged 18 years or older and were available in full text free of charge, with no language restriction or publication-date cutoff. Studies were required to clearly report which instruments were used, the purpose of the assessment, and the results obtained using those instruments. Duplicate studies and literature reviews were excluded.

Research question

The Population, Concept, and Context (PCC) framework was used to formulate the research question and define the eligibility criteria. Population: men aged 18 years or older; Concept: instruments for assessing self-perception, well-being, and quality related to sexual life; Context: scientific studies/publications that applied, described, or validated these instruments in different settings (clinical, community, or population-based).

Accordingly, the following question was formulated: "Which instruments are described in the scientific literature for assessing self-perception, well-being, and sexual quality of life in adult men across different research and practice settings?"

Information sources and search strategies

The literature search was conducted in January 2025 in the following databases: PubMed, Medical Literature Analysis and Retrieval System Online (MEDLINE), Virtual Health Library (BVS), ScienceDirect, and Scientific Electronic Library Online (SciELO). The search strategy combined Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) using the Boolean operators OR and AND. The detailed search strategies are presented in Table 1.

Table 1 - Search strategies used in the databases.

DATABASES	SEARCH
Medline/PubMed	#1 (((“Surveys and Questionnaires”[Mesh])) OR “Surveys and Questionnaires/classification”[Mesh]) AND (“Sexual Dysfunction, Physiological”[Mesh] OR “Sexual Dysfunctions, Psychological”[Mesh])) AND “Men”[Mesh].
ScienceDirect	#2 ((“Surveys and Questionnaires”[Mesh])) OR “Surveys and Questionnaires/classification”[Mesh]) AND “Sexual Dysfunction, Physiological”[Mesh] AND “Sexual Dysfunctions, Psychological”[Mesh] OR “Dyspareunia”[Mesh] OR “Erectile Dysfunction”[Mesh] OR “Premature Ejaculation”[Mesh] OR “Compulsive Sexual Behavior Disorder”[Mesh] AND “Men”[Mesh]
BVS	#3 (mh:(Surveys and Questionnaires) OR (Surveys and Questionnaires/classification) AND (Sexual Dysfunction Physiological) OR (Sexual Dysfunctions Psychological) AND (Men)) #4 (mh:(Surveys and Questionnaires) OR (Surveys and Questionnaires/classification) AND (Sexual Dysfunction Physiological) OR (Sexual Dysfunctions Psychological) OR (Erectile Dysfunction) OR (Premature Ejaculation) AND (Men))
SciELO	#5 (Surveys and Questionnaires) AND (Sexual Dysfunction Physiological) OR (Sexual Dysfunctions Psychological) (Men)

Source: Authors (2026).

Study selection

Initially, the search results were exported to the Intelligent Systematic Review reference-management tool (Rayyan, 2016), which was used to identify and remove duplicate articles. The first stage of study screening was then conducted by reading titles and abstracts. This stage was performed independently and in a blinded manner by two reviewers, and articles that did not address the central topic of the research were excluded. Any disagreements or uncertainties between reviewers were resolved by a third reviewer with expertise in the study topic.

Subsequently, the second screening stage was conducted independently and in a blinded manner and consisted of full-text reading of the previously selected articles. Based on this analysis, the studies eligible to comprise the final review sample were defined, following the same methodological process used in the title and abstract screening stage.

