

Appendix Articles published in the period 1979-2012 that included sexual satisfaction (SS) as the dependent variable ($N = 197$).

Author	Sample	Assessment Instrument	Key findings	Level
Abdo et al. (2008)	Clinical general population: Heterosexual men with erectile dysfunction ($N = 115$)	Male Sexual Quotient (MSQ)	Participants assigned to the sildenafil + counseling group reported significantly greater SS than participants assigned to the counseling and sildenafil groups	Mic.
Akkuş et al. (2010)	Clinical general population: Men and women with rheumatoid arthritis ($n = 18$) and with ankylosing spondylitis ($n = 15$). Did not report sexual orientation	1 item	Participants reported significantly lower SS after the onset of the disease, when the disease caused stress and changes in sexual life, and when drugs affected sexual life. Women reported significantly lower SS than men, and patients with rheumatoid arthritis reported significantly lower SS than patients with ankylosing spondylitis	Mic.
Althof et al. (2010)	Clinical general population: Men with erectile dysfunction ($N = 3,935$). Did not report sexual orientation	International Index of Erectile Function (IIEF)	Participants who reported being sexually satisfied showed less severe erectile dysfunction, shorter duration of erectile dysfunction, more sexual attempts, were younger, and were more likely to live in EU/Mediterranean and Central and South America. In addition, vascular disorder, diabetes mellitus, and hypertension were significantly less frequent in sexually satisfied participants. The probability that such participants had previously taken sildenafil or calcium channel blockers was also lower	Mic. Mes.
Althof et al. (2006)	General clinical and non-clinical population: Heterosexual men with premature ejaculation ($n = 149$) and healthy men ($n = 152$)	Index of Premature Ejaculation (IPE)	Men with premature ejaculation reported significantly lower SS than healthy men	Mes.
Álvarez-Goyou et al. (2005)	Non-clinical general population: Men ($n = 318$) and women ($n = 441$). Did not report sexual orientation	<i>Ad hoc</i> questionnaire	Participants with higher educational levels reported greater SS Participants who had been in a relationship for 6-9 years or for 24-30 years reported significantly lower SS than participants who maintained a relationship with other relationship duration	Mic. Mes.
Arratia-Maqueo et al. (2010)	Non-clinical general population: Heterosexual men with vasectomy ($N = 29$)	Spanish version of International Index of Erectile Function (IIEF)	No significant differences in SS before and after vasectomy	Mic.
Auslander et al. (2007)	Non-clinical adolescents ($n = 135$) and college students ($n = 178$): Men and women. Did not report sexual orientation	7 items	A positive relationship with one's partner, being emotionally less sensitive to interpersonal relationships, frequency of sexual activity, having fewer sexual partners, and increased condom use were associated with higher SS	Mic. Mes.
Barrientos & Páez (2006)	Non-clinical general population: Men ($n = 2,244$) and women ($n = 3,163$). Did not report sexual orientation	1 item	Being in love, having had a good sexual life in the past, finding new emotions, high educational level, being married, believing that the relationship will continue in the next 12 months, orgasm, desired intercourse with one's partner, believing that it is possible to change negative aspects of the sexual relationship, and early sexual initiation were associated with higher SS	Mic. Mes.

Bélanger et al. (2001)	General clinical and non-clinical population: Heterosexual couples who attended marital therapy ($n = 95$) and healthy couples ($n = 97$)	French version of Index of Sexual Satisfaction (ISS)	Among wives, low SS was associated with husbands' state anger and their own trait anger, anger-in, and anger-out. These variables accounted for 29% of SS Among husbands, low SS was associated with their own state anger and anger-in, and with wives' anger-out. These variables accounted for 32% of SS	Mic.
Benazon et al. (1992)	Clinical general population: Heterosexual couples in which the woman did not become pregnant during fertility treatment ($n = 117$) and couples in which she became pregnant ($n = 47$)	French version of Index of Sexual Satisfaction (ISS)	Women who became pregnant during fertility treatment reported significantly greater SS than women who did not become pregnant	Mes.
Bennun et al. (1985)	Clinical general population: Heterosexual couples who requested marital therapy ($N = 20$)	Golombok Rust Inventory of Sexual Satisfaction (GRISS)	Men and women reported significantly greater SS after behavioral marital therapy	Mes.
Biss & Horne (2005)	Non-clinical general population: Homosexual men ($n = 380$) and women ($n = 216$)	Sexual Satisfaction Subscale of the Extended Satisfaction with Life Scale (ESWLS)	In women, higher age was associated with low SS, and the current living situation and environmental mastery were associated with higher SS. These variables accounted for 8% of SS In men, current life, life satisfaction, and personal growth were associated with greater SS. These variables accounted for 16% of SS	Mic. Exo.
Black et al. (1998)	General clinical and non-clinical population: Women with spinal cord injury ($n = 84$) and healthy women ($n = 37$). Did not report sexual orientation	Subscale of Derogatis Sexual Function Inventory (DSFI)	Women with spinal cord injury reported significantly lower SS than healthy women No significant differences in sexual satisfaction were found between married women with spinal cord injury and healthy women Increasing age was associated with lower SS in women with spinal cord injury, and with higher SS in healthy women	Mic. Mes.
Blackmore et al. (2011)	Clinical general population: Men ($n = 19$) and women ($n = 62$) with multiple sclerosis. Did not report sexual orientation	Sexual Satisfaction Survey (SSS)	Positive support from the partner was associated with greater SS. This variable accounted for 33.9% of SS	Mes.
Botlani et al. (2012)	Clinical general population: Heterosexual couples who attended counseling centers ($N = 30$)	<i>Ad hoc</i> questionnaire	Couples who received couple therapy based on attachment theory reported significantly greater SS than couples who received traditional couple therapy	Mes.
Bridges & Horne (2007)	Non-clinical general population: Lesbian and bisexual women ($N = 1,072$)	Sexual Satisfaction Subscale of the Extended Satisfaction with Life Scale (ESWLS)	Length of the relationship was associated with lower SS, and relationship satisfaction and desire discrepancy not being a problem were associated with higher SS. These variables accounted for 30.5% of SS	Mes.
Bridges et al. (2004)	Non-clinical general population: Women ($N = 2,632$). Did not report sexual orientation	Sexuality of Women: A Survey	Family affection, partner initiation, and communication were associated with higher SS. These variables accounted for 20.5% of SS	Mes. Exo.

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Butzer & Campell (2008)	Non-clinical general population: Heterosexual couples (N = 116)	Enriching and Nurturing Relationship Issues, Communication, and Happiness (ENRICH) Index of Sexual Satisfaction (ISS)	High levels of anxious and avoidant attachment were associated with low SS (own effects) Participants with partners with avoidant attachment reported low SS (partner effects)	Mes.
Byers (2005)	Non-clinical general population: Heterosexual men and women (N = 87)	Global Measure of Sexual Satisfaction (GMSEX)	Changes in the level of relationship satisfaction were associated with changes in the level of SS	Mes.
Byers & Demmons (1999)	Non-clinical college students: Men (n = 47) and women (n = 52). Did not report sexual orientation	Global Measure of Sexual Satisfaction (GMSEX)	Non-sexual self-disclosure accounted for 24% of SS Relationship satisfaction and the following components of the Interpersonal Exchange Model of Sexual Satisfaction (IEMSS): rewards, costs, relative rewards, relative costs, equal rewards, and equal costs, accounted for 79% of SS	Mes.
Byers et al. (1998)	Non-clinical college students: Men (n = 51) and women (n = 57). Did not report sexual orientation	Global Measure of Sexual Satisfaction (GMSEX)	Greater relationship satisfaction, more favorable relative rewards/relative costs, and more equal rewards and costs between partners were associated with greater SS. These variables accounted for 75% of SS	Mes.
Byers & MacNeil (2006)	Study 1. Non-clinical general population: Heterosexual men and women (N = 79) Study 2. Non-clinical general population: Heterosexual couples (N = 104)	Global Measure of Sexual Satisfaction (GMSEX)	Study 1. Relationship satisfaction, rewards-costs, relative level of rewards and costs, equal rewards, and equal costs were associated with higher SS. These variables accounted for 79% of SS Study 2. SS was high when men and women reported higher rewards and lower costs. Moreover, SS was influenced by dyadic factors in both men and women	Mes.
Calogero & Thompson (2009)	Non-clinical college women (N = 101). Did not report sexual orientation	Sexual Satisfaction Scale (SSS)	Internalization of beauty ideals affected body surveillance, which entailed high body shame and low sexual self-esteem. These variables were associated with lower SS (indirect effects). In addition, body surveillance and body shame had direct negative effects on SS. These variables accounted for 30% of SS	Mic.
Carcedo et al. (2011)	Non-clinical general population: Prison inmates - heterosexual men (n = 70) and women (n = 70)	Sexual satisfaction subscale of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ)	Having a partner in or out of prison was associated with higher SS. These variables accounted for 36.2% of SS	Mes.
Carpenter et al. (2009)	Non-clinical general population: Heterosexual men (n = 484) and women (n = 551)	2 items	In women, longer duration of intercourse and thinking that men need more sex were associated with greater physical SS; being black, having had sexual problems in the past year, low sexual frequency, low occurrence of orgasm, and less duration of sexual activity were associated with lower physical SS. In men, sex with love was associated with high physical SS, and less duration of intercourse was associated with lower physical SS In women, good health and sex with love were associated with high emotional SS. Poor health, the presence of sexual problems in the past year, requiring a long time with a partner before having sex, low frequency of sexual activity in a year, and less duration of intercourse were associated with lower emotional SS. In men, high educational level and sex with love were associated with high emotional SS, while low frequency of sexual activity was associated with low emotional SS	Mic. Mes.

