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## SEXUAL ADDICTION SCREENING TEST

The Sexual Addiction Screening Test (SAST) was developed by Patrick Carnes, Ph.D. and is designed to assist in the assessment of sexually compulsive behavior which may indicate the presence of sex addiction. 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. Before starting the assessment we need basic information in order to build your profile.

Please indicate gender:

Male  Female

Indicate Orientation:

Heterosexual  Bi-sexual  Homosexual

Please check any of the following which apply:

- I have no concerns about my sexual behavior but am curious how I would score.
- I have no concerns about my sexual behavior but others are concerned.
- I am having problems with my sexual behavior but do not consider myself a "sex addict".
- I know I am a sex addict.
- I have sought therapy because of my sexual problems.

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?

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<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. Has the internet has created sexual problems for you?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	23. Do you spend too much time online for sexual purposes?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	24. Have you purchased services online for erotic purposes (sites for dating, pornography, fantasy and friend finder)?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	25. Have you used the internet to make romantic or erotic connections with people online?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	26. Have people in my life been upset about my sexual activities online?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	27. Have you attempted to stop my online sexual behaviors?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	28. Have you subscribed to or regularly purchased or rented sexually explicit materials (magazines, videos, books or online pornography)?

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<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	29. Have you been sexual with minors?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	30. Have you spent considerable time and money on strip clubs, adult bookstores and movie houses?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	31. Have you engaged prostitutes and escorts to satisfy your sexual needs?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	32. Have you spent considerable time surfing pornography online?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	33. Have you 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?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	34. Have you regularly purchased romantic novels or sexually explicit magazines?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	35. Have stayed in romantic relationships after they became emotionally or abusive?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	36. Have you traded sex for money or gifts?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	37. Have you maintained multiple romantic or sexual relationships at the same time?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	38. After sexually acting out, do you sometimes refrain from all sex for a significant period?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	39. Have you regularly engaged in sadomasochistic behavior?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	40. Do you visit sexual bath-houses, sex clubs or video/bookstores as part of your regular sexual activity?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	41. Have you engaged in unsafe or "risky" sex even though you knew it could cause you harm?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	42. Have you cruised public restrooms, rest areas or parks looking for sex with strangers?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	43. Do you believe casual or anonymous sex has kept you from having more long-term intimate relationships?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	44. Has your sexual behavior has put you at risk for arrest for lewd conduct or public indecency?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	45. Have you been paid for sex?