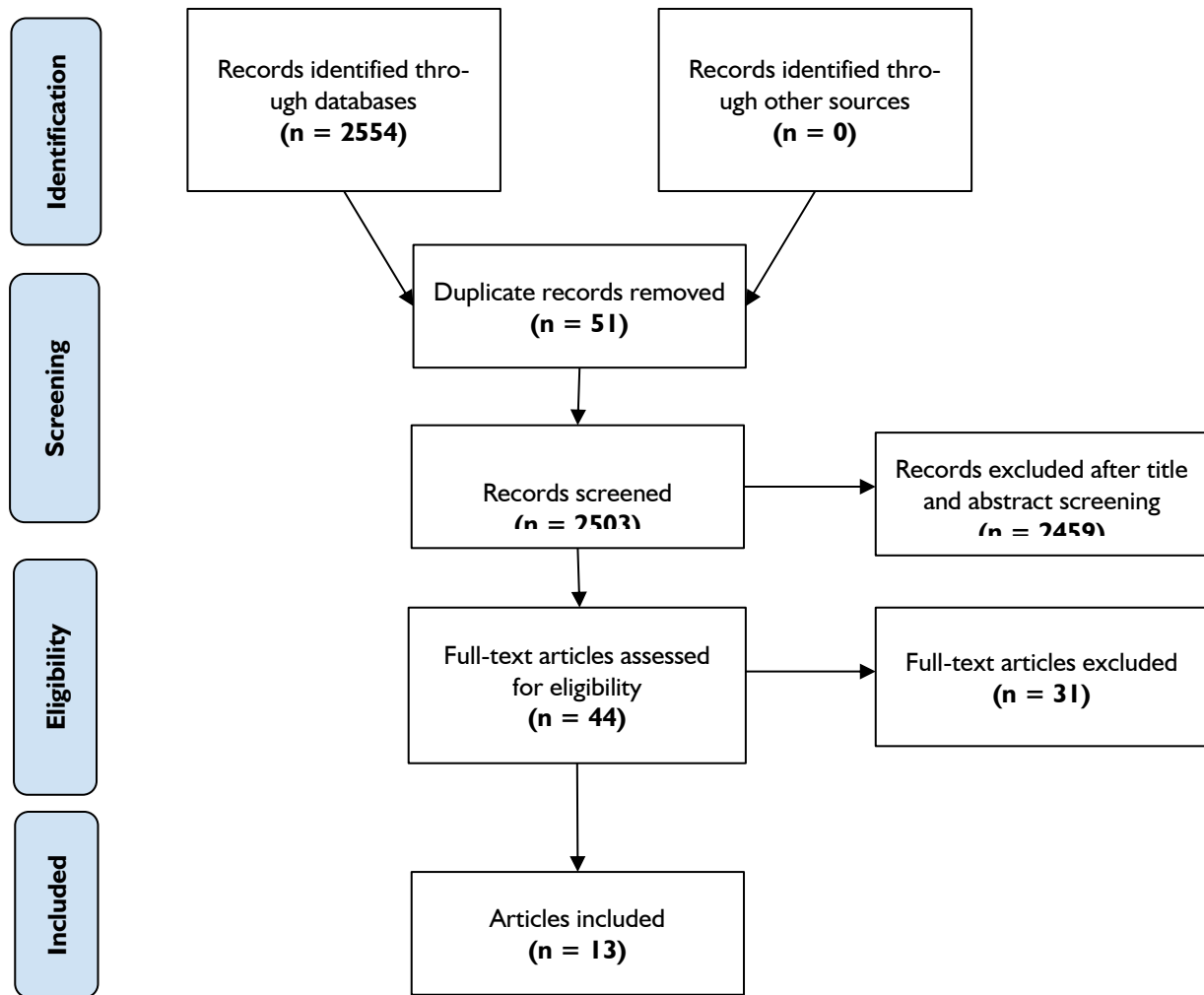
Data collection and extraction

After the included articles were identified, the following information was extracted: study title, authors, first author’s professional training, journal title, country of the study, study design and objective, sample size, sexual characteristic, outcomes, instrument used, original language of the instrument, instrument application, domain and number of items assessed, type of scale, whether the instrument had been validated for Brazil, and the psychometric analysis used in the study. This information was then organized into tables using Google Docs.

Results

The searches yielded 2,554 articles, of which 51 were excluded as duplicates and 2,459 were excluded after title and abstract screening because they were unrelated to the topic of this study. After full-text reading, 31 studies were excluded because they were not freely available in full text in the databases or did not meet the objectives and inclusion criteria of this research. Ultimately, 13 studies were included in the review, as shown in Figure 1 through the PRISMA-ScR flow diagram detailing the study-selection process.

Figure 1 - Flow diagram of article selection for the review, adapted from the PRISMA-ScR guideline



Source: Authors (2026).

A total of 10,311 individuals comprised the combined samples of the included studies. The largest study included 2,563 participants, whereas the smallest recruited 65 participants. Among the 13 studies, the instruments were used for different purposes but consistently focused on sexual dysfunction among men with some underlying health condition, as shown in Table 2.