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Carrobes et al. (2011)	Non-clinical college students: Heterosexual and lesbian women ($N = 157$)	Spanish version of Index of Sexual Satisfaction (ISS)	Sexual assertiveness and sexual motivation were associated with greater SS, and performance anxiety was associated with lower SS. These variables accounted for 41% of SS	Mes.
Carson & Wyllie (2010)	Clinical general population: Heterosexual men with premature ejaculation ($N = 249$)	Index of Premature Ejaculation (IPE) and Premature Ejaculation Profile (PEP)	Participants assigned to the PSD502 group reported significantly greater SS than participants assigned to the placebo group. PSD502 is a spray that is topically applied to treat premature ejaculation	Mic.
Chang et al. (2011)	Non-clinical general population: Heterosexual pregnant women ($N = 663$)	Taiwanese version of Female Sexual Function Index (FSFI)	Low weight before pregnancy was associated with higher SS, while the interaction between body image and having had an artificial abortion were associated with lower SS during the first trimester of pregnancy. During the third trimester, the interaction between body image and having had infertility problems was associated with higher SS, and the interaction between body image and severity of infertility was associated with lower SS	Mic. Mes.
Chao et al. (2011)	Non-clinical general population: Men ($n = 200$) and women ($n = 83$). Did not report sexual orientation	Taiwanese version of Sexual Satisfaction Scale	High sexual desire was associated with greater SS	Mes.
Cheung et al. (2008)	Non-clinical general population: Heterosexual couples ($N = 1,124$)	1 item	Sexual interest was associated with higher SS and accounted for 27% and 19% of SS in men and women, respectively	Mes.
Clymer et al. (2006)	Non-clinical general population: Men and women ($N = 200$). Did not report sexual orientation	Index of Sexual Satisfaction (ISS)	Ambivalent attachment was associated with lower SS and accounted for 15.3% of SS	Mes.
Cortés-González et al. (2008)	Non-clinical general population: Heterosexual women whose partners had a circumcision ($N = 19$)	Spanish version of Changes on Sexual Functioning Questionnaire (CSFQ)	No significant differences in SS before and after the partner's circumcision	Mic.
Cortés-González et al. (2009)	Non-clinical general population: Heterosexual circumcised men ($N = 22$)	Items of different questionnaires: International Index of Erectile Function (IIEF), Changes in Sexual Functioning Questionnaire (CSFQ), Brief Sexual Function Questionnaire (BSFQ), and Center for Marital and Sexual Health Sexual Functioning Questionnaire (CMASHSFQ)	No significant differences in SS before and after circumcision	Mic.
Daniel & Bridges (2012)	Non-clinical college students: Men ($N = 157$). Sexual orientation: heterosexual and others	Sexual Satisfaction Subscale of the Extended Satisfaction with Life Scale (ESWLS)	The masculine gender role was associated with higher SS and accounted for 12.1% of SS	Mic.
Darling & McKoy-Smith (1993)	General clinical and non-clinical population: Women with a hysterectomy ($n = 97$), and healthy women ($n = 249$). Did not report sexual orientation	Index of Sexual Satisfaction (ISS)	In women with a hysterectomy, better psychological health, family support, and the ability to reframe their problems were associated with higher SS. These variables accounted for 38% of SS In healthy women, better psychological health status and the ability to reframe their problems were associated with high SS. These variables accounted for 13.4% of SS	Mic. Exo.

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Davidson & Darling (1988)	Non-clinical general population: Heterosexual women (N = 133)	Not reported	No significant differences in SS according to marital status	Mes.
Davidson & Darling (1993)	Non-clinical general population: Heterosexual women (N = 671)	Not reported	Women who never or rarely feel guilt derived from masturbation reported significantly greater SS (psychological and physiological) than women who always or often feel guilt	Mic.
Davidson et al. (1995)	Non-clinical general population: Heterosexual women (N = 805)	Not reported	No significant differences in SS according to religious practice	Mac.
Davis et al. (2008)	Non-clinical general population: Pre-menopausal women (N = 261). Did not report sexual orientation	Sabbatsberg Sexual Self-Rating Scale	No significant differences in SS between the placebo group and three experimental groups (assigned to three different doses of testosterone transdermal spray)	Mic.
Davison et al. (2008)	Non-clinical general population: Pre-menopausal women (n = 184) and post-menopausal women (n = 165). Did not report sexual orientation	1 item	Women with high SS reported more frequent sexual thoughts, sexual interest and events, and initiation of sexual activity. In addition, pre-menopausal women with high SS reported more frequent sexual thoughts and greater frequency of sexual activity than post-menopausal women with high SS	Mic. Mes.
Davison et al. (2009)	Non-clinical general population: Pre-menopausal women (n = 161) and post-menopausal women (n = 134). Did not report sexual orientation	1 item	Pre-menopausal women who reported high SS also reported significantly greater frequency of sexual activity and greater vitality than women who reported low SS Post-menopausal women who reported high SS also reported significantly higher frequency of sexual activity, low anxiety, more well-being, and vitality than women who reported low SS	Mic. Mes.
DeLamater et al. (2008)	Non-clinical general population: Men (n = 2,156) and women (n = 1,955). Did not report sexual orientation	2 items	Relationship satisfaction and high frequency of sexual activity were associated with higher SS. These variables accounted for 39% of SS	Mes.
Demirkesen et al. (2008)	Clinical general population: Women treated for urinary incontinence (N = 69). Did not report sexual orientation	Ad hoc questionnaire	No significant differences in SS between women in the tension-free vaginal tape surgery group and the Burch colposuspension surgery group	Mic.
De Ryck et al. (2012)	Clinical general population: Men who attended HIV treatment centers (N = 1,017). Heterosexual, homosexual and bisexual	Visual Analogue Scale	Age, depressive symptoms, anxiety, stress, use of anxiolytics, low support from one's partner, and experiences of HIV-related discrimination were associated with lower SS in both homosexual/bisexual and heterosexual men	Mic. Mes. Exo.
Dinsmore & Wyllie (2009)	Clinical general population: Heterosexual men with premature ejaculation (N = 300)	International Index of Erectile Function-5 (IIEF-5)	Participants assigned to the PSD502 group reported significantly higher SS than participants assigned to the placebo group. PSD502 is a spray that is topically applied to treat premature ejaculation	Mic.

Dixon (1985)	Non-clinical general population: Heterosexual men ($n = 50$) and bisexual ($n = 50$)	Not reported	Heterosexual men reported significantly greater SS than gay men	Mic.
Dourado et al. (2010)	Clinical general population: Heterosexual patients with Alzheimer's ($N = 36$) and their spouses	Brazilian Version of Questionnaire on Sexual Experience and Satisfaction	No significant differences in SS were found between men and women. However, participants whose partners had greater severity of disease reported lower SS than those whose partners had lower severity of disease	Mic.
Drosdzol et al. (2007)	General clinical and non-clinical population: Women with polycystic ovary syndrome ($n = 50$) and healthy women ($n = 40$). Did not report sexual orientation	Index of Sexual Satisfaction (ISS)	Women with polycystic ovarian syndrome reported significantly lower SS than healthy women	Mic.
Dundon & Rellini (2010)	Non-clinical general population: Heterosexual and homosexual menopausal women ($N = 86$)	3 items of Female Sexual Function Index (FSFI)	Psychological well-being, dyadic adjustment, and fewer symptoms of menopause were associated with higher SS	Mic. Mes.
Elsenbruch et al. (2003)	General clinical and non-clinical population: Women with polycystic ovary syndrome ($n = 50$) and healthy women ($n = 50$). Did not report sexual orientation	Visual Analog Scale	Women with polycystic ovary syndrome reported significantly lower SS than healthy women	Mic.
Farley & Davis (1980)	Non-clinical college students: Heterosexual couples ($N = 102$)	Marital Sexual Activity and Satisfaction Inventory	Women reported higher SS when their partners had a personality (extraversion-introversion and neuroticism) that was similar to theirs Men reported higher SS when their partners were similar to them in the trait of psychoticism	Mic.
Feldman-Summers et al. (1979)	General clinical and non-clinical population: Women who had been raped ($n = 14$) and women who had not been raped ($n = 14$). Did not report sexual orientation	Current Sexual Behavior Questionnaire and Sexual Satisfaction Questionnaire	Women who had been raped reported significantly lower SS than women who had not been raped	Mic.
Finkelhor et al. (1989)	Non-clinical general population: Men ($n = 1,145$) and women ($n = 1,485$). Did not report sexual orientation	1 item	Sexual abuse was associated with lower SS in women	Mic.

