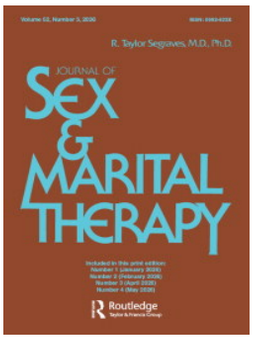

Routledge
Taylor & Francis Group

Journal of Sex & Marital Therapy

ISSN: 0092-623X (Print) 1521-0715 (Online) Journal homepage: www.tandfonline.com/journals/usmt20

The Inclusive Sexual Function Index (ISFI): Adaptation and Validation in a Sample Diverse Across Racial/Ethnic, Sexual, and Gender Identities

Katherine G. Spencer , Jennifer A. Vencill , Kristen P. Mark , Abby Girard , Katherine M. Arenella & G. Nic Rider

To cite this article: Katherine G. Spencer , Jennifer A. Vencill , Kristen P. Mark , Abby Girard , Katherine M. Arenella & G. Nic Rider (2026) The Inclusive Sexual Function Index (ISFI): Adaptation and Validation in a Sample Diverse Across Racial/Ethnic, Sexual, and Gender Identities, Journal of Sex & Marital Therapy, 52:3, 327-338, DOI: 10.1080/0092623X.2026.2642874

To link to this article: https://doi.org/10.1080/0092623X.2026.2642874

Published online: 17 Mar 2026.

JOURNAL OF SEX & MARITAL THERAPY
2026, VOL. 52, NO. 3, 327–338
https://doi.org/10.1080/0092623X.2026.2642874

Routledge
Taylor & Francis Group

RESEARCH ARTICLE

The Inclusive Sexual Function Index (ISFI): Adaptation and Validation in a Sample Diverse Across Racial/Ethnic, Sexual, and Gender Identities

Katherine G. Spencer[a], Jennifer A. Vencill[b], Kristen P. Mark[c], Abby Girard[c], Katherine M. Arenella[d] and G. Nic Rider[a]

[a]National Center for Gender Health, Eli Coleman Institute for Sexual and Gender Health, Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN, USA; [b]Department of Psychiatry & Psychology, Division of General Internal Medicine, Mayo Clinic, Rochester, MN, USA[c]Eli Coleman Institute for Sexual and Gender Health, Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN, USA; [d]California School of Professional Psychology, Alliant University – Los Angeles, Los Angeles, CA, USA

ABSTRACT

Sexual function is crucially important to overall health, including for people of all racial/ethnic, sexual, and gender identities. As such, measurement scales for sexual function that include multiple marginalized communities need to be developed and evaluated. This study aimed to adapt the Female Sexual Function Index to enhance its relevance and applicability with more diverse populations. The resulting Inclusive Sexual Function Index (ISFI) was then validated with a racially diverse LGBTQIA+ sample. Participants ($N = 1,947$) who identified as having one or a combination of marginalized identities (specifically, racial/ethnic, gender, and/or sexual identities) were recruited using Prolific. Internal consistency, convergent validity, and exploratory factor analysis (EFA) were assessed. Reliability and validity for an 18-item ISFI were established. EFA indicated a five-factor solution with subscales in sexual interest, physical arousal, orgasm, sexual satisfaction, and pain/discomfort. Valid scales that are inclusive of diverse racial/ethnic, gender, and sexual identities allow for more accurate assessment and treatment of sexual health concerns. The ISFI is an inclusive and psychometrically sound tool to assess core dimensions of sexual function in both clinical and research contexts.

The fields of sexual medicine and sexual health have seen increased calls in recent years for more inclusive, psychometrically-sound sexual health measures that account for diverse sexual and gender identities (Puckett et al. 2021; Whitney et al. 2022). Many sexual health outcome studies, particularly with transgender and non-binary populations, rely on untested modifications of sexual function scales normed with cisgender populations, or alternatively, a handful of sexual function items created by researchers for their individual study (Özer et al. 2023; Stephenson et al. 2017). Use of such unvalidated measures draws into question the utility and generalizability of these studies, which results in significant measurement heterogeneity in the field, and therefore limits our ability to make important comparisons across studies of sexual functioning and health. Critiques from within sexual and gender minoritized communities have documented discomfort with heteronormative, cisgender-centric measures (Austria et al. 2021). Additionally, the use of existing measures in non-validated ways can reinforce assumptions about the sexual health and experiences of marginalized communities and perpetuate systemic oppression.

