NorthSide Family Counseling Center

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**Sexual Addiction Screening Self-Test for Women**

**(men’s screening on pg. 2)**

These questions are adapted from the Women’s Sexual Addiction Screen Test (W-SAST) developed by Sharon O’Hara and Patrick Carnes and the self-test used by Sexaholics Anonymous.

To complete the test, note any “yes” responses and add up the total number after you’ve gone through all the questions.

1. Have you ever thought you needed help for your sexual behavior or thinking? Yes  No
2. Have you ever tried to stop or limit what you felt was wrong in your sexual or relationship behavior? Yes  No
3. Do you use sex to escape, relieve anxiety, or as a coping mechanism? Yes  No
4. Do you feel guilt, remorse, or depression afterward? Yes  No
5. Has your pursuit of sex or a particular relationship become more compulsive?Yes No
6. Does it interfere with relations with your spouse? Yes  No
7. Do you have to resort to fantasies or memories during sex in order to be aroused or satisfied?

Yes  No

1. Do you keep going from one relationship or lover to another? Yes  No
2. Do you feel the right person would help you stop lusting, masturbating, or being so

promiscuous? Yes  No

1. Do you have a destructive need – a desperate sexual or emotional need for someone?

Yes  No

1. Does the pursuit of sex or a relationship make you careless for yourself or the welfare of your family or others? Yes  No
2. Has your effectiveness or concentration decreased as sex or a relationship has become more compulsive? Yes  No
3. Have you experienced negative consequences as a result of your sexual or relational behavior? Yes  No
4. Are you depressed? Yes  No
5. Were you sexually abused as a child or adolescent? Yes  No

If you wonder if you may need help, you probably do. If you answered “yes” to any of these questions – especially to several of them - you could benefit from a Woman’s Intensive with NorthSide Family Counseling Center either to address a full-blown problem or to prevent one from developing.

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**Sexual Addiction Screening Self-Test for Men**

These questions are adapted from a variety of sources and draw heavily on the Sexual Addiction Screening Test-Revised developed by Patrick Carnes and the self-test used by Sexaholics Anonymous. To complete the test, make note of each “yes” answer and tally that number after you’ve gone through all the questions.

1. Were you sexually abused as a child or adolescent? Yes  No

2. Have you subscribed or regularly purchased/rented sexually explicit magazines or videos? Yes  No

3. Did your parents have trouble with their sexual or romantic behaviors? Yes  No

4. Do you often find yourself preoccupied with sexual thoughts? Yes  No

5. Has your use of phone sex lines, computer sex lines, etc. exceeded your ability to pay for these services? Yes  No

6. Does your significant other(s), friends, or family ever worry or complain about your sexual behavior? (not related to sexual orientation) Yes  No

7. Do you have trouble stopping your sexual behavior when you know it is inappropriate and/or dangerous to your health? Yes  No

8. Has your involvement with pornography, phone sex, computer board sex, etc. become greater than your intimate contacts with romantic partners? Yes  No

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  No

10. Do you look forward to events with friends or family being over so that you can go out to have sex? Yes  No

11. Do you visit sexual bath houses, sex clubs and/or video bookstores as a regular part of your sexual activity? Yes  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? Yes  No

13. Do you have trouble maintaining intimate relationships once the “sexual newness” of the person has worn off? Yes  No

14. Do your sexual encounters place you in danger of arrest for lewd conduct or public indecency? Yes  No

15. Are you HIV positive, yet continue to engage in risky or unsafe sexual behavior? Yes 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) Yes  No

17. Have you ever been approached charged, arrested by the police, security, etc. due to sexual activity in a public place? Yes  No

18. Have you ever been sexual with a minor? Yes  No

19. When you have sex, do you feel depressed afterwards? Yes  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) Yes  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) Yes  No

22. Have you engaged in unsafe or “risky” sexual practices even though you knew it could cause you harm? Yes  No

23. Have you ever paid for sex? Yes  No

24. Have you ever had sex with someone just because you were feeling aroused and later felt ashamed or regretted it? Yes  No

25. Have you ever cruised public restrooms, rest areas and/or parks looking for sexual encounters with strangers? Yes  No

Remember that no self-test can absolutely and accurately determine the nature of your problem or the solution. This is simply a screening device that can be helpful in deciding whether you need help. Feelings of concern, shame or fear created by answering these questions may indicate the need to contact a professional for guidance. Checking off several items usually indicates a need to address these issues, and you might benefit from a Healing for Men workshop.

Here’s a general scale to help measure your score:

**1-3 “yes’ answers**: Your sexual behavior may be an area of concern. You might consider openly discussing this issue with a safe person.

**3-10 “yes” answers:** Based on your responses, you may benefit by seeking help from a professional to determine if you have a problem with sexual addiction.

**10-13 “yes” answers:** Scoring within this range may mean that you have done some things you regret or it may mean that you are in the early stage of addiction. Based on your responses, you would benefit by seeking help from appropriate resources.

**More than 13 “yes” answers:** If you marked over 13 affirmative answers your responses parallel others who have been found to be sexually addicted. A high score indicates a need to further explore possible sexual addiction with a professional clinician.