Table 2 - Authors, journals, study objectives, samples, and instruments of the articles included in this review

No.	Authors, year	Journal	Objective	Sample and instrument
A1	Bandini <i>et al.</i> 2009	The Journal of Sexual Medicine	Assess the association between testosterone levels and different psychopathological symptoms and characteristics in men seeking treatment for sexual dysfunction.	N= 2.042 SIEDYr; Androtest
A2	Chen <i>et al.</i>	Asian Journal of Andrology	Determine differences in penile sensory thresholds for heat, cold, and vibration among different subtypes of premature ejaculation.	N= 136 PEDT; IIEF-5; self-estimated IELT; expected IELT

A3	Chung; Wang	Sexual medicine	Assess the impact on sexual function after AdVance surgery.	N= 65 IIEF-5; BMSFI IIEF-15;
A4	Lin; Burri; Pakpour.	Asian Pacific Journal of Cancer Prevention	Investigate the prevalence of PE and ED in a sample of patients with prostate cancer and determine the usefulness of previously suggested PEDT cutoff points for diagnosing PE and IIEF-5 cutoff points for ED.	N= 1.202 PEDT; IIEF-5
A5	Lotti et al.	American Society of Andrology and European Academy of Andrology	Assess possible associations between metabolic syndrome, hormonal and semen parameters, and clinical characteristics, including sexual, ultrasonographic, and psychological characteristics, in a cohort of men from infertile couples.	N= 376 IIEF-15; PEDT
A6	Martin et al.	National Sleep Foundation Journal	Examine the association between obstructive sleep apnea and other sleep indices using PSG data and ED in a representative study of men.	N= 2.563 The Global Impotence Rating
A7	Miranda et al.	Archives of Physical Medicine and Rehabilitation	Assess different aspects of sexual function in men with spinal cord injury using the MSQ.	N= 295 Male Sexual Quotient; IIEF-5
A8	Mokarami et al. 2018	American Journal of Men's Health	Investigate the effects of multiple dimensions of psychosocial work stressors on male sexual function.	N= 153 IIEF-15
A9	Gomes and Nobre, 2012	Sexual Behavior Archives	Investigate the role of early maladaptive schemas in male sexual functioning and clarify how these core cognitive structures discriminate between men with and without sexual dysfunction.	N= 242 IIEF-15
A10	Symonds et al. 2007	European urology	Develop a brief, multidimensional, psychometrically validated instrument to diagnose PE status.	N= 1.302 PEDT
A11	Kollenburg et al. 2019	Internet Medical Research Journal	Assess the reliability and validity of an electronic patient-reported version of the IIEF-5 and IIEF-15.	N= 179 IIEF-5; IIEF-15
A12	Vertosick et al. 2017.	The Journal of Urology	Compare patient-reported outcomes, such as urinary and erectile function, across institutions for prostate cancer research and quality-of-life assurance.	N= 1.284 EPIC-26; SHIM
A13	Zhang et al, 2016.	Reproductive	Elucidate the psychosocial effects	N= 472

		Health	and sexual functions associated with RPL among Chinese men whose partners have a history of RPL.	ISS; IIEF-5
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SIEDY: Structured Interview on Erectile Dysfunction; IIEF: International Index of Erectile Function; PEDT: Premature Ejaculation Diagnostic Tool; IELT: Intravaginal Ejaculation Latency Time; BMSFI: Brief Male Sexual Function Inventory; EPIC: Expanded Prostate Index Composite; SHIM: Sexual Health Inventory for Men; ISS: Index of Sexual Satisfaction; PE: Premature ejaculation; ED: Erectile dysfunction; MetS: Metabolic syndrome; PSG: Polysomnography; SCI: Spinal cord injury; MSQ: Male Sexual Quotient; EMS: Early maladaptive schemas; RPL: Recurrent pregnancy loss.

Source: Authors (2026).

Full-text reading enabled the analysis of 12 instruments used to assess self-perception, well-being, and sexual quality of life in men. The International Index of Erectile Function (IIEF) was the most frequently used instrument, appearing in 9 studies (69%), followed by the Premature Ejaculation Diagnostic Tool (PEDT), which appeared in 4 studies (30%). Of these 12 instruments, 50% had been validated for Brazil; 84% were originally developed in English, 8% in Portuguese, and 8% in Spanish, as detailed in Table 3.