CONTACT G. Nic Rider gnrider@umn.edu National Center for Gender Health, Eli Coleman Institute for Sexual and Gender Health, Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN, USA

A few scales have emerged to address calls for more inclusive measurement tools (Dharma et al. 2019; Dy et al. 2019; Tirapegui et al. 2020), though focus is typically on the assessment of sexual behaviors (e.g., condom/barrier negotiation) or body/genital image rather than sexual function. Two measures specifically for trans masculine individuals (Reisner et al. 2020) and trans women following vaginoplasty (Vedovo et al. 2020) have been developed based on the Female Sexual Function Index (FSFI) (Rosen et al. 2000). These adaptations of the FSFI for transgender men and women have remained limited due to their focus on individuals who pursue genital surgeries (Reisner et al. 2020; Vedovo et al. 2020). Perhaps most promising is Zaliznyak and colleagues' orgasm quality inventory, developed specifically with transgender women and men (Zaliznyak et al. 2022). However, this scale – as the name suggests – does not address other aspects of sexual functioning (e.g., desire, arousal, pain) beyond orgasm and has not been validated with cisgender populations.

Sexual function is crucially important to overall health yet remains overlooked due to intersectional stigma, limited sexual health education, and training barriers for healthcare providers (Kismödi et al. 2017). Because the vast majority of sexual health research in the United States is rooted in Eurocentric colonized structures of sexual, gender, and relationship conceptualizations, multiple marginalized experiences are excluded and rendered invisible. Accurate assessment of sexual health concerns, including changes in sexual functioning over time, for multiple marginalized individuals is notably constrained by a lack of inclusive measurement tools. To date, no sexual functioning scale exists that is inclusive of those with multiple marginalized identities *and* cisgender, heterosexual populations. The current study, grounded in an intersectionality framework, aimed to remedy a significant gap in the current literature via adaptation of the FSFI. The resulting Inclusive Sexual Function Index (ISFI) underwent preliminary validation in a sample of individuals with diverse racial/ethnic, sexual, and gender identities.

Method

Participants and procedures

As part of a larger study, the initial dataset included 2,048 individuals recruited between December 8, 2021 and June 21, 2022 via Prolific, an online crowdsourcing platform used for research purposes. Previous research indicates that participants from Prolific tend to respond with higher quality data than samples from other web-based crowdsourcing platforms (e.g., Amazon Mechanical Turk) (Peer et al. 2017). For the current study, we engaged in targeted sampling with minoritized gender, sexual, and racial/ethnic identities in all countries where Prolific is active. Cisgender, heterosexual, white individuals were excluded (i.e., a queer, nonbinary, white person or heterosexual, multiracial, cisgender woman could be included). All participants who were able to read and respond in English, were over the age of 18 years, were not currently pregnant, indicated having a sexual partner in the last year, and met demographic criteria were sent a description of the study by the Prolific system offering an opportunity to participate. Eligible participants then followed the study link that led them through informed consent of the study, a written document provided through Qualtrics that participants signed with initials to indicate consent. Following survey data collection, participants were provided a study completion code to enter into Prolific. After approval by the study team, participants were reimbursed for their participation.

Due to procedural limitations, multiple waves of recruitment were launched to capture the key demographic categories of interest. Study procedures were replicated in each wave, with the demographic identifiers for inclusion being changed accordingly (specifically, wave 1: Black, Indigenous, and People of Color (BIPOC)+LGBQ sample; wave 2: BIPOC+transgender and gender diverse (TGD); wave 3: TGD specific; and a fourth wave: LGBQ specific). Participants from previous waves of recruitment were excluded in the dataset to avoid duplication. The current study was approved by the University of Minnesota's Institutional Review Board (STUDY00007508).

Measures

For the purpose of assessing psychometric properties of the ISFI, the following scales were also administered:

Female Sexual Function Index (FSFI) (Rosen et al. 2000): The FSFI is a 19-item self-report questionnaire of female sexual functioning with a Likert scale ranging from 0 (or 1) to 5. Each domain is scored, with a maximum score of 6 per subscale and a total possible score of 36. The FSFI assesses domains of sexual desire, arousal, lubrication, pain, satisfaction, and orgasm over the previous 30 days. The FSFI is considered the "gold standard" for assessing cisgender, heterosexual women's sexual functioning (Meston et al. 2020). It was developed in 2000, with initial items created by a panel of experts in the field of sexual health, before being refined based on evaluations of face validity and psychometric properties. Since its development, numerous studies have validated the FSFI's psychometric properties across a range of samples (Wiegel et al. 2005). The original validation study established the FSFI's reliability and construct validity in cisgender women diagnosed with sexual arousal disorder and in cisgender women without sexual difficulties (Rosen et al. 2000). Later studies demonstrated its validity in cisgender women diagnosed with the other major categories of female sexual dysfunction (Meston 2003; Wiegel et al. 2005). The FSFI has also been used in various research contexts, including clinical trials, and as a clinical tool to screen for sexual dysfunction or to monitor treatment progress (Meston et al. 2020). In all these studies, the FSFI total and domain scores displayed excellent internal consistency reliability coefficients (i.e., Cronbach $\alpha > .80$) as well as the ability to differentiate between clinical and nonclinical samples.