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Fuertes (2000)	Non-clinical general population: Heterosexual couples ($N = 71$)	Sexual Interaction Inventory (SII)	Low confidence and the discrepancy between desired and perceived concern on the part of the couple were associated with lower SS in both genders In childless couples, these variables accounted for 31.3% of SS In couples with children, higher SS was reported when the man perceived that his partner was more concerned with what he did to her. This variable accounted for 16.7% of SS	Mes.
Gil (2007)	Non-clinical college students: Heterosexual and homosexual men ($N = 180$)	Sexual Satisfaction Subscale of the Extended Satisfaction with Life Scale (ESWLS)	Well-being, homosexual orientation, and a positive body image were associated with greater SS. These variables accounted for 32% of SS	Mic.
Goff (2010)	General clinical and non-clinical population: Participants attending a university clinic ($n = 131$) and healthy participants ($n = 33$), men and women. Did not report sexual orientation	Pinney Sexual Satisfaction Inventory (PSSI)	No significant differences were found in SS between the clinical and non-clinical sample Differentiation of self was associated with high SS. This variable accounted for 4.1% of SS of the total sample. Spirituality was only significant in predicting SS in women and accounted for 3.7% of SS	Mic. Mac.
Gralla et al. (2008)	Clinical general population: Heterosexual men with erectile dysfunction ($N = 904$)	2 item of International Index of Erectile Function (IIEF)	Men with severe erectile dysfunction reported significantly lower SS than men with less severe erectile dysfunction Older men reported significantly greater SS than young men	Mic. Mes.
Haavio-Mannila & Kontula (1997)	Non-clinical general population: Men ($n = 2,250$) and women ($n = 2,188$). Did not report sexual orientation	Not reported	In men, orgasm, love, importance attached to sex, frequency and variety of sex, sexual assertiveness, and sexual material had positive direct effects on SS In women, orgasm, sexual assertiveness, variety of sexual techniques, age, and frequency of sex had positive direct effects on SS	Mic. Mes.
Habke et al. (1999)	Non-clinical general population: Heterosexual couples ($N = 74$)	Pinney Sexual Satisfaction Inventory (PSSI)	In men, marital adjustment was associated with higher SS and accounted for 18% of SS In women, depression, and other-oriented perfectionism were associated with lower SS, and marital adjustment was associated with higher SS. These variables accounted for 52% of SS	Mic. Mes.
Hally & Pollack (1993)	Non-clinical college students: Heterosexual men ($n = 99$) and women ($n = 99$)	Index of Sexual Satisfaction (ISS)	High self-esteem, sexual past experience, and the interaction of both variables were associated with higher SS. These variables accounted for 18% of SS	Mic.
Haning et al. (2007)	Non-clinical college students: Heterosexual men ($n = 179$) and women ($n = 417$)	Sexual Relationship Index (SRI)	In men, sexual intimacy and orgasm were associated with greater SS, while conflict was associated with lower SS. These variables accounted for 45% of SS In women, sexual intimacy, orgasm, and intimacy in general were associated with higher SS. These variables accounted for 41.1% of SS	Mes.
Harden et al. (2012)	Clinical general population: Participants whose partners had prostate cancer ($N = 121$), men and women. Heterosexual and homosexual	Sexual Satisfaction Scale (SSS)	High socioeconomic status was associated with higher SS and accounted for 19% of SS. Symptoms of discomfort of the couple related to sexual functioning and hormone therapy were associated with lower SS. These variables accounted for 39% of SS	Mic. Mes. Exo.

Hatfield et al. (1982)	Non-clinical general population: Heterosexual couples ($N = 53$)	5 items	Both husbands and wives who reported more equity in their relationship reported significantly greater SS	Mes.
Heiman et al. (2011)	Non-clinical general population: Heterosexual couples ($N = 1,009$)	1 item	In men, good health, importance of partner orgasm, frequency of kissing, hugging, fondling, sexual intercourse, sexual functioning, and being from Japan were associated with higher SS, while greater number of sexual partners was associated with lower SS. These variables accounted for 29% of SS In women, length of the relationship, frequency of kissing, hugging, fondling, sexual activity, and sexual functioning, and being from Japan or Brazil, were associated with greater SS. These variables accounted for 25.8% of SS	Mic. Mes.
Henderson et al. (2009)	Non-clinical general population: Heterosexual ($n = 139$) and lesbian and bisexual women ($n = 114$)	Global Measure of Sexual Satisfaction (GMSEX)	Depressive symptoms were associated with lower SS, while relationship satisfaction, sexual functioning, and perceived social support were associated with higher SS in both groups. Internalized homophobia in lesbian and bisexual women was associated with lower SS. These variables accounted for 65% of the variance of SS of heterosexual women and 54% of SS of lesbian and/or bisexual women	Mic. Mes. Exo.
Herbenick et al. (2011)	Non-clinical general population: Women ($N = 2,453$). Heterosexual and other	1 item	Women who used a lubricant during intercourse reported significantly greater SS than women who did not use a lubricant	Mes.
Higgins et al. (2011)	Non-clinical college students: Heterosexual men ($n = 817$) and women ($n = 1,351$)	2 items	In men, having an exclusive relationship with a partner, self-concept, frequency of intercourse, and self-esteem were associated with higher SS. These variables accounted for 34% of the physical SS and 32% psychological SS In women, having an exclusive relationship with a partner, self-concept, frequency of intercourse and orgasm, and self-esteem were associated with greater SS. These variables accounted for 31% of physical SS and 32% of psychological SS	Mic. Mes.
Higgins et al. (2010)	Non-clinical college students: Heterosexual men ($n = 747$) and women ($n = 1,239$)	2 items	In black women, older age at first intercourse, low anxiety, and high psychological SS were associated with higher physical SS. These variables accounted for 50% of physical SS. In white women, older age at first intercourse, low guilt, low anxiety, high psychological SS, and low religiosity were associated with higher physical SS, while having had sex for the first time with a casual partner was associated with lower SS. All these variables accounted for 38% of physical SS. For black males, older age at first intercourse, sex with a casual partner, low guilt, high psychological SS, and not using a condom were associated with greater SS. These variables accounted for 42% of physical SS. In white males, low anxiety, high psychological SS, and low religiosity were associated with higher SS. These variables explained 26% of the variance of physical SS In black women and white men, younger age at first intercourse was associated with higher psychological SS. Committed love relationship was associated with greater SS in both genders regardless of race. Low guilt was associated with increased psychological SS in black and white women. Low anxiety and low religiosity were associated with increased psychological SS in white women. In black women, these variables accounted for 55% of the variance in psychological SS; in white women, these variables accounted for 53% of such variance. In black men, these variables accounted for 39% of psychological SS; in white males, these variables accounted for 37% of such variance	Mic. Mes. Mac.