Table 3 - General characteristics of the included instruments

Instrument	Instrument authors	Number of items	Instrument language	Scale type	Validated in Brazil?
Structured Interview on Erectile Dysfunction (SIEDYr)	Petrone <i>et al.</i> , 2003	13	English	Categorical	No
ANDROTEST	Corona <i>et al.</i> , 2006	12	Spanish	Ordinal Likert	No
Intravaginal Ejaculation Latency Time (IELT)	Symonds <i>et al.</i> , 2007	1	English	Subjective	No
Brief Male Sexual Function Inventory (BMSFI)	O'Leary <i>et al.</i> , 1995	11	English	Likert	No
Expanded Prostate Index Composite (EPIC-26)	Litwin <i>et al.</i> , 1999	26	English	Numeric	Yes
Premature Ejaculation Diagnostic Tool (PEDT)	Goldstein <i>et al.</i> , 2014	9	English	Likert	Yes
The Global Impotence Rating	Feldman <i>et al.</i> , 1994	1	English	Categorical	No
The Male Sexual Quotient	Abdo, 2007 and Cappelleri, 2005	10	Portuguese	Likert	No
Italian Premature Ejaculation	Iper; Di Pierro <i>et al.</i> , 2001	9	English	Likert	Yes
Sexual Health Inventory for Men	Shim; Mulhall <i>et al.</i> , 1999	5	English	Likert	Yes
International Index of Erectile Function (IIEF)	Rosen <i>et al.</i> , 1997	15	English	Likert	Yes
Index of Sexual Satisfaction (ISS)	Barroso <i>et al.</i> , 2000	25	English	Likert	Yes

Source: Authors (2026).

Of the 13 studies, 84% used the instruments exclusively for research purposes, whereas the remaining 16% used them both for research and for screening or clinical purposes. The instruments are primarily used to assess factors related to men's sexual lives; however, they have highly heterogeneous structures. One source of heterogeneity is the number of items assessed: the shortest instrument contained one item (Intravaginal Ejaculation Latency Time - IELT), whereas the longest contained 42 items (Expanded Prostate Index Composite - EPIC).

Regarding the domains assessed, most instruments evaluate sexual function globally, whereas others focus on specific stages or aspects of sexual activity, such as erection, orgasm, performance, anxiety, and sexual satisfaction, in addition to aspects of the individual's current relationship. Accordingly, the instruments may be divided into self-perception instruments and sexual-satisfaction instruments, as shown in Table 4.

Table 4 - Categorization of the instruments analyzed

INSTRUMENT NAME (ACRONYM) (REFERENCE)
Category 1: Self-perception instruments
• Structured Interview on Erectile Dysfunction (SIEDYr) (Bandini <i>et al.</i> 2009). • ANDROTEST (Bandini <i>et al.</i> 2009). • Intravaginal Ejaculation Latency Time (IELT) (Chen <i>et al.</i>, 2018). • Brief Male Sexual Function Inventory (BMSFI) (Chung; Wang, 2022). • Sexual Functioning Questionnaire (SFQ) (Harley; Boardman; Craig, 2009). • Expanded Prostate Index Composite (EPIC-26) (Vertosick <i>et al.</i> 2017). • Premature Ejaculation Diagnostic Tool (PEDT) (Chen <i>et al.</i>, 2018; Lin; Burri; Pakpour, 2016; Lotti <i>et al.</i>, 2013; Symonds <i>et al.</i> 2007). • The Global Impotence Rating (Martin <i>et al.</i>, 2017). • The Male Sexual Quotient (MSQ) (Miranda, 2016). • Sexual Health Inventory for Men (SHIM) (Vertosick <i>et al.</i> 2021).
Category 2: Sexual-satisfaction instruments
• International Index of Erectile Function (IIEF) (Chen <i>et al.</i>, 2018; Chung; Wang 2022; Lin; Burri; Pakpour, 2016; Lotti <i>et al.</i>, 2013; Miranda, 2016; Mokarami <i>et al.</i> 2018; Gomes and Nobre, 2012; Seisen <i>et al.</i> 2012; Symonds <i>et al.</i> 2007; Kollenburg <i>et al.</i> 2019; Zhang <i>et al.</i> 2016). • Index of Sexual Satisfaction (ISS) (X Zhang <i>et al.</i> 2016).

Source: Authors (2026).

Discussion

This study used a systematic approach to map and synthesize the main instruments used to assess self-perception, well-being, and sexual quality of life in the male population. Marques *et al.* (2008) and Moura (2019) report inadequate professional preparedness for assessing individuals with sexual dysfunction, particularly regarding the choice of an appropriate instrument. In this context, a review of the main instruments used to assess sexual dysfunctions and sexual quality of life in men is essential to guide the selection of the most appropriate method for each individual.

