

Appendix B



The Sexual Addiction Screening Test (SAST)

Note: With appreciation to Dr. Carnes. This is not for general use, but for clinicians, which is why the scoring is not included.

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 that helps to discriminate between addictive and nonaddictive behavior. To complete the test, answer each question by placing a check in the appropriate yes/no column.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were you sexually abused as a child or adolescent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you subscribed to or regularly purchased sexually explicit magazines or frequently browsed the adult sites on the Internet? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did your parents have trouble with sexual behavior? |

- ___ ___ 4. Do you often find yourself preoccupied with sexual thoughts?
- ___ ___ 5. Do you feel that your sexual behavior is not normal?
- ___ ___ 6. Does your spouse (or significant other[s]) ever worry or complain about your sexual behavior?
- ___ ___ 7. Do you have trouble stopping your sexual behavior when you know it is inappropriate?
- ___ ___ 8. Do you ever feel bad about your sexual behavior?
- ___ ___ 9. Has your sexual behavior ever created problems for you and your family?
- ___ ___ 10. Have you ever sought help for sexual behavior you did not like?
- ___ ___ 11. Have you ever worried about people finding out about your sexual activities?
- ___ ___ 12. Has anyone been hurt emotionally because of your sexual behavior?
- ___ ___ 13. Are any of your sexual activities against the law?
- ___ ___ 14. Have you made promises to yourself to quit some aspect of your sexual behavior?
- ___ ___ 15. Have you made efforts to quit a type of sexual activity and failed?
- ___ ___ 16. Do you hide some of your sexual behavior from others?

- ___ ___ 17. Have you attempted to stop some parts of your sexual activity?
- ___ ___ 18. Have you ever felt degraded by your sexual behavior?
- ___ ___ 19. Has sex been a way for you to escape your problems?
- ___ ___ 20. When you have sex, do you feel depressed afterwards?
- ___ ___ 21. Have you felt the need to discontinue a certain form of sexual activity?
- ___ ___ 22. Has your sexual activity interfered with your family life?
- ___ ___ 23. Have you been sexual with minors?
- ___ ___ 24. Do you feel controlled by your sexual desire?
- ___ ___ 25. Do you ever think your sexual desire is stronger than you are?

Count up your "Yes" answers and record here: _____

Note

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