Global Measure of Sexual Satisfaction (GMSEX) (Lawrance and Byers 1995): The GMSEX is comprised of five 7-point dimensions: Good-Bad, Pleasant-Unpleasant, Positive-Negative, Satisfying-Unsatisfying, and Valuable-Worthless, with the root question of "*In general, how would you describe your sexual relationship with your partner?*" The ratings are summed, with higher scores indicative of greater sexual satisfaction. The GMSEX has shown high internal consistency ($\alpha = .96$) (Lawrance and Byers 1995).

Sexual Distress Scale (SDS) (Derogatis et al. 2002; Santos-Iglesias et al. 2018): The SDS uses a Likert scale that ranges from 0 (*never*) to 4 (*always*), with higher scores indicating greater sexual distress. The scale has good internal consistency ($\alpha = .86–.97$), test–retest reliability ($r = .74–.93$), and good content, construct, and criterion validity (Derogatis et al. 2008). While originally developed as the "Female Sexual Distress Scale," its items are gender inclusive, and the scale has since been psychometrically validated with cisgender men.

Analysis

After confirming the ISFI's correlation matrix was factorable, it was submitted for exploratory factor analysis (EFA) and common factor analysis was selected to identify a latent factor structure. Parallel analysis, minimum average partials, and the visual scree test were used to determine the appropriate number of factors to retain. An oblimin rotation was employed due to correlation between factors. Correlation coefficients and descriptive statistics were used to assess convergent validity.

Results

Content, construct, and face validity

The ISFI was initially conceptualized and developed to address the lack of sexual function measures about the experiences and sexual health concerns of LGBTQ+ communities. For example, existing sexual function scales rely heavily on the inaccurate concept of gender binarism. Such scales are also deeply rooted in heteronormativity, reflected in scale assumptions about the sex/gender of one's sexual partner. Together, Eurocentrism, gender binarism, and heteronormativity in existing

sexual health measures have significantly limited our ability to accurately measure sexual function concerns across various identities and patient populations.

To provide construct validity, the well-established and validated FSFI (Rosen et al. 2000) was used as a framework that was edited and updated to reflect more inclusive language and to align with the *Diagnostic and Statistical Manual of Mental Disorders* (DSM, 5th edition and 5th edition, text revision) chapter on sexual dysfunctions. A group of specialist sex and gender therapists reviewed each item of the FSFI to address gendered language, and to create inclusive language for each aspect of sexual functioning (e.g., adapting "lubrication, wetness" to "physically aroused (lubrication, erect, engorged)"). FSFI items were also reviewed to assess alignment with current *DSM-5-TR* sexual dysfunction criteria, resulting in the rearrangement of items to better account for the diagnostic domains of sexual interest, sexual arousal, orgasm, and pain. Face validity was established via review and developmental input from experts in sexual medicine and gender healthcare who also identified as LGBTQIA+ and/or BIPOC. Higher scores on the ISFI indicate greater sexual functioning (e.g., higher satisfaction, less pain). Appendix shows a side-by-side comparison of the ISFI and FSFI.

Descriptive statistics

As shown in Table 1, the analytic sample consisted of 1,947 individuals (mean age 24, $SD = 5.67$; range: 18–59), with 53.8% self-reporting white, 15.6% Black, 12.0% Latinx, 10.4% multiracial, 4.0% Asian, and 4.2% something else. Participants included (using Prolific generated identity labels): 61.9% "woman, female, feminine cis woman," 24.0% "gender nonconforming, genderqueer, gender questioning," 11.2% "transgender man, male, masculine," 2.0% "man, male, masculine, cis man," 0.5% "intersex, two-spirit, and other related terms adults," and 0.2% "transgender woman, female, feminine." Additionally, 46% of participants were bisexual, 8.5% heterosexual, 12.3% pansexual, 10.5% gay/lesbian, 10.0% queer, and smaller groups were asexual, demisexual, or fluid. Overall, the sample had a mean total sexual functioning score of 65.55 ($SD = 11.10$).

Psychometric evaluation

Bartlett's test of sphericity indicated the correlation matrix was not random, $\chi^2(171) = 21113.97$, $p < .001$, and the KMO statistic was .89, well above the minimum standard for factor analysis. Internal consistency reliability of the ISFI was strong (full scale $\alpha = .89$). Exploratory factor analysis indicated a robust 18-item 5-subscale inclusive measure to assess sexual function. Dimensions included sexual interest (5 items, $\alpha = .88$), physical arousal (3 items, $\alpha = .80$), orgasm (4 items, $\alpha = .92$), satisfaction (3 items, $\alpha = .86$), and pain (3 items, $\alpha = .89$). Factor loadings ranged from .56 to .93; all factor loadings for each item are provided in Table 2.

Convergent validity

To establish convergent validity, the ISFI and its subscales were expected to be significantly positively correlated with the FSFI and GMSEX, and significantly negatively correlated with the SDS. All ISFI subscales were significantly correlated in the expected direction, and correlation coefficients are provided in Table 3.

