

The Women's Sexual Addiction Screening Test (W-SAST)

The Women's Sexual Screening Addiction Test (W-SAST) is designed to assist in the assessment of sexually compulsive or "addictive" behavior. The W-SAST provides a profile of responses which help to discriminate between addictive and nonaddictive behavior. 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 and a need to further explore this area with the client.

Women's Sexual Addiction Screening Test (W-SAST)

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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. Do you regularly purchase romance novels or sexually explicit magazines? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 3. Have you stayed in romantic relationships after they become emotionally or physically abusive? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 4. Do you often find yourself preoccupied with sexual thoughts or romantic day dreams? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 5. Do you feel that your sexual behavior is normal? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 6. Does your spouse (or significant other(s)) 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? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 8. Do you ever feel bad about your sexual behavior? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 9. Has your sexual behavior ever created problems for you and your family? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 10. Have you ever sought help for sexual behavior you did not like? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 11. Have you ever worried about people finding out about your sexual activities? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 12. Has anyone been hurt emotionally because of your sexual behavior? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 13. Have you ever participated in sexual activity in exchange for money or gifts? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 14. Do you have times when you act out sexually followed by periods of celibacy (no sex at all)? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 15. Have you made efforts to quit a type of sexual activity and failed? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 16. Do you hide some of your sexual behavior from others? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 17. Do you find yourself having multiple romantic relationships at the same time? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 18. Have you ever felt degraded by your sexual behavior? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 19. Has sex or romantic fantasies ever been a way for you to escape your problems? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 20. When you have sex, do you feel depressed afterwards? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 21. Do you regularly engage in sado-masochistic behavior? |

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|--------------------------|-----|--------------------------|----|--------------------------------------------------------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 22. Has your sexual activity interfered with your family life? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 23. Have you been sexual with minors? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 24. Do you feel controlled by you sexual desire or fantasies of romance? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 25. Do you ever think your sexual desire is stronger than you are? |