

The Sexual Addiction Screening Test (SAST)

The Sexual Addiction Screening Test (SAST) is designed to assist in the assessment of sexually compulsive or "addictive" behavior. 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. To complete the test, answer each question by placing a check in the appropriate yes/no column.

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|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 1. Were you sexually abused as a child or adolescent? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 2. Have you subscribed or regularly purchased sexually explicit magazines like Playboy or Penthouse? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 3. Did your parents have trouble with sexual behavior? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 4. Do you often find yourself preoccupied with sexual thoughts? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 5. Do you feel that your sexual behavior is not normal? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 6. Does your spouse or significant other ever worry or complain about your sexual behavior? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 7. Do you have trouble stopping your sexual behavior when you know it is inappropriate? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 8. Do you ever feel bad about your sexual behavior? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 9. Has your sexual behavior ever created problems for you or your family? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 10. Have you ever sought help for sexual behavior you did not like? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 11. Have you ever worried about people finding out about your sexual activities? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 12. Has anyone been hurt emotionally because of your sexual behavior? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 13. Are any of your sexual activities against the law? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 14. Have you made promises to yourself to quit some aspect of your sexual behavior? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 15. Have you made efforts to quit a type of sexual activity and failed? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 16. Do you have to hide some of sexual behavior from others? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 17. Have you attempted to stop some parts of your sexual activity? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 18. Have you ever felt degraded by your sexual behavior? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 19. Has sex been a way for you to escape your problems? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 20. When you have sex, do you feel depressed afterwards? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 21. Have you felt the need to discontinue a certain form of sexual activity? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 22. Has your sexual activity interfered with your family life? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 23. Have you been sexual with minors? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 24. Do you feel controlled by your sexual desire? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 25. Do you ever think your sexual desire is stronger than you are? |