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Hofmeyr & Greeff (2002)	Non-clinical general population: Heterosexual men with vasectomy ($n = 33$) and men without vasectomy ($n = 31$)	Index of Sexual Satisfaction (ISS)	No significant differences in SS before and after vasectomy No significant differences in SS between men with and without vasectomy	Mic.
Holt & Lyness (2007)	Non-clinical college students: Men ($n = 44$) and women ($n = 130$). Did not report sexual orientation	Pinney Sexual Satisfaction Inventory (PSSI)	Body image and reflected appraisal accounted for 15% of SS	Mic.
Hurlbert et al. (1993)	Non-clinical general population: Heterosexual women ($N = 98$)	Index of Sexual Satisfaction (ISS)	Intimacy, sexual assertiveness, erotophilia, excitation, desire, frequency of intercourse, and orgasm consistency were associated with greater SS. These variables accounted for 58.9% of SS	Mic. Mes.
Hurlbert & Whittaker (1991)	Non-clinical general population: Heterosexual women ($N = 82$)	Index of Sexual Satisfaction (ISS)	Women who reached orgasm with masturbation reported significantly greater SS than women who did not experience orgasm through masturbation	Mes.
Impett & Tolman (2006)	Non-clinical teenage heterosexual girls ($N = 70$)	4 items	Sexual motivation and sexual self-concept were associated with higher SS and accounted for 53% of SS	Mic. Mes.
Ji & Norling (2004)	Non-clinical general population: Heterosexual men ($n = 447$) and women ($n = 298$)	1 item	Younger women reported significantly greater SS than older women Being male was associated with higher SS A good relationship with children and family and good socioeconomic status were associated with higher SS. These variables accounted for 35.7% of SS. Cooking, family responsibility and family relations were associated with lower SS and accounted for 35.5% of SS	Mic. Exo.
Jodoin et al. (2008)	Clinical general population: Heterosexual male partners of women with provoked vestibulodynia ($N = 38$)	French version of Global Measure of Sexual Satisfaction (GMSEX)	Global and stable attributions were associated with lower SS	Mic.
Kazemi et al. (2010)	General clinical and non-clinical population: Menopausal women with osteoporosis ($n = 21$) and with osteopenia ($n = 32$); pre-menopausal women with osteoporosis ($n = 37$) and with osteopenia ($n = 16$); and menopausal women ($n = 53$) and pre-menopausal women ($n = 53$) with normal bone density. Did not report sexual orientation	Larson's Sexual Satisfaction Questionnaire	Menopausal women reported significantly lower SS than pre-menopausal women Women with osteoporosis reported significantly lower SS than women with osteopenia and healthy women. In addition, women with osteopenia reported significantly lower SS than healthy women	Mic.

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Kedde & Berlo (2006)	Clinical general population: Men ($n = 95$) and women ($n = 65$) with physical disabilities. Heterosexual, homosexual and bisexual	3 items of Global Measure of Sexual Satisfaction (GMSEX)	In men, care dependency and later age of onset of disability were associated with lower SS, and having a partner was associated with higher SS. These variables accounted for 21% of SS In women, having a partner was associated with higher SS and accounted 37% of SS	Mic. Mes.
Kigozi et al. (2009)	Non-clinical general population: Heterosexual women with circumcised partners ($N = 455$)	Not reported	No significant differences in SS in women before and after circumcision of their partner	Mic.
Kigozi et al. (2008)	Non-clinical general population: Men who received immediate circumcision ($n = 2,210$) and men who received circumcision at 24 months ($n = 2,246$). Did not report sexual orientation	Some items derived from International Index of Erectile Function (IIEF)	No significant differences in SS in participants assigned to immediate circumcision Participants assigned to circumcision at 24 months reported significantly greater SS at two years	Mic.
Kimlicka et al. (1983)	Non-clinical college students: Women ($N = 204$). Did not report sexual orientation	8 items	Women with a masculine role reported significantly greater SS than women with androgynous, feminine, and undifferentiated roles	Mic.
King et al. (2011)	Non-clinical general population: Men and women ($N = 3,957$). Did not report sexual orientation	<i>Ad hoc</i> questionnaire	In men and women, having a partner, erection hardness, good family relationships, parenthood, good general physical health, and financial well-being were associated with higher SS	Mic. Mes. Exo.
Kirkpatrick (1980)	Non-clinical general population: Heterosexual couples ($N = 199$)	Sexual Interaction Inventory (SII)	Feminism of women was associated with higher SS, and feminism of men and feminism differences with one's partner were associated with lower SS. These variables accounted for 5.14% of SS	Mic.
Kisler & Christopher (2008)	Non-clinical college students: Heterosexual men ($n = 133$) and women ($n = 366$)	Global Measure of Sexual Satisfaction (GMSEX)	The following components of the Interpersonal Exchange Model of Sexual Satisfaction (IEMSS): balance between sexual rewards and costs, comparative level of sexual costs, equality of sexual rewards, and equality of sexual costs, were associated with greater SS	Mes.
Klein & Houlihan (2010)	Clinical general population: Heterosexual and homosexual men ($n = 13$) and women ($n = 19$) with sexomnia	Global Measure of Sexual Satisfaction (GMSEX)	Participants with sexomnia reported significantly lower SS than the sample of Byers and MacNeil (2006)	Mic.
Koç & Saglam (2011)	Clinical general population: Hemodialysis patients ($N = 131$), men and women. Did not report sexual orientation	Turka version of Golombok Rust Inventory of Sexual Satisfaction (GRIS)	Older age, lower educational level, living in villages, and poor health status were associated with lower SS	Mic.

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Krieger et al. (2008)	Non-clinical general population: Heterosexual men who received immediate circumcision ($n = 1,313$) and men who received circumcision at 24 months ($n = 1,371$)	Not reported	No significant differences in SS in the circumcised group before and after circumcision, or between the circumcised group and the group without circumcision	Mic.
Kumar & Makwana (1991)	Non-clinical general population: Heterosexual couples ($N = 80$)	Sexuality Scale	Couples who had a relationship of less than 10 years' duration reported significantly higher SS than couples in a relationship for over 10 years	Mes.
La France (2010)	Non-clinical college students: Men ($n = 162$) and women ($n = 139$). Heterosexual, homosexual and bisexual	5 items	General sexual knowledge, self-specific sexual knowledge, sexual rewards relative to costs, and comparison level for sexual rewards relative to comparison level for sexual costs were associated with higher SS. These variables accounted for 42% of SS	Mic. Mes.
Lam et al. (2005)	Clinical general population: Partners of bipolar patients, heterosexual men ($n = 20$) and women ($n = 17$)	Golombok Rust Inventory of Sexual Satisfaction (GRISS)	Participants reported significantly lower SS during their partners' episodes of mania and depression than when their partners had no such episodes	Mic.
Lara et al. (2012)	Non-clinical general population: Menopausal women ($N = 32$). Did not report sexual orientation	Sexual Quotient-Female Version (SQ-F)	No significant differences in SS before and after physical exercise and pelvic floor muscle training	Mic.
Larson et al. (1998)	Non-clinical general population: Heterosexual couples ($N = 70$)	Index of Sexual Satisfaction (ISS)	In men, self-esteem of the partner, open communication with the partner, and the stability of the relationship were associated with higher SS. These variables accounted for 37% of SS In women, self-esteem, empathic communication with the partner, and self open communication were associated with greater SS. These variables accounted for 45% of SS	Mic. Mes.
Lau et al. (2005)	Non-clinical general population: Heterosexual men ($n = 1,281$) and women ($n = 2,130$)	Not reported	In men, low levels of physical exercise and work stress were associated with lower SS, while being married or living with a partner were associated with higher SS In women, family and financial stress was associated with lower SS. In both genders, a bad relationship was associated with lower SS	Mic. Mes. Exo.
Lau et al. (2006)	Non-clinical general population: Heterosexual couples ($N = 298$)	1 item	Bad relationship, not trusting one's spouse, and husband's only sexual initiative were associated with lower SS in husbands and wives. In addition, when the woman had the power of decision and when she perceived that the husband had strong control over the relationship, the SS of women decreased	Mes.
Lawrance & Byers (1995)	Non-clinical general population: Heterosexual men ($n = 53$) and women ($n = 90$)	Global Measure of Sexual Satisfaction (GMSEX)	Relationship satisfaction and the following components of the Interpersonal Exchange Model of Sexual Satisfaction: rewards-costs, relative rewards-costs, and equality benefits, were associated with high SS. These variables accounted for 79% of SS	Mes.
Lee et al. (2010)	Non-clinical general population: Heterosexual pregnant women ($N = 215$)	Chinese version of the Sexual Satisfaction Scale to assess recent SS 7 items of Sexual Satisfaction Scale to assess overall SS	Women reported significantly lower overall SS during pregnancy than before pregnancy No significant differences between recent SS and overall SS during pregnancy	Mic.

