SEXUAL ADDICTION SCREENING TEST

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.

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?
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