In summary, 13 articles guided the present study and reported 12 different instruments used to assess sexual dysfunctions. The IIEF was the most frequently used instrument and is considered the gold standard for ED assessment because it enables multidimensional analysis of sexual function (Sarris *et al.*, 2016). Available in 5- and 15-item versions, the IIEF provides a total score that allows classification of erectile dysfunction severity, with lower scores indicating greater impairment of erectile function (Sarris *et al.*, 2016).

Kollenburg (2019) demonstrated that the electronic versions of the IIEF-5 and IIEF-15 are equivalent to the printed versions and can be used to assess and classify ED. In the study by Chung and Wang (2022), sexual function before and after AdVance MS surgery in sexually active men was compared using the IIEF-5 and IIEF-15, showing favorable surgical outcomes in some sexual domains assessed by the instruments. The study also used the Brief Male Sexual Function Inventory (BMSFI), another scale focused on the individual's sexual functioning.

The BMSFI assesses domains related to libido, ejaculation, erection, dysfunction assessment, and overall sexual satisfaction (Rezaei, 2021). Thus, Chung and Wang (2022) used the IIEF and BMSFI to assess sexual function after AdVance MS surgery and concluded that the procedure was successful, with increased scores on the IIEF-5/15 and BMSFI. Lin, Burri, and Pakpour (2016), in turn, combined the IIEF-5 and PEDT when assessing patients with prostate cancer and observed a high frequency of ED and possible coexistence with premature ejaculation.

Chen et al. (2018) used the PEDT, IIEF-5, and IELT to evaluate different types of PE, demonstrating that individuals with PE associated with ED had a higher penile vibration threshold. Self-estimated and expected IELT were used to classify the individual's type of PE (lifelong or acquired) (Chen et al., 2018). Lotti et al. (2013), also using the PEDT together with the IIEF-15, found that individuals with metabolic syndrome had a higher prevalence of ED (Lotti et al., 2013).

Similarly, Mokarami et al. (2018) analyzed the relationship between psychosocial work stressors and sexual function among nurses using the IIEF-15. The study showed that psychosocial work stressors, role demands, and job demands had a greater impact on many of the domains assessed by the IIEF. The authors therefore concluded that work-related problems may affect employees' sexual satisfaction, with negative consequences for their performance and functioning (Mokarami et al., 2018).

Zhang et al. (2016) used the IIEF-5 together with the ISS, an instrument that describes the quality of the sexual relationship, to investigate whether sexual dysfunctions were associated with men whose partners had experienced recurrent pregnancy loss. Men whose partners had recurrent pregnancy loss showed higher rates of sexual dysfunction, particularly ED, as well as lower sexual satisfaction (Zhang et al., 2016).

From a similar perspective, Gomes and Nobre (2012), also using the IIEF-15, showed that men with sexual dysfunctions presented more early maladaptive schemas, which may intensify feelings of incompetence and unsuccessful sexual relationships. These schemas may emerge early or develop throughout life, and experiences of sexual failure may generate negative beliefs about oneself, resulting in adverse patterns of sexual behavior (Gomes and Nobre, 2012).

Similar to the IIEF, the Global Impotence Rating is a single-item instrument that can categorize ED as absent or significant (Martin, 2017). When the Global Impotence Rating was used, a strong association was observed between ED and obstructive sleep apnea (OSA), particularly among men aged 65 years or older.

The Male Sexual Quotient (MSQ), another instrument used in the studies included in the review, also measures sexual function and satisfaction across components such as sexual experience, desire, confidence, performance, climax, and sexual function (Abdo, 2007). When these instruments were used, erectile function, ejaculation, and orgasm were identified as the domains most affected after spinal cord injury (Miranda et al., 2016). In addition, some individuals reported reduced confidence in their ability to attract a partner after the injury (Miranda et al., 2016).

Bandini et al. (2009) used two instruments, SIEDY and ANDROTEST, to interview patients before the initiation of any treatment or specific diagnostic procedures for sexual dysfunction. SIEDY is a previously validated instrument composed of 13 items and three scales (Corona et al., 2012). Scale 1 addresses organic disturbances, such as history of morning/nocturnal erections and ejaculate volume; Scale 2 addresses relationship disturbances, including climax and desire; and Scale 3 covers psychological traits, such as the presence of stressors, relationship conflicts, extramarital affairs, and hypoactive sexual desire, among others (Corona et al., 2012).

ANDROTEST assesses aspects ranging from the individual's job satisfaction to characteristics of the relationship in which the individual is involved (Corona et al., 2012). Using both instruments, Bandini et al. (2009) concluded that 89.4% of individuals reported ED, 36.7% had hypoactive sexual desire, and 26% had PE.