Lee et al. (2001)	Clinical general population: Heterosexual infertile couples ($N = 138$)	Sexual Satisfaction Questionnaire (SSQ)	Wives reported significantly lower SS than their husbands When the diagnosis of infertility pointed to the male, the female, or both, husbands and wives reported lower SS No significant differences in SS between husbands and wives when the diagnosis of infertility was unexplained	Mic. Mes.
Leonard et al. (2008)	Clinical general population: Heterosexual and homosexual women with a history of childhood and/or adolescent sexual abuse ($N = 22$)	Index of Sexual Satisfaction (ISS)	Relationship satisfaction and experiential avoidance accounted for 74.7% of SS	Mic. Mes.
Linton (1990)	Clinical general population: Men with spinal cord injuries ($N = 118$). Did not report sexual orientation	<i>Ad hoc</i> questionnaire	Locus of control associated with sexuality was associated with higher SS and accounted for 10.4% of SS	Mic.
Lykins et al. (2012)	Non-clinical general population: Heterosexual couples ($N = 35$)	Global Measure of Sexual Satisfaction (GMSEX)	In men, low anxiety and cheerful mood similar to that of the partner were associated with higher SS, while propensity for arousal was associated with lower SS. These variables accounted for 55% of SS in men In women, propensity for arousal was associated with lower SS and cheerful mood was associated with higher SS. These variables accounted for 46% of SS	Mic. Mes.
MacNeil & Byers (1997)	Non-clinical general population: Heterosexual men ($n = 34$) and women ($n = 53$)	Global Measure of Sexual Satisfaction (GMSEX)	Sexual concerns were associated with lower SS. This variable accounted for 22% of SS General communication and sexual communication were associated with greater SS. These variables accounted for 25% of SS	Mes.
MacNeil & Byers (2005)	Non-clinical college students: Heterosexual couples ($N = 74$)	Global Measure of Sexual Satisfaction (GMSEX)	In women, relationship satisfaction was a mediator between self-disclosure and SS. That is, sexual and non-sexual self-disclosure were associated with greater satisfaction with the relationship, which led to high SS. In men, sexual self-disclosure was associated with greater satisfaction with the relationship, which in turn led to high SS In women, sexual self-disclosure was associated with understanding the rewards of the couple and the rewards and costs, and in turn was associated with high SS. In men, sexual self-disclosure and understanding the rewards and costs were associated with understanding the rewards of women and in turn higher SS	Mes.
MacNeil & Byers (2009)	Non-clinical general population: Heterosexual couples ($N = 104$)	Global Measure of Sexual Satisfaction (GMSEX)	In women, sexual self-disclosure was associated with understanding the rewards of the couple. In turn, this was associated with the balance of rewards and costs of women, which led to higher SS in women. A similar result was obtained in men. In addition, sexual self-disclosure was associated with increased SS in men and women In women, relationship satisfaction was a mediator between self-disclosure and SS. In men, relationship satisfaction was also a mediator between self-disclosure and the woman's sexual disclosure and their SS	Mes.
Marx et al. (2010)	Non-clinical general population: Heterosexual men ($n = 127$) and women ($n = 95$)	11 items	In men, relationship satisfaction, sexual self-confidence, and orgasm were associated with higher SS. These variables accounted for 72% of SS In women, self-confidence and sexual orgasm were associated with greater SS. These variables accounted for 68% of SS	Mic. Mes.

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Massod et al. (2005)	Non-clinical general population: Circumcised men ($N = 84$). Did not report sexual orientation	International Index of Erectile Function-5 (IIEF-5)	No significant differences in SS before and after circumcision	Mic.
McCabe & McDonald (2007)	General clinical and non-clinical population: Heterosexual men ($n = 17$) and women ($n = 28$) with multiple sclerosis and their partners; and heterosexual healthy men ($n = 19$) and women ($n = 22$) and their partners	6 items	No significant differences in SS between participants and their partners or between participants with multiple sclerosis and healthy participants	Mic.
McCabe & Taleporos (2003)	General clinical and non-clinical population: Men and women with physical disabilities ($n = 748$), and healthy men and women ($n = 448$). Heterosexual, homosexual and bisexual	1 item	Participants with severe physical disabilities reported significantly lower SS than participants with mild physical disabilities or without disabilities In men, oral sex and fondling were associated with higher SS, while watching pornography was associated with lower SS. These variables accounted for 35% of SS In women, frequency of kissing was associated with higher SS and accounted for 34% of SS	Mic. Mes.
McCall-Hosenfeld, Freund et al. (2008)	Non-clinical general population: Menopausal women ($N = 46,525$). Heterosexual, homosexual and bisexual	1 item	Women who reported being satisfied with their sex lives, compared to those who were not satisfied, were younger, white, were married or had a partner, and had high income. Better physical health, increased physical activity, lower symptoms of depression, not smoking, and a normal body mass index were associated with higher SS	Mic. Mes. Exo.
McCall-Hosenfeld, Jaramillo et al. (2008)	Non-clinical general population: Menopausal women ($N = 46,525$). Heterosexual, homosexual and bisexual	1 item	Women who reported being satisfied with their sex lives, compared to those who were not satisfied, reported better physical functioning, few limitations due to physical health problems, less bodily pain, better overall health, greater vitality, better social functioning, lower role limitations due to emotional health problems, and better mental health. Women who reported taking oral contraceptives or had a history of hysterectomy reported less SS. Parity was also associated with low SS. Selective serotonin reuptake inhibitor use was associated with lower SS; more exercise, not smoking, and normal body mass index were associated with higher SS	Mic.
McCall-Hosenfeld et al. (2009)	Non-clinical general population: Women veterans ($N = 3,181$). Did not report sexual orientation	1 item	Good state of mental and physical health, absence of gynecological illness, and having a partner were associated with higher SS. These variables mediated the negative effect of sexual assault in the military. Sexual assault in the military was associated with lower SS	Mic. Mes.
McCann & Biaggio (1989)	Non-clinical general population: Heterosexual couples ($N = 48$)	Sexual Interaction Inventory (SII)	Selfishness was associated with increased SS, while age, self-actualization, and social desirability were associated with lower SS. These variables accounted for 27.2% of SS	Mic.
McClelland (2011)	Non-clinical general population: Men ($n = 19$), women ($n = 21$), and transsexual ($n = 1$). Heterosexual, homosexual, bisexual, and others	Modified version of Cantril's Ladder	No significant differences in SS, or effect of gender or sexual orientation	Mic.

McNulty & Fisher (2008)	Non-clinical general population: Heterosexual couples ($N = 59$)	Index of Sexual Satisfaction (ISS)	In husbands, high sexual satisfaction (assessed 6 months before) and higher frequency of sexual activity were associated with higher SS In wives, high sexual satisfaction (assessed 6 months before) and sexual satisfaction expectancies were associated with higher SS	Mes.
Meltzer & McNulty (2010)	Non-clinical general population: Heterosexual couples ($N = 53$)	Index of Sexual Satisfaction (ISS)	In both husbands and wives, sexual frequency was associated with higher SS.	Mes.
Ménard & Offman (2009)	Non-clinical general population: Heterosexual men ($n = 25$) and women ($n = 46$)	Index of Sexual Satisfaction (ISS)	Sexual self-esteem was associated with higher sexual assertiveness and in turn with higher SS	Mic. Mes.
Menard et al. (2011)	Clinical general population: Men with erectile dysfunction and penile prosthesis implantation after post-radical prostatectomy ($n = 90$) and implants for vasculogenic erectile dysfunction ($n = 131$). Did not report sexual orientation	1 item	No significant differences in SS between the post-radical prostatectomy group and the implants for vasculogenic erectile dysfunction group	Mic.
Mendes et al. (2008)	General clinical and non-clinical population: Men with spinal cord injury ($n = 40$), and healthy men ($n = 50$). Did not report sexual orientation	1 item	Participants with spinal cord injury reported significantly lower SS than healthy participants Participants reported significantly lower SS after spinal cord injury than before the injury	Mic.
Mitchell & Boster (1998)	Non-clinical college students: Men ($n = 120$) and women ($n = 170$). Did not report sexual orientation	Index of Sexual Satisfaction (ISS)	Satisfactory conflict resolution was associated with higher relationship satisfaction, which in turn led to higher SS	Mes.
Moret et al. (1998)	Non-clinical college students: Men ($n = 72$) and women ($n = 87$). Did not report sexual orientation	Index of Sexual Satisfaction (ISS)	Women reported significantly greater SS than men	Mic.
Mosack et al. (2011)	Clinical general population: Men ($n = 124$) and women ($n = 45$) with heart failure. Did not report sexual orientation	Sexual Satisfaction Subscale of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ)	Participants who were not depressed and were not taking antidepressant drugs reported significantly greater SS than those who were depressed and/or taking drugs. Depression accounted for 8% of SS	Mic.
Mulhall et al. (2004)	Clinical general population: Men with penile prosthesis ($N = 32$). Did not report sexual orientation	4 items of International Index of Erectile Function (IIEF)	Participants reported significantly greater SS when taking sildenafil	Mic.

