

Sexual Addiction Screening

Adapted from Patrick Carnes', Ph.D. & Robert Weiss', LCSW *The Men's Sexual Screening Addiction Test (G-SAST)*

This test is designed to assist in the assessment of sexually compulsive or "addictive" behavior. It provides a profile of responses that help to identify sexually addictive disorders.

Answer each question yes or no.

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| 1. Were you sexually abused as a child or adolescent? | Yes | No |
| 2. Have you subscribed or regularly purchased/rented sexually explicit magazines or videos? | Yes | No |
| 3. Did your parents have trouble with their sexual or romantic behaviors? | Yes | No |
| 4. Do you often find yourself preoccupied with sexual thoughts? | Yes | No |
| 5. Do you use phone sex lines, computer sex lines, etc? | Yes | No |
| 6. Does your wife, significant others, friends or family ever worry or complain about your sexual behavior? | Yes | No |
| 7. Do you have trouble stopping your sexual behavior when you know it is inappropriate and/or dangerous to your health? | Yes | No |
| 8. Has your involvement with pornography, phone sex, computer board sex, etc. interfered with your intimate contact with your spouse? | Yes | No |
| 9. Do you keep the extent or nature of your sexual activities hidden from your spouse or friends? | Yes | No |
| 10. Do you look forward to events with friends or family being over so that you can go out to have sex? | Yes | No |
| 11. Do you visit sexual bath houses, sex clubs and/or video bookstores as a regular part of your sexual activity? | Yes | No |
| 12. Do you believe that anonymous or casual sex has kept you from having more long-term intimate relationships or from reaching other personal goals? | Yes | No |
| 13. Do you have trouble maintaining intimate relationships once the "sexual newness" of the person has worn off? | Yes | No |
| 14. Do your sexual encounters place you in danger of arrest for lewd conduct or public indecency? | Yes | No |
| 15. Have you spent time worrying about being HIV positive, and continue to engage in risky or unsafe sexual behavior anyway? | Yes | No |

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| 16. | Has anyone ever been hurt emotionally by events related to your sexual behavior, e.g. lying to your spouse, friends, not showing up for event/appointment due to sexual liaisons, etc? | Yes | No |
| 17. | Have you ever been approached, charged, arrested by the police, security, etc. due to sexual activity in a public place? | Yes | No |
| 18. | Has sex been a way for you to escape your problems or deaden emotional pain? | Yes | No |
| 19. | When you have sex, do you feel depressed afterwards? | Yes | No |
| 20. | Have you made repeated promises to yourself to change some form of your sexual activity only to break them later? | Yes | No |
| 21. | Have your sexual activities or sexual thoughts interfered with some aspect of your professional or personal life, e.g. unable to perform at work, loss of relationship? | Yes | No |
| 22. | Have you engaged in unsafe or "risky" sexual practices even though you knew it could cause you harm? | Yes | No |
| 23. | Have you ever paid for sex? | Yes | No |
| 24. | Have you ever had sex with someone just because you were feeling aroused and later felt ashamed or regretted it? | Yes | No |
| 25. | Have you ever cruised public restrooms, rest areas and/or parks looking for sexual encounters with strangers? | Yes | No |

Depending on the particular pattern of symptoms:

- 1 to 3 of these questions answered in the affirmative may be cause for concern and should be openly discussed with a friend or family member,
- 4 or 5 affirmative answers would indicate the need to consider more professional attention and consideration of a 12-step support program like those of Sexaholics Anonymous.
- 6 or more questions answered in the affirmative indicate a problem with potentially self-abusive and/or dangerous consequences. The respondent should seek treatment.