Given that most articles evaluated some pathological dysfunction in their respective populations, Vertosick et al. (2017) proposed conversion methods between two instruments used in their study, EPIC-26 and SHIM. Because the instruments have similar characteristics and assess overall sexual function as well as specific factors of sexual life, Vertosick et al. (2017) aimed to convert the results across the two instruments in order to assess sexual quality of life in men.

The identification of instruments used to assess men's self-perception, well-being, and sexual quality of life revealed a wide variety of available tools. However, this diversity contributes to a lack of standardization in the assessment of sexual dysfunctions, making comparisons between studies difficult and creating uncertainty regarding the most appropriate instrument for each situation. Therefore, studies are needed to establish guidance on the use of the most appropriate instruments in specific contexts, including the most prevalent conditions, such as ED and PE, as well as particular clinical conditions such as cancer, diabetes, and injuries.

A limitation of this study is that most publications related to male sexual health were not freely available in full text, thereby reducing the number of studies that could be included and that might otherwise have contributed substantially to this review.

Conclusion

This review identified and described the main instruments used to assess self-perception, well-being, and sexual quality of life in men. Among the instruments analyzed, the IIEF stands out because of its widespread use, high clinical applicability, and psychometric robustness. In addition to the IIEF, other instruments, such as the PEDT, BSFI, and QSF, also proved relevant in specific contexts.

A wide variety of approaches is used to assess male sexual function, ranging from concise instruments containing a single index to more comprehensive questionnaires with more than 30 items. This diversity requires careful selection of the instrument to be applied, considering the purpose of the assessment, the domain of interest, the characteristics of the target population, and the clinical context.

However, there is a clear need for greater dissemination of these instruments and training of health professionals regarding their use. Many professionals are still unfamiliar with these tools or do not feel confident using them, which may hinder early diagnosis and compromise the effectiveness of therapeutic interventions. It is also essential to address sociocultural barriers, such as the taboo surrounding male sexuality, which often generates shame and feelings of guilt among men with sexual dysfunctions and contributes to underreporting and neglect of the problem.

Finally, further studies aimed at standardizing instruments in specific contexts, such as erectile dysfunction, premature ejaculation, and chronic diseases including cancer and diabetes, are important to facilitate the selection of the most appropriate tool. The use of validated and suitable instruments not only improves diagnosis and guides effective interventions but also contributes substantially to the promotion of male sexual health and well-being.

References

- ABDO, C. H. N. The Male Sexual Quotient: A Brief, Self-Administered Questionnaire to Assess Male Sexual Satisfaction. *The Journal of Sexual Medicine*, v. 4, n 2, 2007, p 382-389, ISSN 1743-6095. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S1743609515315277>. Accessed on: 5 abr. 2025.
- BANDINI, E. *et al.* Traços históricos não vêm do útero, mas sim dos testículos: um estudo em homens com disfunção sexual. *Journal of Sexual Medicine*, v. 6, n. 8, p. 2321-2331, 2009. DOI: <https://doi.org/10.1111/j.1743-6109.2009.01322.x>. Available from: <https://academic.oup.com/jsm/article-abstract/6/8/2321/6834587?redirectedFrom=fulltext>. Accessed on: 25 mar. 2025.
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. *Saúde sexual e saúde reprodutiva: os homens como sujeitos de cuidado*. Brasília: Ministério da Saúde, 2018. 56 p. il. ISBN 978-85-334-2604-7. Available from: bvsms.saude.gov.br/bvs/publicacoes/saude_sexual_reprodutiva_homens_cuidado.pdf. Accessed on: 3 abr. 2025.

CHEN, X. et al. Limiares sensoriais penianos em subtipos de ejaculação precoce: implicações da disfunção erétil comórbida. *Asian Journal of Andrology*, v. 20, n. 4, p. 330-335, 2018. Available from: https://journals.lww.com/ajandrology/fulltext/2018/20040/penile_sensory_thresholds_in_subtypes_of_premature.3.aspx. Accessed on: 20 mar. 2025.

CHUNG, E; WANG, J. O sling AdVance e a função sexual masculina: uma análise prospectiva sobre o impacto da tela pélvica nos domínios erétil e orgásmico em homens sexualmente ativos com incontinência urinária de esforço pós-prostatectomia. *Sex Med*, [S.l.], v. 10, n. 4, p. 100529, 2022. Available from: <https://pubmed.ncbi.nlm.nih.gov/35653877>. Accessed on: 10 mar. 2025.