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Müller et al. (1999)	Clinical general population: Heterosexual men with reduced fertility (N = 68)	2 items	The age difference of couples and intercourse frequency were associated with high SS. These variables accounted for 20% of SS	Mic. Mes.
Nelson et al. (2007)	Clinical general population: Men with prostate cancer (N = 352). Did not report sexual orientation	1 item	Anxiety and depression were associated with lower SS, while erectile function and relationship closeness were associated with higher SS. These variables accounted for 38% of SS	Mic. Mes.
Neto (2012)	Non-clinical colleague students: Men (n = 182) and women (n = 246). Did not report sexual orientation	Satisfaction With Sex Life Scale (SWLS)	No significant differences in SS between men and women No significant differences in SS depending on the length of the relationship Believers and regular attendees reported significantly greater SS than non-believers/non-attendees	Mic. Mes. Mac.
Nowosielski et al. (2010)	General clinical and non-clinical population: Women with premenstrual symptoms who met the diagnostic criteria for PMS (n = 749) and without a diagnosis for PMS (n = 791). Did not report sexual orientation	Not reported	Women with a diagnosis of PMS reported significantly lower SS than women without a diagnosis of PMS High level of education and more frequent intercourse were associated with high SS. PMS was associated with low SS	Mic. Mes.
O'Farrell et al. (1991)	General clinical and non-clinical population: Heterosexual couples in which the husbands were alcoholic (n = 26), couples with poor marital relationship (n = 26), and couples without problems (n = 26)	4 items derived from Adjustment Test Marital Areas of Change Questionnaire (ACQ)	Couples whose husbands were alcoholics and couples with poor marital relationship reported significantly lower SS than non-clinical couples	Mic. Mes.
O'Farrell et al. (1997)	General clinical and non-clinical population: Heterosexual couples in which the husbands were alcoholic (n = 26), couples with poor marital relationship (n = 26), and couples without problems (n = 26)	Sexual Adjustment Questionnaire (SAQ)	Couples whose husbands were alcoholic and couples with poor marital relationship reported significantly lower SS than non-clinical couples	Mic. Mes.
Ojanlatva et al. (2003a)	Non-clinical general population: Men and women (N = 21,101). Heterosexual, homosexual and bisexual	1 item	Women reported significantly greater SS than men Increasing age and higher educational level were associated with lower SS Participants living in northern Finland reported significantly greater SS than the rest. In addition, participants who lived in the countryside reported significantly greater SS. Being married was associated with higher SS	Mic. Mes.

Ojanlatva et al. (2003b)	Non-clinical general population: Men and women (N = 21,101). Heterosexual, homosexual and bisexual	1 item	In both men and women, a close relationship with parents or parental substitutes during childhood was associated with high SS In men, the divorce of their parents during childhood was associated with high SS in adulthood	Exo.
O'Leary & Arias (1983)	Clinical general population: Heterosexual couples attending marriage counseling (N = 44)	Sexual Inventory	Marriage counseling including information about sexuality was associated with increased SS in couples	Mes.
Onder et al. (2003)	Clinical general population: Women with disabilities (N = 980). Did not report sexual orientation	1 item	In women who lived with a partner, age, being white, and high levels of physical performance were associated with higher SS In women who were not living with a partner, being white, low alcohol consumption, and lower levels of depression were associated with higher SS	Mic.
Orlando & Koss (1983)	Clinical and non-clinical college students: Women who had been raped and women who had not been raped (N = 99). Did not report sexual orientation	Sexual Satisfaction Questionnaire	Women who had been raped and considered themselves victims reported significantly lower SS than women who had not been raped	Mic.
Parish et al. (2007)	Non-clinical general population: Men (n = 1,217) and women (n = 1,194). Did not report sexual orientation	5 items	In men, orgasm, variety of practices, orgasm and attractiveness of partner, and knowledge of orgasm were associated with greater SS. Having been beaten/hit by partner, partner infidelity, permissive sex values, and own education were associated with lower SS. These variables accounted for 39% of SS In women, orgasm, variety of practices, affection from the partner, and man's help in housework were associated with high SS. Being continuously married, having been abused, permissive sex values, own education, own age, and fear of pregnancy were associated with low SS. These variables accounted for 67% of SS	Mic. Mes.
Pascoal et al. (2012)	Clinical general population: Heterosexual men (n = 97) and women (n = 96) with sexual arousal problems	Global Measure of Sexual Satisfaction (GMSEX)	In men with erectile dysfunction, relational intimacy was associated with higher SS. This variable accounted for 44% of SS In women, sexual arousal problems were associated with low SS, and intimacy was associated with high SS. These variables accounted for 48% of SS	Mes.
Peck et al. (2005)	Non-clinical college students: Men (n = 82) and women (n = 102). Did not report sexual orientation	Global Measure of Sexual Satisfaction (GMSEX)	Relationship satisfaction, mutual communal behaviors, and the following components of the Interpersonal Exchange Model of Sexual Satisfaction: rewards minus costs, comparison level for costs minus comparison level for rewards, and equality of rewards, were associated with higher SS. These variables accounted for 41% of SS in both genders	Mes.
Pedersen & Blekesaune (2003)	Non-clinical general population: Men and women (N = 2,101). Did not report sexual orientation	Ad hoc questionnaire	In men, age predicted lower SS, while having a partner, social support, kissing/hugging, intercourse, and having more than 6 sexual partners were associated with greater SS In women, having a partner, social support, sex role femininity, intercourse, and lifetime sex partners predicted greater SS, while depression/anxiety and extra-dyadic relationship were associated with lower SS	Mic. Mes. Exo.

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Peitl et al. (2009)	General clinical and non-clinical population: Patients with schizophrenia ($n = 100$), patients with depression ($n = 100$), and healthy participants ($n = 100$), men and women. Did not report sexual orientation	Bezinović's Questionnaire	Participants with schizophrenia and who professed the Roman Catholic religion reported significantly greater SS than atheist and Eastern Orthodox participants No significant differences in SS between patients with depression and healthy participants in terms of the religion they professed	Mac.
Peleg-Sagy & Shahar (2012)	Non-clinical college students: Women ($N = 60$). Did not report sexual orientation	Hebrew version of Pinney Sexual Satisfaction Inventory (PSSI)	Depressive symptoms were associated with lower SS	Mic.
Penhollow et al. (2009)	Non-clinical general population: Heterosexual men ($n = 127$) and women ($n = 95$)	11 items	In men, relationship satisfaction, sexual self-confidence, and orgasm were associated with higher SS. These variables accounted for 72% of SS In women, self-confidence and orgasm were associated with greater SS. These variables accounted for 68% of SS	Mic. Mes.
Pepe & Byerne (1991)	Clinical general population: Women treated for infertility ($N = 40$). Did not report sexual orientation	Index of Sexual Satisfaction (ISS)	Women reported significantly lower SS during infertility treatment and two years after treatment than before treatment	Mes.
Peter & Valkenburg (2009)	Non-clinical teenagers: Boys and girls ($N = 1,052$). Did not report sexual orientation	2 items	Greater exposure to sexually explicit Internet material was associated with lower SS	Mic.
Philippsohn & Hartmann (2009)	Non-clinical general population: Women ($N = 102$). Did not report sexual orientation	1 item	Satisfaction and frequency of intercourse were associated with higher SS. These variables accounted for 70% of SS	Mes.
Pinney et al. (1987)	Non-clinical college students: Heterosexual women ($N = 275$)	Pinney Sexual Satisfaction Inventory (PSSI)	Commitment to the relationship, consistency of orgasm, frequency of intercourse, and contraceptive efficacy were associated with high SS. These variables accounted for 40.4% of SS	Mes.
Pujols et al. (2010)	Non-clinical general population: Heterosexual women ($N = 154$)	Sexual Satisfaction Scale in women (SSS-W)	High body esteem, low frequency of distracting thoughts of body image during sexual activity, and sexual functioning were associated with higher SS. These variables accounted for 42.6% of SS	Mic. Mes.
Purdon & Holdaway (2006)	Non-clinical college students: Men ($n = 47$) and women ($n = 50$). Did not report sexual orientation	Global Measure of Sexual Satisfaction (GMSEX)	No significant differences in SS between men and women Participants who were in a relationship reported greater SS than those who were not in a relationship	Mic. Mes.
Rahmani et al. (2009)	Non-clinical general population: Heterosexual men ($n = 143$) and women ($n = 149$)	Not reported	Relationship satisfaction was associated with higher SS, while length of the relationship was associated with lower SS	Mes.