Discussion

This study provided initial psychometric evaluation of the ISFI, adapted from the FSFI, to be an anatomy neutral, gender inclusive assessment of sexual functioning. The ISFI evidenced good reliability and validity, with five factor dimensions and strong face, content, and convergent

Table 1. Sample demographic characteristics (N = 1,947).

Sample characteristics	n (%)
Age	24.41 (5.67)
Racial/ethnic identity	
American Indian or Alaska Native	8 (0.4%)
Asian	77 (4.0%)
Black	303 (15.6%)
Hispanic/Latinx	234 (12%)
Middle Eastern and North African	17 (0.9%)
Native Hawaiian or Pacific Islander	1 (0.1%)
A different ethnicity not listed	53 (2.7%)
Multiracial	203 (10.4%)
white	1,048 (53.8%)
Gender identity	
Cis man	39 (2%)
Cis woman	1,206 (61.9%)
Gender nonconforming	468 (24%)
Intersex, two spirit, or other terms	10 (0.5%)
Trans man	218 (11.2%)
Trans woman	4 (0.2%)
Sexual orientation	
Asexual	35 (1.8%)
Bisexual	896 (46%)
Demisexual	41 (2.1%)
Fluid	26 (1.3%)
Gay/lesbian	204 (10.5%)
Heterosexual	166 (8.5%)
Homosexual	29 (1.5%)
Pansexual	239 (12.3%)
Queer	195 (10%)
Questioning	53 (2.7%)
Highest education level	
Some high school	31 (1.6%)
High school diploma	247 (12.7%)
Vocational training	28 (1.4%)
Some college	691 (35.5%)
Associate degree	94 (4.8%)
Bachelor's degree	534 (27.4%)
Post undergraduate	95 (4.9)
Master's degree	153 (7.9)
Specialist degree	14 (0.7)
Applied doctorate	10 (0.5)
Doctorate	15 (0.8)
Other education	35 (1.8)
Relationship status	
Single, not married or partnered	505 (25.9)
Partnered, living with partner	475 (24.4)
Partnered, not living with partner	740 (38)
Married, living with partner	173 (8.9)
Married, not living with partner	7 (0.4)
Separated	8 (0.4)
Divorced	6 (0.3)
Other	33 (1.7)

Note. May not add to 100% due to missing data.

validity. The five-factor solution includes the subscales of sexual interest, physical arousal, orgasm, satisfaction, and pain. Additionally, there was strength in the full-scale score as an overall measure of sexual function. Of note, the sexual interest subscale was comprised of items focused on subjective arousal and sexual desire whereas items about physiological arousal clustered independently as their own factor. Each individual item and its corresponding subscale are provided in the Appendix.

This initial validation study illuminates clinical and research implications. The ability to collect inclusive data on sexual health opens the opportunity for much needed larger scale studies regarding the prevalence of sexual function concerns across demographics. There is a dearth of

Table 2. Factor loadings for each item of the ISFI.

	Factor Loading					
	Sexual interest	Physical arousal	Orgasm	Satisfaction	Pain	Communality h^2
ISFI 1. How often did you feel sexual interest?	**.79**	.36	.22	−.32	−.12	.64
ISFI 2. How would you rate your level (degree) of sexual interest?	**.89**	.35	.24	−.32	−.15	.80
ISFI 3. How confident were you in your sexual interest during sexual activity?	**.62**	.49	.33	−.53	−.16	.51
ISFI 4. How difficult was it to feel sexual interest?	**−.77**	−.38	−.29	.41	.27	.61
ISFI 5. How satisfied were you with your sexual interest?	**.66**	.32	.35	−.59	−.20	.57
ISFI 6. How often did you become physically aroused (lubricated/erect/engorged) during sexual activity?	.47	**.89**	.36	−.39	−.19	.80
ISFI 7. How difficult was it for you to become physically aroused (lubricated/erect/engorged) during sexual activity?	−.39	**−.56**	−.31	.21	.45	.34
ISFI 8. How often did you maintain your physical arousal (lubrication/erection/engorgement) until completion of sexual activity?	.35	**.75**	.42	−.37	−.21	.59
ISFI 9. How often did you reach orgasm (climax) during sexual activity?	.23	.42	**.88**	−.30	−.16	.79
ISFI 10. How difficult was it for you to reach orgasm (climax) during sexual activity?	−.22	−.13	**−.75**	.16	.36	.63
ISFI 11. How confident were you with your ability to reach orgasm (climax) during sexual activity?	.31	.42	**.88**	−.32	−.19	.78
ISFI 12. How satisfied were you with your ability to reach orgasm (climax) during sexual activity?	.29	.41	**.89**	−.40	−.19	.81

(*Continued*)

Table 2. Continued.

