

Sexual Addiction Screening Test (SAST)

Patrick Carnes, Ph. D. & Sharon O'Hara, MA

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

1. Yes ___ No ___ Were you sexually abused as a child or adolescent?
2. Yes ___ No ___ Do you regularly purchase romance novels or sexually explicit magazines?
3. Yes ___ No ___ Do you often find yourself preoccupied with sexual thoughts?
4. Yes ___ No ___ Do you ever feel your sexual behavior is not normal?
5. Yes ___ No ___ Has your sexual behavior ever created problems for you and your family?
6. Yes ___ No ___ Have you ever sought help for sexual behavior you did not like?
7. Yes ___ No ___ Has anyone been hurt emotionally because of your sexual behavior?
8. Yes ___ No ___ Have you made efforts to quit a type of sexual activity and failed?
9. Yes ___ No ___ Do you hide some of your sexual behaviors from others?
10. Yes ___ No ___ Have you felt bad about your sexual behaviors?
11. Yes ___ No ___ When you have sex, do you feel depressed afterwards?
12. Yes ___ No ___ Do you feel controlled by your sexual desire?
13. Yes ___ No ___ Have important parts of your life (such as job, family, friends, leisure activities) been neglected because you were spending too much time on sex?
14. Yes ___ No ___ Has sex (or romantic fantasies) been a way for you to escape your problems?
15. Yes ___ No ___ Has the Internet created sexual problems for you?
16. Yes ___ No ___ Have you used the Internet to make romantic or erotic connections with people online?
17. Yes ___ No ___ Have people in your life been upset about your sexual activities online?
18. Yes ___ No ___ Have you been sexual with minors?
19. Yes ___ No ___ Have you spent time and money on strip clubs, adult bookstores and movie houses?
20. Yes ___ No ___ Have you spent time surfing pornography online?
21. Yes ___ No ___ Have you used magazines, videos or online pornography even when there was considerable risk of being caught by family members who would be upset by your behavior?
22. Yes ___ No ___ Have stayed in romantic relationships after they became emotionally or physically abusive?
23. Yes ___ No ___ Have you maintained multiple romantic or sexual relationships at the same time?
24. Yes ___ No ___ After sexually acting out, do you sometimes refrain from all sex for a significant period?
25. Yes ___ No ___ Have you regularly engaged in sadomasochistic behavior?
26. Yes ___ No ___ Have you engaged in unsafe or "risky" sex even though you knew it could cause you harm?
27. Yes ___ No ___ Have you cruised public restrooms, rest areas or parks looking for sex with strangers?
28. Yes ___ No ___ Do you believe casual or anonymous sex has kept you from having more long-term intimate relationships?

Totals: Yes ___ No ___

- If you answered "yes" to 1-3 of these statements, these may be areas of concern. Seek to find someone to have an open discussion with about these issues.
- If you answered "yes" to 3 or more statements, consider seeking professional help or finding a Twelve Step support group.
- If you answered "yes" to 6 or more statements, you definitely have the potential for self-abusive and/or dangerous consequences.