

**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. Has the internet has created sexual problems for you? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 23. Do you spend too much time online for sexual purposes? |

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

Core Item Scale **Questions 1-20** **(Over 6)** _____

Subscales:

Internet Items **Questions 22-27** **(3 or more)** _____

Men's Items **Questions 28-33** **(2 or more)** _____

Women's Items **Questions 34-39** **(2 or more)** _____

Homosexual Men **Questions 40-45** **(3 or more)** _____

Addictive Dimensions:

Preoccupation **(2 or more)** _____
Items 3, 18, 19 and 20

Loss of Control **(2 or more)** _____
Items 10, 12, 15 and 17

Relationship Disturbance **(2 or more)** _____
Items 6, 8, 16 and 26

Affect Disturbance **(2 or more)** _____
Items 4, 5, 11, 13 and 14

Associated Features (not rated as a subscale)
Items 1, 2, 7, 9 and 21

Relative Distributions of Addict & Nonaddict SAST Scores

This instrument has been based on screenings of tens of thousands of people. This particular version is a developmental stage revision of the instrument, so scoring may be adjusted with more research. Please be aware that clinical decisions must be made conditionally since final scoring protocols may vary.