

# SEXUAL ADDICTION SCREENING TEST - Revised (SAST-R)

Name \_\_\_\_\_

Patient ID No. \_\_\_\_\_

Age \_\_\_\_\_ Male/Female \_\_\_\_\_ State \_\_\_\_\_

Therapist or Physician \_\_\_\_\_

## SAST - R

The Sexual Addiction Screening Test – Revised (SAST-R) 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.   |
| <input type="checkbox"/> YES | <input type="checkbox"/> 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.