	Factor Loading					
	Sexual interest	Physical arousal	Orgasm	Satisfaction	Pain	Communality h^2
ISFI 13. How satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner(s)?	.26	.36	.22	**−.76**	.01	.60
ISFI 14. How satisfied have you been with your sexual relationship with your partner(s)?	.39	.36	.32	**−.93**	−.07	.86
ISFI 15. How satisfied have you been with your overall sexual life?	.45	.29	.34	**−.81**	−.16	.68
ISFI 16. How often do you experience genital discomfort or pain during sexual activity?	−.22	−.14	−.23	.06	**.87**	.76
ISFI 17. How often did you experience genital physical discomfort or pain following sexual activity?	−.13	−.11	−.20	.05	**.84**	.70
ISFI 18. How would you rate your level (degree) of genital physical discomfort or pain during or following sexual activity?	−.14	−.11	−.22	.03	**.85**	.73

Note. Bold values indicate item loading on corresponding factor.

Table 3. Means, standard deviations, and correlation coefficients for the subscales and total scale score of the ISFI.

	ISFI sexual interest	ISFI physical arousal	ISFI orgasm	ISFI satisfaction	ISFI pain/ discomfort	ISFI total
M(SD)	17.81 (4.29)	12.06 (2.73)	12.13 (2.85)	10.94 (3.41)	12.44 (2.89)	65.55 (11.10)
ISFI sexual interest	–	.50**	.31**	.50**	.25**	.80**
ISFI physical arousal	.50**	–	.41**	.36**	.39**	.74**
ISFI orgasm	.31**	.41**	–	.31**	.22**	.62**
ISFI satisfaction	.50**	.36**	.31**	–	.18**	.70**
ISFI pain/discomfort	.25**	.39**	.22**	.18**	–	.56**
ISFI total	.80**	.74**	.62**	.70**	.56**	–
FSFI	.51**	.45**	.40**	.56**	.34**	.66**
FSFI desire	.72**	.37**	.18**	.36**	.17**	.54**
FSFI arousal	.50**	.44**	.31**	.50**	.20**	.57**
FSFI lubrication	.30**	.49**	.28**	.31**	.29**	.46**
FSFI orgasm	.26**	.33**	.66**	.33**	.25**	.50**
FSFI satisfaction	.45**	.27**	.23**	.79**	.14**	.57**
FSFI pain	.22**	.20**	.11**	.27**	.46**	.36**
GMSEX	.44*	.38**	.31**	.71**	.19**	.61**
SDS	−.52**	−.41**	−.33**	−.54**	−.34**	−.64**

Note. ISFI = Inclusive Sexual Functioning Index. FSFI = Female Sexual Functioning Index. GMSEX = Global Measure of Sexual Satisfaction. SDS = Sexual Distress Scale. *p<.05, **p<.01, ***p<.001.

literature addressing sexual functioning concerns with transgender and non-binary communities, and the ISFI could serve as an important research tool in addressing the lack of empirical evidence in this area. Additionally, there may be value in future research testing for invariance of the scale structure between cisgender heterosexual white samples and participants with marginalized sexual, racial, and gender identities.

Limitations of this study included the relatively young mean age of the sample, as well as a limited number of participants who identified as trans women. Future studies should focus on increasing representation from older adults, trans women, and trans feminine individuals. We did not collect data over time to assess test-retest reliability and did not collect data to determine discriminant validity; both important next steps in further validating the scale. The ISFI should also be psychometrically tested in clinical populations, such as pre- and postoperatively with gender-affirming genital surgery patients to assess sexual functioning. As the ISFI was based in *DSM-5-TR* diagnostic criteria, sexual functioning is a limited concept and does not address other facets of sexual experiences that may contribute to functioning, satisfaction, and pleasure. Additionally, cutoff scores need to be determined to improve the utility of the ISFI in clinical settings, including predictive validity in clinical samples.

Conclusion

Sexual health measurement tools need to be intersectionality-informed and able to assess concerns across *all* populations. Sexual function measurement has been built on a predominantly white cisheterocentric body of work. The ISFI, created by centering BIPOC and LGBTQIA+ communities, is a new, inclusive measure with important clinical and research applications.

Acknowledgments

The authors would like to acknowledge the generous input and feedback from community members and colleagues. Thank you, in particular, to Eloise DeWitt and Dianne Berg for their contributions regarding conceptual input.

Authors' contributions

CRediT: **Katherine G. Spencer**: Conceptualization, Methodology, Writing – original draft, Writing – review & editing; **Jennifer A. Vencill**: Conceptualization, Methodology, Writing – original draft, Writing – review & editing; **Kristen P. Mark**: Formal analysis, Writing – original draft, Writing – review & editing; **Abby Girard**: Funding acquisition, Writing – review & editing; **Katherine M. Arenella**: Investigation, Writing – review & editing; **G. Nic Rider**: Conceptualization, Formal analysis, Methodology, Writing – original draft, Writing – review & editing.

Disclosure statement

Authors have no conflict of interests to disclose.

