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Psychotherapy, Individual, Couple & Family Consultation

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Men's Sexual Screening Addiction Test

By [Patrick Carnes, Ph.D.](#) and [Robert Weiss, LCSW, CAS](#)

The Male Sexual Addiction Screening Test (G-SAST) is designed to assist the assessment of sexually compulsive or "addictive" behavior. The G-SAST provides a profile of responses which help to identify men with sexually addictive disorders. Check each "Yes" response as appropriate, and then click on the "Submit" button at the bottom.

1. Were you sexually abused as a child or adolescent?
 YES
2. Have you subscribed or regularly purchased/rented sexually explicit magazines or videos?
 YES
3. Did your parents have trouble with their sexual or romantic behaviors?
 YES
4. Do you often find yourself preoccupied with sexual thoughts?
 YES
5. Has your use of phone sex lines, computer sex lines etc. exceeded your ability to pay for these services?
 YES
6. Does your significant other(s), friends, or family ever worry or complain about your sexual behavior? (not related to sexual orientation)
 YES
7. Do you have trouble stopping your sexual behavior when you know it is inappropriate and/or dangerous to your health?
 YES
8. Has your involvement with pornography, phone sex, computer board sex, etc. become greater than your intimate contacts with romantic partners?
 YES

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9. Do you keep the extent or nature of your sexual activities hidden from your friends and/or partners? (not related to sexual orientation)
- YES
10. Do you look forward to events with friends or family being over so that you can go out to have sex?
- YES
11. Do you visit sexual bath houses, sex clubs and/or video bookstores as a regular part of your sexual activity?
- YES
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
13. Do you have trouble maintaining intimate relationships once the "sexual newness" of the person has worn off?
- YES
14. Do your sexual encounters place you in danger of arrest for lewd conduct or public indecency?
- YES
15. Are you HIV positive, yet continue to engage in risky or unsafe sexual behavior?
- YES
16. Has anyone ever been hurt emotionally by events related to your sexual behavior, e.g. lying to partner or friends, not showing up for event/appointment due to sexual liaisons, etc., (not related to sexual orientation)?
- YES
17. Have you ever been approached, charged, arrested by the police, security, etc. due to sexual activity in a public place?
- YES
18. Have you ever been sexual with a minor?
- YES

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19. When you have sex, do you feel depressed afterwards?
 YES
20. Have you made repeated promises to yourself to change some form of your sexual activity only to break them later? (not related to sexual orientation)
 YES
21. Have your sexual activities interfered with some aspect of your professional or personal life, e.g. unable to perform at work, loss of relationship? (not related to sexual orientation)
 YES
22. Have you engaged in unsafe or "risky" sexual practices even though you knew it could cause you harm?
 YES
23. Have you ever paid for sex?
 YES
24. Have you ever had sex with someone just because you were feeling aroused and later felt ashamed or regretted it?
 YES
25. Have you ever cruised public restrooms, rest areas and/or parks looking for sexual encounters with strangers?
 YES