

Annexe 3 Version originale anglophone du Sexual Addiction Screening Test (SAST)

Answer yes or no to the following questions :

1. Were you sexually abused as a child or adolescent? Yes No
2. Have you subscribed or regularly purchased sexually explicit magazines like Playboy or Penthouse? Yes No
3. Did you parents have trouble with sexual behavior? Yes No
4. Do you often find yourself preoccupied with sexual thoughts? Yes No
5. Do you feel that your sexual behavior is not normal? Yes No
6. Does your spouse or significant othersever worry or complain about your sexual behavior?
Yes No
7. Do you have trouble stopping your sexual behavior when you know it is inappropriate?
Yes No
8. Do you ever feel bad about your sexual behavior? Yes No
9. Has your sexual behavior ever created problems for you or your family?
Yes No
10. Have you ever sought help for sexual behavior you did you like? Yes No
11. Have you ever worried about people finding out about your sexual activities?
Yes No
12. Has anyone been hurt emotionally because of your sexual behavior? Yes No
13. Are any of your sexual activities against the law? Yes No
14. Have you made promises to yourself to quit some aspect of your sexual behavior?
Yes No
15. Have you made efforts to quit a type of sexual activity and failed? Yes No
16. Do you have to hide some of your sexual behavior from others? Yes No
17. Have you attempted to stop some parts of your sexual activity? Yes No
18. Have you ever felt degraded by your sexual behavior? Yes No
19. Has sex been a way for you to escape your problems? Yes No
20. When you have sex, do you feel depressed afterwards? Yes No
21. Have you felt the need to discontinue a certain form of sexual activity?
Yes No
22. Has your sexual activity interfered with your family life? Yes No
23. Have you been sexual with minors? Yes No
24. Do you feel controlled by your sexual desire? Yes No
25. Do you ever think your sexual desire is stronger than you are? Yes No