

SEXUAL ADDICTION SCREENING TEST

(SAST-R, Version 2.0)

Name _____

Patient ID No. _____

Age _____ Male/Female _____ State _____

Therapist or Physician _____

SAST - R 2.0

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.

- | | | |
|------------------------------|-----------------------------|---|
| <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. Did your parents have trouble with sexual behavior? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 3. Do you often find yourself preoccupied with sexual thoughts? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 4. Do you feel that your sexual behavior is not normal? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 5. Do you ever feel bad about your sexual behavior? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 6. Has your sexual behavior ever created problems for you and your family? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 7. Have you ever sought help for sexual behavior you did not like? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 8. Has anyone been hurt emotionally because of your sexual behavior? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 9. Are any of your sexual activities against the law? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 10. Have you made efforts to quit a type of sexual activity and failed? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 11. Do you hide some of your sexual behaviors from others? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 12. Have you attempted to stop some parts of your sexual activity? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 13. Have you felt degraded by your sexual behaviors? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 14. When you have sex, do you feel depressed afterwards? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 15. Do you feel controlled by your sexual desire? |
| <input type="checkbox"/> YES | <input type="checkbox"/> 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? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 17. Do you ever think your sexual desire is stronger than you are? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 18. Is sex almost all you think about? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 19. Has sex (or romantic fantasies) been a way for you to escape your problems? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 20. Has sex become the most important thing in your life? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 21. Are you in crisis over sexual matters? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 22. The internet has created sexual problems for me. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 23. I spend too much time online for sexual purposes. |

- YES NO 24. I have purchased services online for erotic purposes (sites for dating, pornography, fantasy and friend finder).
- YES NO 25. I have used the internet to make romantic or erotic connections with people online.
- YES NO 26. People in my life have been upset about my sexual activities online.
- YES NO 27. I have attempted to stop my online sexual behaviors.
- YES NO 28. I have subscribed to or regularly purchased or rented sexually explicit materials (magazines, videos, books or online pornography).
- YES NO 29. I have been sexual with minors.
- YES NO 30. I have spent considerable time and money on strip clubs, adult bookstores and movie houses.
- YES NO 31. I have engaged prostitutes and escorts to satisfy my sexual needs.
- YES NO 32. I have spent considerable time surfing pornography online.
- YES NO 33. I have used magazines, videos or online pornography even when there was considerable risk of being caught by family members who would be upset by my behavior.
- YES NO 34. I have regularly purchased romantic novels or sexually explicit magazines.
- YES NO 35. I have stayed in romantic relationships after they became emotionally or abusive.
- YES NO 36. I have traded sex for money or gifts.
- YES NO 37. I have maintained multiple romantic or sexual relationships at the same time.
- YES NO 38. After sexually acting out, I sometimes refrain from all sex for a significant period.
- YES NO 39. I have regularly engaged in sadomasochistic behavior.
- YES NO 40. I visit sexual bath-houses, sex clubs or video/bookstores as part of my regular sexual activity.
- YES NO 41. I have engaged in unsafe or "risky" sex even though I knew it could cause me harm.
- YES NO 42. I have cruised public restrooms, rest areas or parks looking for sex with strangers.
- YES NO 43. I believe casual or anonymous sex has kept me from having more long-term intimate relationships.
- YES NO 44. My sexual behavior has put me at risk for arrest for lewd conduct or public indecency.
- YES NO 45. I have been paid for sex.