CORONA, G. et al. SIEDY scale 3, a new instrument to detect psychological component in subjects with erectile dysfunction. *Journal of Sexual Medicine*, [S.l.], v. 9, n. 8, p. 017-2026, ago. 2012. Available from: <https://pubmed.ncbi.nlm.nih.gov/22594968/>. Accessed on: 26 mar. 2025.

GOMES, A. L. Q.; NOBRE, P. Esquemas mal adaptativos iniciais e disfunção sexual em homens. *Archives of Sexual Behavior*, v. 41, p. 311-320, 2012. Available from: <https://link.springer.com/article/10.1007/s10508-011-9853-y>. Accessed on: 25 mar. 2025.

JÚNIOR, Í. F. Instrumentos de medida para avaliação da função sexual masculina no Brasil. *Revista Brasileira de Sexualidade Humana*, v. 20, n. 1, 2009. Available from: https://www.rbsh.org.br/revista_sbrash/article/view/353. Accessed on: 27 mar. 2025.

KOLLENBURG, R. A.; BRUIN, D.M.; WIJKSTRA, H. Validação da versão eletrônica do Índice Internacional de Função Erétil (IIEF-5 e IIEF-15): um estudo cruzado. *Journal of medical Internet research*, v. 21, n. 7, e13490, 2019. Available from: <https://www.jmir.org/2019/7/e13490/>. Accessed on: 9 mar. 2025.

LIN, C. Y.; BURRI, A.; PAKPOUR, A. H. Ejaculação precoce e disfunção erétil em pacientes iranianos com câncer de próstata. *Asian Pacific Journal of Cancer Prevention*, v. 17, n. 4, p. 1961-1966, 2016. Available from: https://journal.waocp.org/article_32338.html. Accessed on: 19 mar. 2025.

LOTTI, F. et al. Parâmetros seminais, ultrassonográficos e psicobiológicos correlacionam-se com a síndrome metabólica em membros masculinos de casais inférteis. *Andrologia*, v. 1, n. 2, p. 229-239, 2013. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/j.2047-2927.2012.00031.x>. Accessed on: 20 mar. 2025.

MAFRA, R. S. P. et al. Tradução e Adaptação Cultural do Premature Ejaculation Diagnostic Tool (PEDT) para o Idioma Português. *CEP*, v. 30150, p. 220, 2018. Available from: <https://urominas.com/lander?oref=https%3A%2F%2Fscholar.google.com.br%2F>. Accessed on: 6 abr. 2025.

MARQUES, F. Z. C.; CHEDID, S. B; EIZERIK. Resposta Sexual Humana. *Revista Ciências Médicas*, v. 17, n. 3/6, 2008. Available from: <https://seer.sis.puc-campinas.edu.br/cienciasmedicas/article/view/755>. Accessed on: 6 abr. 2025.

MARTIN, S. A. et al. A disfunção erétil está independentemente associada ao índice de apneia-hipopneia e ao índice de dessaturação de oxigênio em homens idosos, mas não em homens mais jovens, residentes na comunidade. *Sleep Health*, v. 3, n. 4, p. 250-256, 2017. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S2352721817300670>. Accessed on: 25 mar. 2025.

MIRANDA, E. P. et al. Avaliação da disfunção sexual em homens com lesão medular utilizando o quociente sexual masculino. *Arquivos de medicina física e reabilitação*, v. 97, n. 6, p. 947-952, 2016. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S000399931600040X>. Accessed on: 25 mar. 2025.

MOKARAMI, H. et al. Papel dos estressores psicossociais do trabalho na função sexual de enfermeiros: o papel mediador da capacidade para o trabalho. *American Journal of Men's Health*, v. 12, n. 6, p. 1908-1915, 2018. Available from: <https://journals.sagepub.com/doi/full/10.1177/1557988318803505>. Accessed on: 20 mar. 2025.

MOURA, A. C. M. L.; COSTA, P. H. V.; POLESE, J. C. Instrumentos de avaliação da sexualidade em homens e mulheres após lesão medular: uma revisão sistemática. *Acta fisiátrica*, p. 52-58, 2019. Available from:

<https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1046648>. Accessed on: abr. 2025.

