



## THE G-SEXUAL ADDICTION SCREENING TEST (G-SAST-R)

The Male Sexual Screening Addiction Test (G-SAST-R) is a preliminary sexual addiction assessment tool. The G-SAST-R provides a profile of responses that help to identify men with sexual impulse disorders. To complete the test, answer each question by placing a check in the appropriate **Yes/No** box. A score higher than three may indicate symptoms of sexual addiction, which would require further exploration with a professional clinician.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	Were you abused or emotionally neglected as a child or adolescent?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2.	Do you regret the amount of time you spend online in online sexual chats, viewing porn, webcam sex or chatting with prostitutes etc?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3.	Did your parents have ongoing sexual or romantic problems?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.	Do you feel preoccupied or distracted by your sexual thoughts or activity?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5.	Have you on multiple occasions kept hidden or lied about money that you spent on having sex?
<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?
<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?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8.	Has your involvement with porn, online hook-ups, sex and dating websites, cruising social networks for 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 partners?
<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.	Have you had certain kinds of sex or had sex with certain people that later disgusted you when you thought back on it?
<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 relationships once the "sexual newness" of a new partner has worn off?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14.	Do your sexual encounters place you in danger of arrest?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15.	Have you ever potentially exposed a loved-one or spouse to a sexually transmitted disease and not told them about it?
<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 hook-ups, etc?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17.	Have you ever been approached by private security, charged or arrested by the police, etc. related to your sexual activities?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	18.	Have you ever been sexual with a minor?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	19.	When you have sex, do you feel depressed afterwards or later regret it?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	20.	Have you made repeated promises to yourself or another person to change some form of your sexual activity only to break them later?
<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. caused problems at work, loss of relationship?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	22.	Have you engaged in repeated experiences of unsafe or "risky" sex even though you knew it could cause you harm?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	23.	Have you had more than one sexually transmitted disease?
<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, gym locker rooms and/or other public places seeking anonymous sexual encounters with strangers?

[www.SexualRecovery.com](http://www.SexualRecovery.com)

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