Raina, Agarwal et al. (2005)	Clinical general population: Men with erectile dysfunction ($N = 31$). Did not report sexual orientation	International Index of Erectile Function-5 (IIEF-5)	Participants reported significantly higher SS due to using a vacuum constriction device and sildenafil citrate	Mic.
Raina, Nandipati et al. (2005)	Clinical general population: Men with erectile dysfunction ($N = 23$). Did not report sexual orientation	International Index of Erectile Function-5 (IIEF-5)	Participants reported significantly higher SS due to the addition of MUSE to sildenafil	Mic.
Rainer & Smith (2012)	Non-clinical general population: Men and women ($N = 12,402$). Did not report sexual orientation	1 item	Acquisition of information, age, and number of children were associated with greater SS, while length of the relationship, being male, and cohabiting with a partner were associated with lower SS. These variables accounted for 6% of SS	Mic. Mes. Exo.
Rehman et al. (2011)	Non-clinical general population: Heterosexual couples ($N = 91$)	Golombok Rust Inventory of Sexual Satisfaction (GRISS)	Participants who reported greater self-disclosure reported higher SS (actor effect). In addition, greater self-disclosure of women was associated with higher SS in men (partner effect) Men reported significantly lower SS than women	Mic. Mes.
Renaud et al. (1996)	Non-clinical general population: Heterosexual men ($n = 170$) and women ($n = 191$)	Global Measure of Sexual Satisfaction (GMSEX)	Women reported significantly greater SS than men	Mic.
Rew (1990)	Non-clinical general population: Men ($N = 41$). Did not report sexual orientation	Index of Sexual Satisfaction (ISS)	High level of education was associated with greater SS and accounted for 13% of SS	Mic.
Rosen et al. (2012)	Clinical general population: Heterosexual women with vestibulodynia ($N = 121$)	Global Measure of Sexual Satisfaction (GMSEX)	Trait anxiety was associated with lower SS, while solicitous partner response and sexual functioning were associated with higher SS. These variables accounted for 43% of SS	Mic. Mes.
Rosen et al. (2010)	Clinical general population: Heterosexual women with provoked vestibulodynia ($N = 191$)	Global Measure of Sexual Satisfaction (GMSEX)	Sexual functioning and solicitous partner response were associated with greater SS, while the partner's negative response was associated with lower SS. These variables accounted for 30% of SS	Mes.
Rosen et al. (2005)	Clinical general population: Heterosexual men with erectile dysfunction ($N = 2,102$)	International Index of Erectile Function (IIEF)	Men assigned to the tadalafil group reported significantly greater SS than men in the placebo group	Mic.
Rosenzweig & Dailey (1989)	Non-clinical general population: Heterosexual men ($n = 148$) and women ($n = 151$)	Index of Sexual Satisfaction (ISS)	Women with a feminine or androgenic role reported significantly greater SS than women with an undifferentiated role Men with an androgenic or feminine role reported significantly greater SS than men with an undifferentiated role	Mic.
Rosenzweig & Lebow (1992)	Non-clinical general population: Lesbians ($N = 111$)	Index of Sexual Satisfaction (ISS)	Women who perceived their sex role as feminine or androgenic reported significantly greater SS than those who perceived their sex role as masculine or undifferentiated	Mic.

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Rubin & Campbell (2012)	Non-clinical general population: Heterosexual couples ($N = 67$)	4 items	Daily intimacy in both partners was associated with higher SS	Mes.
Sabatini & Cagiano (2006)	Non-clinical general population: Women who used hormonal contraceptives ($N = 280$). Did not report sexual orientation	Not reported	Women in the group that used a vaginal ring reported significantly greater SS than those the other groups (levonorgestrel and gestodene)	Mes.
Safarinejad et al. (2009)	Non-clinical general population: Heterosexual pregnant women and their husbands ($N = 836$)	1 item	Women in the operative vaginal delivery group reported significantly lower SS than those in other groups Women in the planned cesarean section group reported significantly greater SS, followed by women in the spontaneous vaginal delivery group	Mic.
Sánchez et al. (2011)	Non-clinical general population: Heterosexual women ($n = 300$) and lesbians ($n = 159$)	2 items	Relationship satisfaction was associated with higher intimacy sex motives, less approval sex motives, more sexual autonomy, and in turn higher SS. Contingency of the relationship was associated with higher intimacy sex motives and with higher approval sex motives, which in turn were associated with increased autonomy and higher SS. Intimacy sex motives and sexual autonomy were associated with higher SS, while approval sex motives was associated with less SS. These variables accounted for 54% of SS	Mic. Mes.
Santos-Iglesias et al. (2009)	Non-clinical general population: Men ($n = 296$) and women ($n = 350$). Did not report sexual orientation	Spanish version of Index of Sexual Satisfaction (ISS)	No significant differences in SS between men and women	Mic.
Schiavi et al. (1994)	Non-clinical general population: Heterosexual men ($N = 77$)	Subscale of Derogatis Sexual Function Inventory (DSFI)	Erectile dysfunction was associated with lower SS, while sexual information and marital adjustment were associated with higher SS. These variables accounted for 45.6% of SS	Mic. Mes.
Schick et al. (2010)	Non-clinical college students: Heterosexual and homosexual women ($N = 188$)	Sexual Satisfaction Subscale of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ)	Dissatisfaction with genital appearance was associated with greater self-awareness of the genitals during intimate situations (indirect effects on SS), and in turn was associated with lower sexual self-esteem. Low sexual self-esteem was associated with lower SS	Mic.
Scott et al. (2012)	Non-clinical general population: Heterosexual couples ($N = 535$)	Marital Satisfaction Inventory-Revised (MSI-R)	Depressive symptoms were associated with communication problems, decreasing SS in both genders In women, better health status was associated with greater SS	Mic. Mes.
Şenol et al. (2008)	Non-clinical general population: Circumcised men ($N = 43$). Did not report sexual orientation	Brief Male Sexual Function Inventory (BMSFI)	No significant differences in SS before and after circumcision	Mic.
Sierra et al. (2002)	Non-clinical general population: Spanish women ($n = 180$) and men ($n = 45$), and Chilean women ($n = 190$) and men ($n = 45$). Did not report sexual orientation	Sexual Interaction Inventory (SII)	No significant differences in SS or according to gender or country of residence	Mic.
Smith & Horne (2008)	Non-clinical general population: Lesbian/queer or bisexual ($N = 318$)	Sexual Satisfaction Subscale of the Extended Satisfaction with Life Scale (ESWLS)	Living with a partner, spiritual freedom, and connectedness were associated with high SS	Mes. Mac.

Smith et al. (2012)	Non-clinical general population: Heterosexual men ($n = 3,043$) and women ($n = 2,884$)	3 items	In men, lack of interest in sex, reaching orgasm too fast, not finding sex pleasurable, anxiety about the ability to perform sexually, and erection problems were associated with lower SS In women, lack of interest in sex, inability to achieve orgasm or taking too long to reach orgasm, pain during intercourse, not finding sex pleasurable, anxiety about the ability to perform sexually, vaginal dryness, and concern about attractiveness of the body during intercourse were associated with lower SS	Mic. Mes.
Song et al. (1995)	Non-clinical general population: Heterosexual couples ($N = 100$)	2 items	Cultural conflicts about sexual practices were associated with lower SS, and cohesion was associated with higher SS. These variables accounted for 32.5% of SS of husbands Cultural conflicts about sexual practices and age were associated with lower SS, and cohesion, having a husband in the US military and years lived in US the since marriage were associated with higher SS. These variables accounted for 34.7% of SS in wives	Mic. Mes. Mac.
Sözeri-Varma et al. (2011)	Clinical general population: Women who underwent hysterectomy and/or oophorectomy ($N = 40$). Did not report sexual orientation	Turkish version of Golombok Rust Inventory of Sexual Satisfaction (GRISS)	After surgery, hysterectomy and/or oophorectomy, participants reported significantly lower SS than preoperatively	Mic.
Stephenson et al. (2011)	Non-clinical college students: Heterosexual and homosexual men ($n = 93$) and women ($n = 451$)	Sexual Satisfaction Scale-Women (SSS-W). The scale was modified to evaluate the SS of men	In men, love, self-esteem, and resources were associated with higher SS. These variables accounted for 25% of SS In women, love, self-esteem, resources, experience, pleasure, and expression were associated with higher SS. These variables accounted for 22% of SS	Mic. Mes. Exo.
Stephenson & Meston (2011)	Non-clinical college students: Heterosexual women ($N = 200$)	Sexual Satisfaction Scale-Women (SSS-W)	Sexual costs were associated with sexual functioning and in turn were associated with SS. That is, sexual functioning was a mediating variable between sexual costs and SS In women who reported low levels of anxious attachment, sexual problems were a cost that decreased SS	Mes.
Stephenson & Sullivan (2009)	Study 1: Non-clinical college students ($n = 146$), heterosexual men and women Study 2: Non-clinical college students ($n = 119$), heterosexual men and women	Pinney Sexual Satisfaction Inventory (PSSI)	Study 1: Perceiving high discrepancies between participants' own behavior and that of their partner was associated with lower SS. Having an exclusive relationship with a partner was associated with higher SS Study 2: Participants who received information about social norms reported significantly greater SS than participants who did not receive information	Mic. Mes.
Stewart & Szymanski (2012)	Non-clinical college students: Heterosexual women ($N = 308$)	Sexual satisfaction subscale of the Multidimensional Sexuality Questionnaire	Perceptions of problematic pornography use and the interaction between perceptions of problematic pornography use and length of the relationship were associated with lower SS. These variables accounted for 3% of SS	Mic. Mes.
Stulhofer et al. (2010)	Clinical and non-clinical college students: Men and women with sexual problems ($n = 265$) and healthy men and women ($n = 279$). Heterosexual and others	New Sexual Satisfaction Scale	Participants with sexual problems reported significantly lower SS than healthy participants	Mes.

