

The G-Sexual Addiction Screening Test (G-SAST)

The Male Sexual Screening Addiction Test (G-SAST) is designed to as a preliminary assessment screening for sexually addiction. The G-SAST provides a profile of responses which frequently help to identify men with sexual impulse disorders. To complete the test, answer each question by placing a check in the appropriate yes/no column. A high score may indicate issues of sexual addiction which would require further exploration with a professional clinician.

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|--------------------------|-----|--------------------------|----|--|
| <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. Have you subscribed or regularly purchased/rented sexually explicit magazines or videos? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 3. Do your parents have trouble with their sexual or romantic behaviors? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 4. Do you often find yourself preoccupied with sexual thoughts? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 5. Has your use of phone sex lines, computer sex lines etc. exceeded your ability to pay for these services? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 6. Does your significant other(s), friends, or family ever worry or complain about your sexual behavior?(not related to sexual orientation) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 7. Do you have trouble stopping your sexual behavior when you know it is inappropriate and/or dangerous to your health? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 8. Has your involvement with pornography, phone sex, computer board sex, etc. become greater than your intimate contacts with romantic partners? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 9. Do you keep the extent or nature of your sexual activities hidden from your friends and/or partner? (not related to sexual orientation) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 10. Do you look forward to events with friends or family being over so that you can go out to have sex? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 11. Do you visit sexual bath houses, sex clubs and/or video bookstores as a regular part of your sexual activity? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 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? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 13. Do you have trouble maintaining intimate relationships once the "sexual newness" of the person has worn off? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 14. Do your sexual encounters place you in danger of arrest for lewd conduct or public indecency? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 15. Are you HIV positive, yet continue to engage in risky or unsafe sexual behavior? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 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)? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 17. Have you ever been approached, charged, arrested by the police, security, etc. due to sexual activity in a public place? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 18. Have you ever been sexual with a minor? |

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| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 19. When you have sex, do you feel depressed afterwards? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 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) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 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) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 22. Have you engaged in unsafe or "risky" sexual practices even though you knew it could because you harm? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 23. Have you ever paid for sex? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 24. Have you ever had sex with someone just because you were feeling aroused and later felt ashamed or regretted it? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 25. Have you ever cruised public restrooms, rest areas and/or parks looking for sexual encounters with strangers? |