



Encourage,  
Empower,  
& Equip

L.I.F.E. RECOVERY INTERNATIONAL God's People to Live in Freedom  
Everyday from addiction

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L.I.F.E. RECOVERY  
INTERNATIONAL

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**The Male Sexual Addiction Screening Test (G-SAST)** is designed as a preliminary assessment screening for sexually compulsive or addictive behavior. The G-SAST provides a profile of responses which frequently help to identify men with sexual impulse disorders.

**This test will take approximately 5 minutes.**

- \_\_\_ 1. Were you sexually abused as a child or adolescent?
- \_\_\_ 2. Have you subscribed or regularly purchased/rented sexually explicit magazines or videos?
- \_\_\_ 3. Did your parents have trouble with their sexual or romantic behaviors?
- \_\_\_ 4. Do you often find yourself preoccupied with sexual thoughts?
- \_\_\_ 5. Has your use of phone sex lines, computer sex lines, etc. exceeded your ability to pay for these services?
- \_\_\_ 6. Does your significant other(s), friends, or family ever worry or complain about your sexual behavior? (not related to sexual orientation)
- \_\_\_ 7. Do you have trouble stopping your sexual behavior when you know it is inappropriate and/or dangerous to your health?
- \_\_\_ 8. Has your involvement with pornography, phone sex, computer board sex, etc. become greater than your intimate contacts with romantic partners?
- \_\_\_ 9. Do you keep the extent or nature of your sexual activities hidden from your friends and/or partners? (not related to sexual orientation)
- \_\_\_ 10. Do you look forward to events with friends or family being over so that you can go out to have sex?

\_\_\_ 11. Do you visit sexual bath houses, sex clubs and/or video bookstores as a regular part of your sexual activity?

\_\_\_ 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?

\_\_\_ 13. Do you have trouble maintaining intimate relationships once the "sexual newness" of the person has worn off?

\_\_\_ 14. Do your sexual encounters place you in danger of arrest for lewd conduct or public indecency?

\_\_\_ 15. Are you HIV positive, yet continue to engage in risky or unsafe sexual behavior?

\_\_\_ 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)

\_\_\_ 17. Have you ever been approached charged, arrested by the police, security, etc. due to sexual activity in a public place?

\_\_\_ 18. Have you ever been sexual with a minor?

\_\_\_ 19. When you have sex, do you feel depressed afterwards?

\_\_\_ 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)

\_\_\_ 21. Have your sexual activities interfered with some aspect of your professional or personal L.I.F.E., e.g., unable to perform at work, loss of relationship? (not related to sexual orientation)

\_\_\_ 22. Have you engaged in unsafe or "risky" sexual practices even though you knew it could cause you harm?

\_\_\_ 23. Have you ever paid for sex?

\_\_\_ 24. Have you ever had sex with someone just because you were feeling aroused and later felt ashamed or regretted it?

\_\_\_ 25. Have you ever cruised public restrooms, rest areas and/or parks looking for sexual encounters with strangers?

**After you've answered all the questions, add the numbers you selected for each response to obtain a final score. Here's a general scale to help measure your score:**

Remember that no self-test can absolutely and accurately determine the nature of your problem, or the solution. Please use it as a marker to help guide you along your own path. This is simply a screening device that can be helpful in deciding whether you need help or not. 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.

**1-3** of these symptoms found to be true may be an area of concern. You may want to consider openly discussing this with a friend or family member.

**3-10** Consultation with a professional can be helpful in deciding if you have a sexual addiction problem. Based on your responses, you may benefit by seeking help from appropriate resources such as a professional knowledgeable about addiction and/or join a L.I.F.E. support group.

**10-13** Scoring within this range may mean that you have done some things you regret or it may mean that you are in early stage addiction. Based on your responses, you would benefit by seeking help from appropriate resources such as a professional knowledgeable about addiction and addiction-related issues and/or join a L.I.F.E. support group.

**>13** If you scored over 13 points your answers parallel other sex addicts. A high score indicates issues of sexual addiction and a need to further explore this area with a professional clinician and/or join a L.I.F.E. support group.

*Developed by: Patrick Carnes, PhD & Robert Weiss, LCSW, CAS  
(Dr. Carnes and Mr. Weiss recommend 12 step programs – they are not affiliated with L.I.F.E. Recovery)*