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Sung & Lim (2009)	Clinical general population: Heterosexual women with hysterectomy (N = 118)	Korean version of Sexual Satisfaction Subscale (K-SSS)	A negative body image was associated with lower SS, while partner support was associated with higher SS. These variables accounted for 30% of SS	Mic. Mes.
Theiss (2011)	Non-clinical general population: Heterosexual couples (N = 220)	6 items	Uncertainty in the relationship was associated with indirect communication about sex and in turn with lower SS in husbands and wives. In addition, indirect communication from the husband or wife was associated with lower SS in the wife or husband (partner effect)	Mes.
Toorzani et al. (2010)	Non-clinical general population: Heterosexual couples (N = 140)	3 items to assess women's SS 10 items to assess men's SS	In wives, no significant differences in SS depending on the contraceptive method used The highest SS was reported by husbands who used the contraceptive injection method, followed by those whose partner underwent tubal ligation. Both groups reported greater SS than that of men who used condoms	Mes.
Traupmann et al. (1983)	Non-clinical college students: Men (n = 70) and women (n = 119). Did not report sexual orientation	5 items	In women, no significant differences in the levels of SS as a function of equity in their relationship In men, SS was significantly higher when they were "over-benefited" (i.e., they benefited more than women)	Mes.
Tripoli et al. (2011)	General clinical and non-clinical population: Women with chronic pelvic pain (CPP) and endometriosis (n = 49), with CPP and another gynecological condition (n = 35), and healthy women (n = 50). Did not report sexual orientation	Golombok Rust Inventory of Sexual Satisfaction (GRISS)	Women with chronic pelvic pain reported significantly lower SS than healthy women	Mic.
Tudahl et al. (1987)	Clinical general population: Burn patients, men (n = 44) and women (n = 10). Did not report sexual orientation	Burn-specific Health Scale	Men reported significantly greater SS than women	Mic.
Tuinman et al. (2005)	Clinical general population: Heterosexual couples in which husbands were testicular cancer survivors (N = 259)	Dutch version of Maudsley Marital Questionnaire (MMQ)	Couples who had been in the relationship during testicular cancer treatment reported significantly greater SS than couples who had started their relationship after testicular cancer treatment	Mic.
Uribe-Alvarado et al. (2011)	Non-clinical college students: Men and women (N = 278). Did not report sexual orientation	7 items	No significant differences in SS between men and women	Mic.

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Van Lankveld & Ter Kuile (1999)	Clinical and non-clinical general population: Heterosexual men ($n = 156$) and women ($n = 209$) with sexual problems, and men ($n = 357$) and women ($n = 380$) without sexual problem	Dutch version of Golombok Rust Inventory of Sexual Satisfaction (GRISS)	Patients with sexual problems reported significantly lower SS than participants without sexual problems	Mes.
Van Lankveld & Van Koeveeringe (2003)	Clinical general population: Heterosexual men - sexually functional ($n = 34$) and sexually dysfunctional urological outpatients ($n = 23$)	Dutch version of Golombok Rust Inventory of Sexual Satisfaction (GRISS)	Participants without sexual dysfunctions reported significantly greater SS than participants with sexual dysfunctions	Mes.
Vural & Temel (2009)	Non-clinical general population: Heterosexual couples in the experimental group ($n = 36$), and in the control group ($n = 35$)	Turka version of Golombok Rust Inventory of Sexual Satisfaction (GRISS)	Women included in a premarital counseling intervention program reported significantly greater SS than women who were not In men, no significant differences in SS	Mes.
Warehime & Bass (2008)	Non-clinical general population: Men ($n = 1,511$) and women ($n = 1,921$). Did not report sexual orientation	2 items	In men, increased frequency of sexual activity was associated with low physical SS, and greater intimacy and commitment was associated with high physical SS. In women, age, having been married, being more educated, and having sex to express love were associated with lower physical SS In men, greater intimacy and commitment were associated with high emotional SS, while having been married and having sex to express love was associated with low emotional SS. In women, good health, intimacy and commitment were associated with higher emotional SS. By contrast, being single, age, having children under 6 years, increased frequency of sexual activity, and having sex to express love were associated with lower emotional SS	Mic. Mes. Exo.
Wingard et al. (1992)	Clinical general population: Heterosexual men ($n = 82$) and women ($n = 53$) with bone marrow transplantation	1 item	In both genders, a diagnosis of aplastic anemia instead of malignancy as the reason for the transplant, younger age at the time of transplantation, relationship satisfaction, satisfaction with one's appearance, and overall life satisfaction were associated with high SS	Mic. Mes.
Yela (2000)	Non-clinical college students: Heterosexual men and women ($n = 368$), and participants from homosexual associations ($n = 44$)	1 item	In men, love and frequency of intercourse were associated with higher SS, and length of the relationship and having an exclusive relationship with a partner were associated with lower SS. These variables accounted for 35% of SS In women, erotic passion, frequency of sex, and open communication were associated with higher SS, while Christian religious attitudes and jealousy were associated with lower SS. These variables accounted for 31% of SS	Mes. Mac.
Young et al. (1998)	Non-clinical general population: Heterosexual men ($n = 181$) and women ($n = 616$)	Scale adapted from the Sexual Satisfaction Scale of the Derogatis Sexual Functioning Inventory	No significant differences in SS between men and women. Non-sexual aspects of the relationship, marital satisfaction, frequency of self-spouse orgasm, frequency of sexual activity, and uninhibitedness accounted for 60.2% of SS	Mic. Mes.

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Young et al. (2000a)	Non-clinical general population: Heterosexual women (N = 641)	Scale adapted from the Sexual Satisfaction Scale of the Derogatis Sexual Functioning Inventory	Age, non-sexual aspects of the relationship, marital satisfaction, consistency of orgasm, frequency of sex, and sexual activities other than intercourse were associated with higher SS, while religiosity was associated with low SS. These variables accounted for 65% of SS	Mic. Mes. Mac.
Young et al. (2000b)	Non-clinical general population: Heterosexual women (N = 148)	Scale adapted from the Sexual Satisfaction Scale of the Derogatis Sexual Functioning Inventory	Non-sexual aspects of the relationship, marital satisfaction, consistency of orgasm, frequency of sex, and sexual activities other than intercourse were associated with higher SS and accounted for 73% of SS	Mes.
Yucel & Gassanov (2010)	Non-clinical general population: Heterosexual couples (N = 433)	5 items	Marital satisfaction and frequency of sex were associated with higher own and partner SS. Partner infidelity was associated with lower own and partner SS. Finally, watching pornography, especially if only a partner watched it, was associated with lower own and partner SS. These variables accounted for 46% and 42% of SS in wives and husbands, respectively	Mic. Mes.
Zerach et al. (2010)	General clinical and non-clinical population: Heterosexual men - ex-prisoners of war with post-traumatic stress disorder (n = 105) and without symptoms (n = 94)	Index of Sexual Satisfaction (ISS)	Symptoms of post-traumatic stress disorder were associated with lower SS	Mic.
Zhang et al. (2012)	Non-clinical general population: Heterosexual couples (N = 1,083)	1 item	In men, being five years younger than their wife or more was associated with low SS In women, being younger than their husband was associated with high SS	Mic.
Zihlerl & Masten (2010)	Non-clinical college students: Heterosexual men (n = 74) and women (n = 174)	Golombok Rust Inventory of Sexual Satisfaction (GRISS)	Frequency of intercourse, enjoyment of sex, and being male were associated with higher SS. By contrast, desired frequency of sex and participants' estimation of their partner's enjoyment during sex were associated with lower SS. These variables accounted for 54% of SS	Mic. Mes.
Zillmann & Bryant (1988)	Non-clinical college students and general population: Heterosexual men and women (N = 160)	<i>Ad hoc</i> questionnaire	Participants who watched pornography reported significantly lower SS than participants who did not	Mic.

Note. Mic.: Microsystem; Mes.: Mesosystem; Exo.: Exosystem; Mac.: Macrosystem.

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