Funding

Funding for this project was provided by the Grant-in-Aid of Research, Artistry and Scholarship through the Research and Innovation Office, University of Minnesota (Girard). Additional time grant support was provided by Mayo Clinic General Internal Medicine (Vencill).

Data availability statement

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research, supporting data is not available.

References

Austria, M. D., Lynch, K., Le, T., Walters, C. B., Atkinson, T. M., Vickers, A. J., & Carlsson, S. V. (2021). Sexual and gender minority persons' perception of the female sexual function index. *Journal of Sexual Medicine*, *18*(12), 2020–2027. https://doi.org/10.1016/j.jsxm.2021.09.012

Derogatis, L. R., Rosen, R., Leiblum, S., Burnett, A., & Heiman, J. (2002). The Female Sexual Distress Scale (FSDS): Initial validation of a standardized scale for assessment of sexually related personal distress in women. *Journal of Sex & Marital Therapy*, *28*(4), 317–330. https://doi.org/10.1080/00926230290001448

Derogatis, L., Clayton, A., Lewis-D'Agostino, D., Wunderlich, G., & Fu, Y. (2008). Validation of the female sexual distress scale-revised for assessing distress in women with hypoactive sexual desire disorder. *Journal of Sexual Medicine*, *5*(2), 357–364. https://doi.org/10.1111/j.1743-6109.2007.00672.x

Dharma, C., Scheim, A. I., & Bauer, G. R. (2019). Exploratory factor analysis of two sexual health scales for transgender people: trans-specific condom/barrier negotiation self-efficacy (T-barrier) and trans-specific sexual body image worries (T-worries). *Archives of Sexual Behavior*, *48*(5), 1563–1572. https://doi.org/10.1007/s10508-018-1383-4

Dy, G. W., Nolan, I. T., Hotaling, J., & Myers, J. B. (2019). Patient reported outcome measures and quality of life assessment in genital gender confirming surgery. *Translational Andrology and Urology*, *8*(3), 228–240. https://doi.org/10.21037/tau.2019.05.04

Kismödi, E., Corona, E., Maticka-Tyndale, E., Rubio-Aurioles, E., & Coleman, E. (2017). Sexual rights as human rights: A guide for the WAS declaration of sexual rights. *International Journal of Sexual Health*, *29*(sup1), 1–92. https://doi.org/10.1080/19317611.2017.1353865

Lawrance, K.-A., & Byers, E. S. (1995). Sexual satisfaction in long-term heterosexual relationships: The interpersonal exchange model of sexual satisfaction. *Personal Relationships*, *2*(4), 267–285. https://doi.org/10.1111/j.1475-6811.1995.tb00092.x

Meston, C. M. (2003). Validation of the Female Sexual Function Index (FSFI) in women with female orgasmic disorder and in women with hypoactive sexual desire disorder. *Journal of Sex & Marital Therapy*, *29*(1), 39–46. https://doi.org/10.1080/713847100

Meston, C. M., Freihart, B. K., Handy, A. B., Kilimnik, C. D., & Rosen, R. C. (2020). Scoring and interpretation of the FSFI: What can be learned from 20 years of use? *Journal of Sexual Medicine*, *17*(1), 17–25. https://doi.org/10.1016/j.jsxm.2019.10.007

Özer, M., Poor Toulabi, S., Gijs, L., Kreukels, B. P. C., & Mullender, M. G. (2023). The assessment of sexual well-being in treatment-seeking transgender individuals: A systematic review of the medical literature. *International Journal of Impotence Research*, *35*(2), 121–131. https://doi.org/10.1038/s41443-022-00529-9

Peer, E., Brandimarte, L., Samat, S., & Acquisti, A. (2017). Beyond the Turk: Alternative platforms for crowdsourcing behavioral research. *Journal of Experimental Social Psychology*, *70*, 153–163. https://doi.org/10.1016/j.jesp.2017.01.006

Puckett, J. A., Glozier, K., Kimball, D., & Giffel, R. (2021). A systematic review of sexuality measurement in transgender and gender diverse populations. *Psychology of Sexual Orientation and Gender Diversity*, *8*(3), 276–291. https://doi.org/10.1037/sgd0000523

Reisner, S. L., Pletta, D. R., Potter, J., & Deutsch, M. B. (2020). Initial psychometric evaluation of a brief sexual functioning screening tool for transmasculine adults: Transmasculine sexual functioning index. *Sexual Medicine*, *8*(3), 350–360. https://doi.org/10.1016/j.esxm.2020.05.006

Rosen, R., Brown, C., Heiman, J., Leiblum, S., Meston, C., Shabsigh, R., Ferguson, D., & D'Agostino, R. (2000). The Female Sexual Function Index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex & Marital Therapy*, *26*(2), 191–208. https://doi.org/10.1080/009262300278597