MOURAD, O.; Hossam, H.; Zbys, F.; Ahmed, E. *Rayyan — a web and mobile app for systematic reviews*. *Systematic Reviews*, v. 5, n. 210, 2016. DOI: 10.1186/s13643-016-0384-4. Available from: <https://www.rayyan.ai/>. Accessed on: 10 jan. 2026.

OPAS/OMS. Saúde Sexual e Reprodutiva. *Organização Pan-Americana da Saúde*. Available from: <https://www.paho.org/pt/topicos/saude-sexual-e-reprodutiva>. Accessed on: 8 mar. 2025.

REZAEI, N et al. Avaliação das propriedades psicométricas da versão persa do inventário breve da função sexual masculina: um estudo transversal. *Medicina sexual*, v. 9, n. 5, p. 100409, 2021. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8498951/pdf/main.pdf>. Accessed on: abr. 2025.

SANTOS, A. J. M. D. *Disfunção Sexual Masculina e Infertilidade*. 2023. Dissertation. Universidade da Beira Interior (Portugal). Available from: https://ubibliorum.ubi.pt/bitstream/10400.6/13502/1/9672_20601.pdf. Accessed on: abr. 2025.

SANTOS, T. F. Função sexual e fatores associados à disfunção sexual. *Fisioterapia Brasil*, v. 24, n. 4, p. 611–622, 2023. Available from: <https://ojs.atlanticaeditora.com.br/index.php/fisioterapia-brasil/article/view/263>. Accessed on: 5 abr. 2025.

SARRIS, A. B. et al. Fisiopatologia, avaliação e tratamento da disfunção erétil: artigo de revisão. *Revista de Medicina*, v. 95, n. 1, p. 18-29, 2016. Available from: <https://www.revistas.usp.br/revistadc/article/view/98277>. Accessed on: abr. 2025.

SERAFIM, A. F. V. et al. Avaliação da satisfação sexual de homens atendidos em ambulatório de urologia. *Revista Eletrônica Acervo Saúde*, v. 11, n. 4, p. e298-e298, 2019. Available from: <https://acervo-mais.com.br/index.php/saude/article/view/298/152>. Accessed on: abr. 2025.

SEVERINA, I. C. et al. Padrão de sexualidade ineficaz de idosos com Diabetes mellitus. *Escola Anna Nery*, v. 26, p. e20210326, 2022. Available from: <https://www.scielo.br/j/ean/a/dYZmCLvBzdf9wZrY9zNwxwz/?lang=pt>. Accessed on: 5 abr. 2025.

SILVA, L. F. E. D. *Questionários na avaliação de Disfunção Erétil: Pré e Pós Prostatectomia*. 2023 (Dissertação de Mestrado) - Universidade do Porto, Portugal, 2023. Available from: <https://repositorio-aberto.up.pt/bitstream/10216/150787/2/633485.pdf>. Accessed on: abr. 2025.

SOARES, K. G.; MENEGHEL, S. N. O silêncio da sexualidade em idosos dependentes. *Ciência & Saúde Coletiva*, v. 26, n. 01, p. 129-136, 2021. Available from: <https://www.scielo.br/j/csc/a/zKHkCkv9LPWPVQ8jYpyRRjp/?format=pdf&lang=pt>. Accessed on: 5 abr. 2025.

SYMONDS, T. et al. Desenvolvimento e validação de uma ferramenta de diagnóstico de ejaculação precoce. *European urology*, v. 52, n. 2, p. 565-573, 2007. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0302283807000322>. Accessed on: 19 mar. 2025.

TRICCO, A. et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. *Annals of Internal Medicine*, v. 169, n. 7, p. 467-473, 2018. DOI: 10.7326/M18-0850. Available from: <https://www.prisma-statement.org/scoping>. Accessed on: 15 fev. 2025.

VERTOSICK, E. et al. Interpretação de resultados de função urinária e sexual relatados por pacientes em vários instrumentos validados. *The Journal of Urology*, v. 198, n. 3, p. 671-677, set. 2017. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0022534717414042>. Accessed on: 20 mar. 2025.

ZHANG, Y. et al. Sobrecarga psicológica, satisfação sexual e função erétil em homens cujas parceiras sofrem perdas gestacionais recorrentes na China: um estudo transversal. *Saúde Reprodutiva*, v. 13, n. 1, p. 73, 2016. Available from: <https://link.springer.com/article/10.1186/s12978-016-0188-y>. Accessed on: 25 mar. 2025.

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