

**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. |

- YES 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.

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.