Santos-Iglesias, P., Mohamed, B., Danko, A., & Walker, L. M. (2018). Psychometric validation of the female sexual distress scale in male samples. *Archives of Sexual Behavior*, *47*(6), 1733–1743. https://doi.org/10.1007/s10508-018-1146-2

Stephenson, R., Riley, E., Rogers, E., Suarez, N., Metheny, N., Senda, J., Saylor, K. M., & Bauermeister, J. A. (2017). The sexual health of transgender men: A scoping review. *Journal of Sex Research*, *54*(4–5), 424–445. https://doi.org/10.1080/00224499.2016.1271863

Tirapegui, F. I., Acar, Ö., & Kocjancic, E. (2020). Sexual function after gender-affirming genital reconstruction. *Current Sexual Health Reports*, *12*(4), 411–420. https://doi.org/10.1007/s11930-020-00294-0

Vedovo, F., Di Blas, L., Perin, C., Pavan, N., Zatta, M., Bucci, S., Morelli, G., Cocci, A., Delle Rose, A., Caroassai Grisanti, S., Gentile, G., Colombo, F., Rolle, L., Timpano, M., Verze, P., Spirito, L., Schiralli, F., Bettocchi, C., Garaffa, G., … Trombetta, C. (2020). Operated male-to-female sexual function index: Validity of the first questionnaire developed to assess sexual function after male-to-female gender affirming surgery. *Journal of Urology*, *204*(1), 115–120. https://doi.org/10.1097/JU.0000000000000791

Whitney, N., Samuel, A., Douglass, L., Strand, N. K., & Hamidian Jahromi, A. (2022). Avoiding assumptions: Sexual function in transgender and non-binary individuals. *Journal of Sexual Medicine*, *19*(6), 1032–1034. https://doi.org/10.1016/j.jsxm.2022.03.214

Wiegel, M., Meston, C., & Rosen, R. (2005). The Female Sexual Function Index (FSFI): Cross-validation and development of clinical cutoff scores. *Journal of Sex & Marital Therapy*, *31*(1), 1–20. https://doi.org/10.1080/00926230590475206

Zaliznyak, M., Lauzon, M., Stelmar, J., Yuan, N., Smith, S. M., & Garcia, M. M. (2022). A proposed inventory to assess changes in orgasm function of transgender patients following gender affirming treatments: Pilot study. *Sexual Medicine*, *10*(3), 100510–100515. https://doi.org/10.1016/j.esxm.2022.100510

Appendix. Comparison of items from the Inclusive Sexual Function Index (ISFI) and Female Sexual Function Index (FSFI)

ISFI	FSFI (items arranged to match with adapted ISFI items)
Section 1: Sexual interest Over the past 6 months: 1. How often did you feel sexual interest? 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never	Over the past 4 weeks: 1. How often did you feel sexual desire or interest?5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never
2. How would you rate your level (degree) of sexual interest? 5 = Very high 4 = High 3 = Moderate 2 = Low 1 = Very low or none at all	2. How would you rate your level (degree) of sexual desire or interest?5 = Very high 4 = High 3 = Moderate 2 = Low 1 = Very low or none at all
3. How confident were you in your sexual interest during sexual activity? 0 = No sexual activity 5 = Very high confidence 4 = High confidence 3 = Moderate confidence 2 = Low confidence 1 = Very low or no confidence	5. How confident were you about becoming sexually aroused during sexual activity or intercourse?0 = No sexual activity 5 = Very high confidence 4 = High confidence 3 = Moderate confidence 2 = Low confidence 1 = Very low or no confidence
4. How difficult was it to feel sexual interest? 0 = No sexual activity 1 = Extremely difficult or impossible 2 = Very difficult 3 = Difficult 4 = Slightly difficult 5 = Not difficult	3. How often did you feel sexually aroused ("turned on") during sexual activity or intercourse?0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never
5. How satisfied were you with your sexual interest? 0 = No sexual activity 5 = Very satisfied 4 = Moderately satisfied 3 = About equally satisfied and dissatisfied 2 = Moderately dissatisfied 1 = Very dissatisfied	4. How would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse?0 = No sexual activity 5 = Very high 4 = High 3 = Moderate 2 = Low 1 = Very low or none at all
Section 2: Physical Arousal 6. How often did you become physically aroused (lubricated/erect/engorged) during sexual activity? 0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never	7. How often did you become lubricated ("wet") during sexual activity or intercourse? 0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never

(*Continued*)

Continued.

