

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"/>
TOTAL SCORE:		

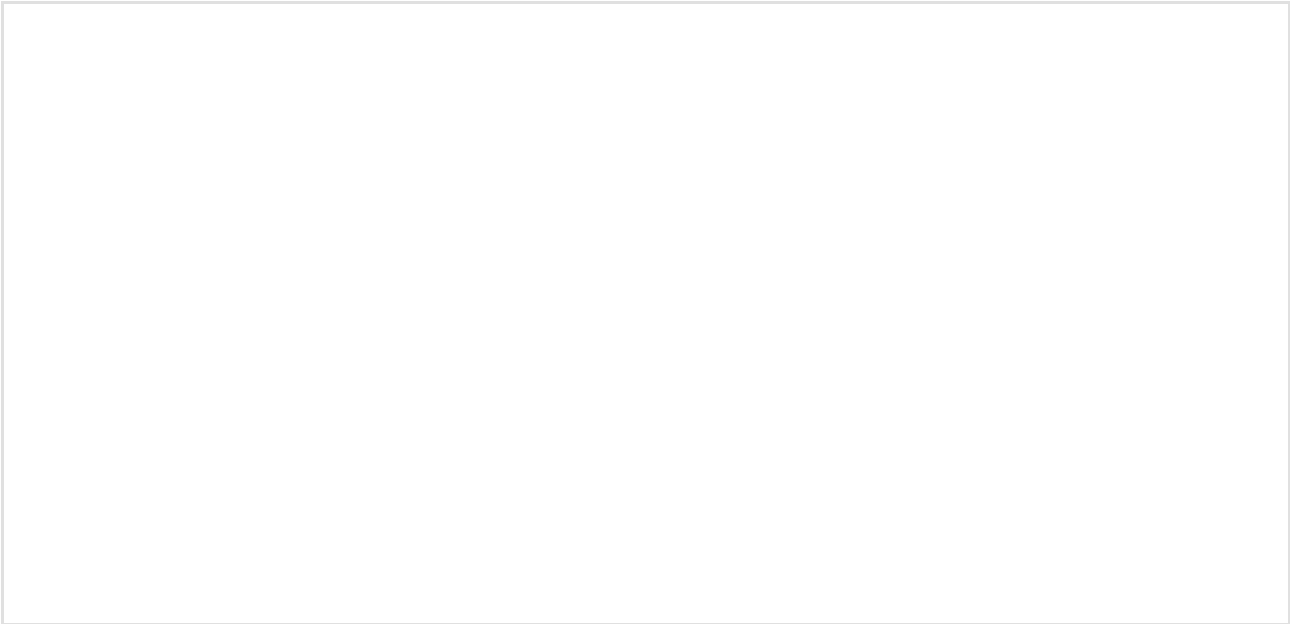
Interpretation:

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.