

SEXUAL ADDICTION SCREENING TEST ^{1 2}

The Sexual Addiction Screening Test (SAST) is designed to assist in the assessment of sexually compulsive behavior which may indicate the presence of sex addiction. Developed in cooperation with hospitals, treatment programs, private therapists, and community groups, the SAST provides a profile of responses which help to discriminate between addictive and non-addictive behavior. Before starting the assessment we need basic information in order to build your profile.

Please indicate gender:

Male Female

Indicate Orientation:

Heterosexual Bi-sexual Homosexual

To complete the test, answer each question by placing a check in the appropriate yes/no column.

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|-----|----|-----|---|
| Yes | No | 1. | Were you sexually abused as a child or adolescent? |
| Yes | No | 2. | Have you subscribed to or regularly purchased or rented sexually explicit materials (magazines, videos, books or online pornography)? |
| Yes | No | 3. | Do you feel that your sexual behavior is not normal? |
| Yes | No | 4. | Do you often find yourself preoccupied with sexual thoughts? |
| Yes | No | 5. | Did your parents have trouble with sexual behavior? |
| Yes | No | 6. | Does your spouse (or significant others) ever worry about your sexual behavior? |
| Yes | No | 7. | Do you have trouble stopping your sexual behavior when you know that it is inappropriate? |
| Yes | No | 8. | Do you ever feel bad about your sexual behavior? |
| Yes | No | 9. | Has your sexual behavior ever created problems for you and your family? |
| Yes | No | 10. | Have you ever sought help for sexual behavior you did not like? |
| Yes | No | 11. | Have you ever worried about people finding out about your sexual behavior? |
| Yes | No | 12. | Has anyone been hurt emotionally because of your sexual behavior? |

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| Yes | No | 13. | Are any of your sexual activities against the law? |
| Yes | No | 14. | Have you made promises to yourself to quit a type of sexual activity and failed? |
| Yes | No | 15. | Have you made efforts to quit a type of sexual behavior and failed? |
| Yes | No | 16. | Do you hide some of your sexual behaviors from others? |
| Yes | No | 12. | Have you attempted to stop some parts of your sexual activity? |
| Yes | No | 13. | Have you felt degraded by your sexual behaviors? |
| Yes | No | 14. | When you have sex, do you feel depressed afterwards? |
| Yes | No | 15. | Do you feel controlled by your sexual desire? |
| Yes | No | 16. | Have important parts of your life (such as job, family, friends, leisure activities) been neglected because you were spending too much time on sex? |
| Yes | No | 17. | Have you attempted to stop some parts of your sexual activity? |
| Yes | No | 18. | Have you felt degraded by your sexual behavior? |
| Yes | No | 17. | Do you ever think your sexual desire is stronger than you are? |
| Yes | No | 19. | Has sex been a way for you to escape your problems? |
| Yes | No | 20. | When you have sex do you feel depressed afterward? |
| Yes | No | 21. | Have you ever felt the need to discontinue a certain form of sexual activity? |
| Yes | No | 22. | Has your sexual activity interfered with your family life? |
| Yes | No | 23. | Have you been sexual with minors? |
| Yes | No | 24. | Do you feel controlled by your sexual desire? |
| Yes | No | 25. | Do you ever think your sexual desire is stronger than you are? |

References

1. Carnes P. *Contrary to Love: Helping the Sexual Addict*. Minneapolis, MN: CompCare; 1989.
2. Carnes PJ, Wilson M. The sexual addiction assessment process. In: Carnes PJ, Adams KM, eds. New York NY: Brunner-Routledge; 2002:3-20.

