

# THE SEXUAL ADDICTION SCREENING TEST (SAST)\*



|     | QUESTION   | YES | NO |
|-----|--|-----|----|
| 1.  | Were you sexually abused as a child or adolescent?   |     |    |
| 2.  | Do you subscribe to or regularly purchase pornographic materials such as magazines, websites, books, cable TV channels, etc. |     |    |
| 3.  | Do or did your parents have trouble with sexual behavior?  |     |    |
| 4.  | Do you find yourself preoccupied with sexual thoughts?   |     |    |
| 5.  | Do you find that your sexual behavior is not normal?   |     |    |
| 6.  | Does your spouse or significant other ever worry or complain about your sexual behavior?                                     |     |    |
| 7.  | Do you have trouble stopping your sexual behavior when you know it is wrong?   |     |    |
| 8.  | Do you feel bad about your sexual behavior?  |     |    |
| 9.  | Does your sexual behavior create problems for you or your family?  |     |    |
| 10. | Are you seeking help for inappropriate sexual behavior you are doing or you like?  |     |    |
| 11. | Do you worry about people finding out about your sexual activities?  |     |    |
| 12. | Are you hurting someone emotionally because of your sexual behavior?   |     |    |
| 13. | Are any of your sexual activities against the law?   |     |    |
| 14. | Do you make promises to yourself to quit some aspect of your sexual behavior?  |     |    |
| 15. | Do you make efforts to quit a type of sexual activity and repeatedly fail?   |     |    |
| 16. | Do you have to hide some of your sexual behavior from others?  |     |    |
| 17. | Are you making any attempts to stop some parts of your sexual activity?  |     |    |
| 18. | Do you feel degraded by your sexual behavior?  |     |    |
| 19. | Do you use sex as a way to escape your problems?   |     |    |
| 20. | Do you feel depressed after having sex?  |     |    |
| 21. | Do you feel the need to discontinue a certain form of sexual activity?   |     |    |
| 22. | Does your sexual activity interfere with your family life?   |     |    |
| 23. | Are you having sex with minors?  |     |    |
| 24. | Do you feel controlled by your sexual desires?   |     |    |
| 25. | Do you feel your sexual desire is stronger than you are?   |     |    |

## SAST SCORE RANGE

*Number Checked in the "Yes" Column:*

- 0 – 4    Non-addict
- 5 – 8    Non-addict
- 9 – 12    Borderline Addictive Sexual Behavior
- 13+    Addictive Sexual Behavior

\*Patrick Carnes. *Contrary to Love: Helping the Sexual Addict*. Hazelden. Centre City, MN. 1989. (Pg. 215). I have changed the questions to the original document as there was a mixture of present and past tense questions which caused confusion to the test participants. I have reformatted the sexual addiction screening test with present tense questions so the person taking the test can see where they are now. At the end of the curriculum the participant will take the test a second time so they will be able to see the progress they have made and address areas that still need attention.