ISFI	FSFI (items arranged to match with adapted ISFI items)
7. How difficult was it for you to become physically aroused (lubricated/erect/engorged) during sexual activity? 0 = No sexual activity 1 = Extremely difficult or impossible 2 = Very difficult 3 = Difficult 4 = Slightly difficult 5 = Not difficult	8. How difficult was it to become lubricated ("wet") during sexual activity or intercourse? 0 = No sexual activity 1 = Extremely difficult or impossible 2 = Very difficult 3 = Difficult 4 = Slightly difficult 5 = Not difficult
[Not included in ISFI]	10. How difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse? 0 = No sexual activity 1 = Extremely difficult or impossible 2 = Very difficult 3 = Difficult 4 = Slightly difficult 5 = Not difficult
8. How often did you maintain your physical arousal (lubrication/erection/engorgement) until completion of sexual activity? 0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never	9. How often did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse? 0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never
[Not included in ISFI]	6. How often have you been satisfied with your arousal (excitement) during sexual activity or intercourse? 0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never
Section 3: Orgasm	
9. How often did you reach orgasm (climax) during sexual activity? 0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never	11. When you had sexual stimulation or intercourse, how often did you reach orgasm (climax)? 0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never
10. How difficult was it for you to reach orgasm (climax) during sexual activity? 0 = No sexual activity 1 = Extremely difficult or impossible 2 = Very difficult 3 = Difficult 4 = Slightly difficult 5 = Not difficult	12. When you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)? 0 = No sexual activity 1 = Extremely difficult or impossible 2 = Very difficult 3 = Difficult 4 = Slightly difficult 5 = Not difficult
11. How confident were you with your ability to reach orgasm (climax) during sexual activity? 0 = No sexual activity 5 = Very high confidence 4 = High confidence 3 = Moderate confidence 2 = Low confidence 1 = Very low or no confidence	[no equivalent in the FSFI]
12. How satisfied were you with your ability to reach orgasm (climax) during sexual activity? 0 = No sexual activity 5 = Very satisfied 4 = Moderately satisfied 3 = About equally satisfied and dissatisfied 2 = Moderately dissatisfied 1 = Very dissatisfied	13. How satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse? 0 = No sexual activity 5 = Very satisfied 4 = Moderately satisfied 3 = About equally satisfied and dissatisfied 2 = Moderately dissatisfied 1 = Very dissatisfied

(*Continued*)

Continued.

ISFI	FSFI (items arranged to match with adapted ISFI items)
Section 4: Satisfaction	
13. How satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner(s)? 0 = No sexual activity 5 = Very satisfied 4 = Moderately satisfied 3 = About equally satisfied and dissatisfied 2 = Moderately dissatisfied 1 = Very dissatisfied	14. How satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner? 0 = No sexual activity 5 = Very satisfied 4 = Moderately satisfied 3 = About equally satisfied and dissatisfied 2 = Moderately dissatisfied 1 = Very dissatisfied
14. How satisfied have you been with your sexual relationship with your partner(s)? 0 = No sexual activity 5 = Very satisfied 4 = Moderately satisfied 3 = About equally satisfied and dissatisfied 2 = Moderately dissatisfied 1 = Very dissatisfied	15. How satisfied have you been with your sexual relationship with your partner? 5 = Very satisfied 4 = Moderately satisfied 3 = About equally satisfied and dissatisfied 2 = Moderately dissatisfied 1 = Very dissatisfied
15. How satisfied have you been with your overall sexual life? 0 = No sexual activity 5 = Very satisfied 4 = Moderately satisfied 3 = About equally satisfied and dissatisfied 2 = Moderately dissatisfied 1 = Very dissatisfied	16. How satisfied have you been with your overall sexual life? 5 = Very satisfied 4 = Moderately satisfied 3 = About equally satisfied and dissatisfied 2 = Moderately dissatisfied 1 = Very dissatisfied
Section 5: Pain/discomfort	
16. How often do you experience genital discomfort or pain during sexual activity? 0 = No sexual activity 1 = Almost always or always 2= Most times (more than half the time) 3 = Sometimes (about half the time) 4 = A few times (less than half the time) 5 = Almost never or never	17.How often did you experience discomfort or pain during vaginal penetration? 0 = Did not attempt intercourse 1 = Almost always or always 2 = Most times (more than half the time) 3 = Sometimes (about half the time) 4 = A few times (less than half the time) 5 = Almost never or never
17. How often did you experience genital physical discomfort or pain following sexual activity? 0 = No sexual activity 1 = Almost always or always 2= Most times (more than half the time) 3 = Sometimes (about half the time) 4 = A few times (less than half the time) 5 = Almost never or never	18. How often did you experience discomfort or pain following vaginal penetration? 0 = Did not attempt intercourse 1 = Almost always or always 2 = Most times (more than half the time) 3 = Sometimes (about half the time) 4 = A few times (less than half the time) 5 = Almost never or never
18. How would you rate your level (degree) of genital physical discomfort or pain during or following sexual activity? 0 = No sexual activity 1 = Very high 2 = High 3 = Moderate 4 = Low 5 = Very low or none at all	19. How would you rate your level (degree) of discomfort or pain during or following vaginal penetration? 0 = Did not attempt intercourse 1 = Very high 2 = High 3 = Moderate 4 = Low 5 = Very low or none at all