

# Sexual Addiction Screening Test (SAST)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The purpose of the Sexual Addiction Screening Test (SAST) is to aid in evaluating behaviors that are sexually compulsive or considered "addictive."

## Instructions

To participate in the test, simply respond to each question by marking either the yes or no column that aligns with your experience.

**Scoring** For every "Yes": 1 point. For every "No": 0 points

Question	Yes	No
1. Have you experienced any form of sexual abuse during your childhood or adolescence?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your parents encounter challenges related to sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you frequently find yourself preoccupied with sexual thoughts?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you perceive your sexual behavior as differing from societal norms?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever experience feelings of remorse about your sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your sexual conduct ever caused problems for you or your family?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you sought professional help for unwanted sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have your actions resulted in emotional distress for others due to your sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you engaged in any sexual activities that might be considered unlawful?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you attempted to quit certain sexual activities without success?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you keep certain sexual behaviors concealed from others?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you made efforts to discontinue specific aspects of your sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have your sexual actions ever made you feel degraded?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you sometimes feel a sense of depression after engaging in sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you believe that your sexual desires exert a significant level of control over you?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you neglected important areas of your life (such as work, family, friends, hobbies) due to excessive focus on sex?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you occasionally feel that your sexual urges overpower your self-control?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do sexual thoughts occupy a significant portion of your thinking?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you used sex (or romantic fantasies) as a means of escaping your problems?	<input type="checkbox"/>	<input type="checkbox"/>
20. Has sex become the dominant priority in your life?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are you currently facing a crisis related to sexual matters?	<input type="checkbox"/>	<input type="checkbox"/>

22. Has the internet contributed to any sexual challenges you might be experiencing?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you dedicate an excessive amount of time online to fulfill your sexual interests?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you made online purchases for romantic or erotic purposes (such as dating sites)?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you engaged in romantic or erotic interactions with individuals online through the internet?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have people in your life expressed concern about your online sexual activities?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you made attempts to curtail your online sexual behaviors?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you subscribed to, regularly purchased, or rented sexually explicit content (such as magazines, videos, books, or online pornography)?	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you engaged in any sexual activities involving minors?	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you invested substantial time and financial resources in strip clubs, adult bookstores, or movie houses?	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL SCORE:</b>		

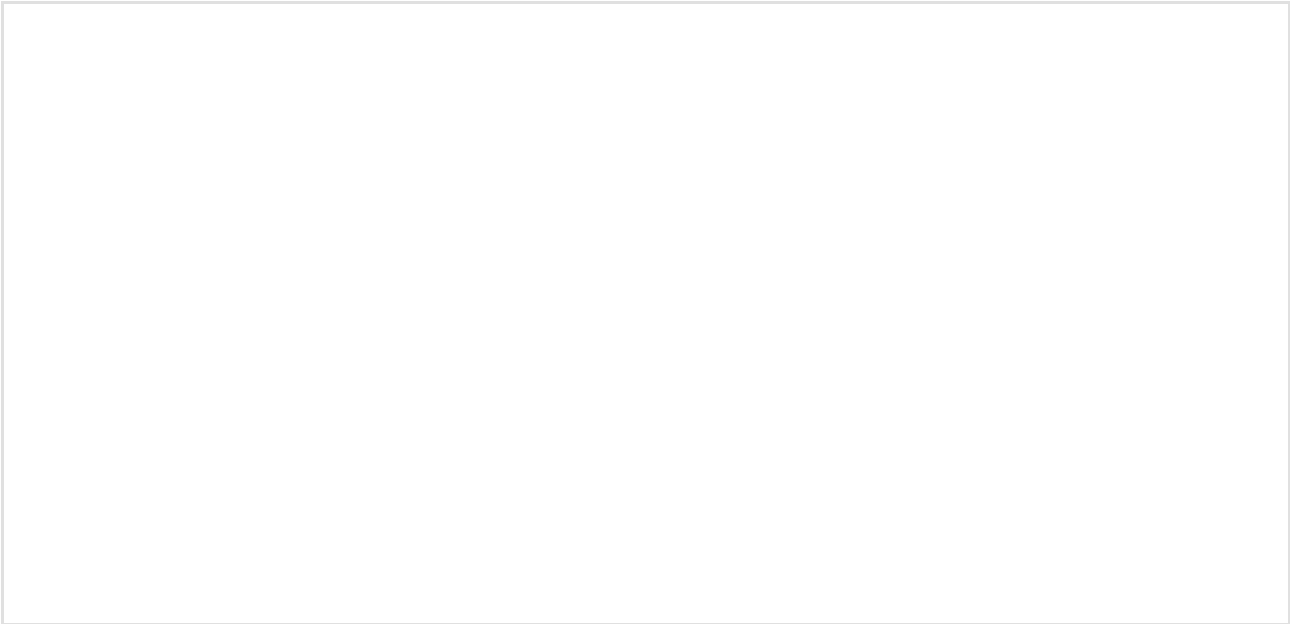
**Interpretation:**

0-3 points: You're less likely to have sexually compulsive or addictive behavior.

4-7 points: There's a moderate chance of sexually compulsive or addictive behavior. Consider reflecting on this more.

8-12 points: There's a strong chance of sexually compulsive or addictive behavior. Seek professional help and support.

**Notes:**

A large, empty rectangular box with a thin black border, intended for taking notes. It occupies the upper half of the page.